



CUSTOMER REQUEST FOR DATA Mold Filling / Mold Cooling Analysis

(THIS FORM IS REQUIRED FOR ALL ANALYSIS WORK FOR EACH PART)
NOTE: CHANGES MADE AFTER THIS FORM IS RECEIVED REQUIRE WRITTEN CONFIRMATION

AE002.1 Rev: 6/20/14

Fax completed form to: 248-544-5707 or email: appl_eng@dme.net

Customer:	Date:
	P.O. #:
Phone:	Job #:
Fax:	Project Engineer:
Resin Supplier:	Contact:
Phone:	
Mold Maker:	Contact:
Phone:	
Manifold Supplier:	Contact:
Phone:	

PART INFORMATION	RESIN INFORMATION
Part Name:	Resin Type:
Part Number:	Resin Grade:
Nominal Wall:	Melt Index:
Part Weight:	Max Flow length:
Gate Type:	Min Temp. Max. Temp.
PROTOTYPE <input type="checkbox"/> PRODUCTION <input type="checkbox"/>	NOTES: <ul style="list-style-type: none"> RESIN CHANGES REQUIRE WRITTEN APPROVAL IN THE EVENT ABOVE MATERIAL IS NOT IN THE DATABASE, A MATERIAL AS CLOSE AS POSSIBLE WITH BE SUBSTITUTED
Mold Material: <input type="checkbox"/> P20 <input type="checkbox"/> Aluminum <input type="checkbox"/> Other	

PROCESSING INFORMATION	MACHINE INFORMATION
Injection Time:	Flow Rate Capability (in ³ /sec):
Cycle Time:	Clamp Force (Press Size):
Mold Temperature:	Injection Pressure:
Melt Temperature:	Number of Cavities:
Cooling Water Temp:	Is there a water manifold?
Cooling Time:	

MOLDFILLING OBJECTIVE	MOLDCOOLING OBJECTIVE
Balance Filling Pattern <input type="checkbox"/>	Optimize Cycle Time <input type="checkbox"/>
Determine Optimal Gating <input type="checkbox"/>	Optimize Cooling Time <input type="checkbox"/>
Minimize Wall Thickness <input type="checkbox"/>	Reduce Warpage <input type="checkbox"/>
Evaluate Knit Lines <input type="checkbox"/>	Evaluate Existing Mold <input type="checkbox"/>

TIME SCHEDULE	
Molding Trial Date:	Molding Facility:
Manifold Locations due by:	Manifold/Drop Information due by:
Cold Runner Information due by:	Water Line Information due by:

COMMENTS:

This form was filled out by _____
 Please sign and date: _____