



Injection Screw Design Quote Request Form

Please email completed form to dme@dme.net

Company:	_____	Account Number:	_____
Contact:	_____	PO #:	_____ Job # _____
Address:	_____	Phone:	_____
City:	_____ State: _____	Fax #:	_____
Zip:	_____	E-mail:	_____
Country:	_____		

Specify: Improvement Process New Project Screw Repair

1. Machine Information

OEM:	Type:	Machine Age:
Nominal Screw O.D.:	in/mm L/D:	:1
Max. Screw Stroke:	in/mm Drive:	<input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic
Max. Screw RPM / KPM:	in/mm Max. Torque:	ft. lb. nm.

2. Resin Information

Type:	Material No.:	Manufacturer:
MFI:	Filler:	% Additives:
<input type="checkbox"/> Color <input type="checkbox"/> Master Batch	<input type="checkbox"/> Powder <input type="checkbox"/> Liquid	

3. Existing Problems:

<input type="checkbox"/> Recovery	<input type="checkbox"/> Quality	<input type="checkbox"/> Temperature	<input type="checkbox"/> Corrosion
<input type="checkbox"/> Wear Of -	<input type="checkbox"/> Screw Flights	<input type="checkbox"/> Screw Root	<input type="checkbox"/> Screw Tip
Please be specific:			

4. Expectation:

Recovery:	Oz. per Sec. / Grams per Sec.
Dispersion:	(Mixing Devices Mandatory)
Change of Max. Shot Size Required	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Existing Equipment Information:

Mixing Device:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (Located) Transition <input type="checkbox"/> Metering
Describe Mixing Device:	

6. Process Information

Shot Size:	oz. / grams	Existing Recovery Time:
Existing RPM:		Backpressure:
Screw Stroke:	in/mm	Recovery Time Target:
Nozzle Shut-Off Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What Products are Molded:		

State other information that may help clarify the request: