REEDY CHEMICAL FOAM

: Customer Inquiry Sheet :

Injection Molding

Company: _____
Contact: _____
Phone: _____

Resin: _____
Part Weight: _____
Goal Weight: _____
CBA: _____
Dosing: _____

Shot Size: _____ Shot Capacity: _____ Nozzle Length: _____
Nozzle Dimensions: _____ Gate Size/Type: _____ Vent Size: _____

Additional Information: _____

Equipment Temperature Settings (Specify °C or °F):

Zone 1 (Rear)	Zone 2	Zone 3	Zone 4	Nozzle	Mold Temperature	Melt Temperature

Equipment Pressure Settings:

Injection Pressure	Pack Pressure	Hold Pressure	Back Pressure	Cavity Pressure

Equipment Speed and Time Settings:

Actual Inj. Speed	Max Inj. Speed	Pack Time	Hold Time

Screw Recovery Time: _____ Total Cooling Time: _____
Overall Cycle Time: _____

Flow Length: _____ Wall Thickness: _____ Regrind %: _____

Heated Runner: ☐ Yes ☐ No Valve Gates: ☐ Yes ☐ No

Gate Location: _____ Number of Cavities: _____

Process:

☐ Straight Injection ☐ Co-Injection ☐ Core-Back
☐ Gas Counterpressure ☐ Gas Assist ☐ SFM

Other: _____

Additional Notes: _____