



Custom Screw Design Questionnaire



Application (please check): Injection Extrusion Blow Molding

Machine Make: _____ Model: _____ Year: _____

Tonnage: _____ Screw Dia.: _____ L/D Ratio: _____

Type of shut-off valve being used:

O.E.M Valve: _____ Free Flow Valve: _____ Ball Check Valve: _____ Other: _____

Will this screw be dedicated to one resin? YES NO

If no, please list the resins to be processed with this Screw: _____

Resin: _____ Filler: _____ %

Additives: _____

Are you drying your resin? YES NO

Cycle Info:

Overall Cycle Time: _____ Injection Time: _____

Recovery Time: _____ Shot Size: _____

Stroke Length: _____

Screw RPM: _____

Please describe the problems with the part or the process, be specific: _____

It is necessary for you to provide us with accurate and complete information about your current process. **All information will be held in strict confidentiality.**

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Phone No: ____ (____) _____

FAX No: _____

Thank You.

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www.ppe.com • e-mail: sales@ppe.com



PLASTIC PROCESS EQUIPMENT, INC.

8303 CORPORATE PARK DRIVE, MACEDONIA (Cleveland), OHIO 44056, USA

216-367-7000 • Toll Free: 800-321-0562 • Fax: 216-367-7022 • Order Fax: 800-223-8305

Toll Free: USA, Canada & Mexico

800-362-0706

PPE WEST 3615 Walnut Avenue, Chino, California 91710, USA
909-627-8511 • 800-258-8877 • Fax: 909-627-8101

PPE SOUTH 11218 Challenger Avenue, Odessa, Florida 33556, USA
727-834-8888 • 800-282-6783 • Fax: 727-834-8873