REEDY CHEMICAL FOAM

: Customer Inquiry Sheet :

Extrusion

Company: _____
Contact: _____
Phone: _____

Resin: _____
Melt Index: _____
CBA: _____
Dosing: _____

Process:

☐ Chemical Foam ☐ Nucleation of Physical Gas Gas Type: _____

Output:

☐ Profile ☐ Sheet ☐ Film ☐ Pipe/Tube Other: _____

Additional Information: _____

☐ Mono-Layer ☐ Co-Extrusion (# of layers): _____

Density Reduction (Goal): _____ Density (Actual): _____

Die Type:

☐ Round ☐ Flat ☐ Cross Head ☐ Other: _____

Die Dimensions: _____

Screw Type:

☐ Single ☐ Parallel Twin ☐ Conical Twin ☐ Other:

L/D Ratio: _____ Compression Ratio: _____ Screw Diameter: _____

Screw Stages: ☐ 1 ☐ 2 ☐ Barrier Screw ☐ Extruder Vented Temp Control: ☐ Air ☐ Fluid

Gear Pump: ☐ Yes ☐ No Static Mixer: ☐ Yes ☐ No Screen Pack: ☐ Yes ☐ No Size?_____
20/40/20 Preferred

Equipment temperature settings (Specify °C or °F):

Zone 1 (Rear)	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Breaker Plate/Screen	Die

Breaker Plate Pressure: _____ Die Pressure: _____

Additional Notes: _____