



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

Please email completed form to: 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: _____