



# Extrusion Screw Design Quote Request Form

Company name: _____	DME Acct #: _____
Contact name: _____	PO #: _____ Job # _____
Phone: _____	Fax #: _____
Address: _____	E-mail: _____
City: _____	State: _____
ZIP: _____	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. HP: _____	MAX. RPM: _____	Typical Operating RPM: _____
MAX. AMPS: _____		Typical Operating AMPS: _____
Base Motor Speed (1750, 2300, etc): _____		Gear Reduction Ratio: _____
PSI @ Discharge End: _____		

### 2. Resin Information

Type: _____	Grade: _____	Manufacturer: _____
Mold Index: _____	Melt Flow Rate: _____	% Regrind: _____
Bulk Density: _____	Melt Density: _____	<input type="checkbox"/> Pellets or <input type="checkbox"/> Powder
Viscosity vs Shear Rate Curves: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Additive/Filler Types: _____	

### 3. Existing Problems:

<input type="checkbox"/> Rate	<input type="checkbox"/> Quality	<input type="checkbox"/> Temperature	<input type="checkbox"/> Surging
Type Wear (Flight, Root): _____			

### 4. Expectation:

Rate: _____ lbs/hr	Melt Temp: _____ °F or °C	Color Mix: _____
Please Explain: _____		

### 5. Existing Equipment Information:

Mixing Device: <input type="checkbox"/> Yes	_____ <input type="checkbox"/> No	_____ <input type="checkbox"/> (Located) Transition	_____ <input type="checkbox"/> Metering
Type Mixing Devices: <input type="checkbox"/> Maddock	_____ <input type="checkbox"/> Short Barrier	_____ <input type="checkbox"/> Helical Pins	_____ <input type="checkbox"/> X201
<input type="checkbox"/> Slotted Rings	<input type="checkbox"/> Blister Ring	_____ <input type="checkbox"/> Long Barrier	_____ <input type="checkbox"/> Straight Pins
_____ <input type="checkbox"/> Other			
Compression Ratio: _____ :1	Screw Meter Depth: _____	No. of Stages: _____	
Vented Barrel: <input type="checkbox"/> Yes <input type="checkbox"/> No	What Gasses: _____	Vent Vacuum: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injection Ports Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	What is Injected: _____		
Grooved Feed Machine: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Grooves: _____		

### 6. Process Information

Existing Rate: _____ lbs/hr @ _____ RPM	Existing Melt Temp: _____
Temp Measured by: _____	No. of Barrel Zones: _____
Machine Temp Settings from Feed: _____	
Products Extruded: _____	

State any other information that may help to recognize and understand the situation: