

MD PLASTICS Inc.- Data Sheet

(330) 482-5100 Fax (330) 482-5211

Customer: _____ Contact: _____ Date: _____

Address: _____ City/State: _____

Phone No.: _____ Fax No.: _____

PROCESSING CONDITIONS

Part Description: _____

Resin Type _____ Melt Index #: _____ Matl. Solids Density: _____

Total **Shot** Weight: _____ Screw RPM: _____ Back Pressure: _____ Inj. Speed: _____

Screw Recovery Time: _____ Injection Forward Time: _____ Overall Cycle Time: _____

Melt Decompression Distance: _____ Melt Temperature: _____

Barrel Temp Settings:

(Set Point): Rear Zone #4 _____ Zone #3 _____ Zone #2 _____ Front Zone #1 _____

(Actual): Rear Zone #4 _____ Zone #3 _____ Zone #2 _____ Front Zone #1 _____

MACHINE DATA

Make: _____ Model: _____ Serial No.: _____

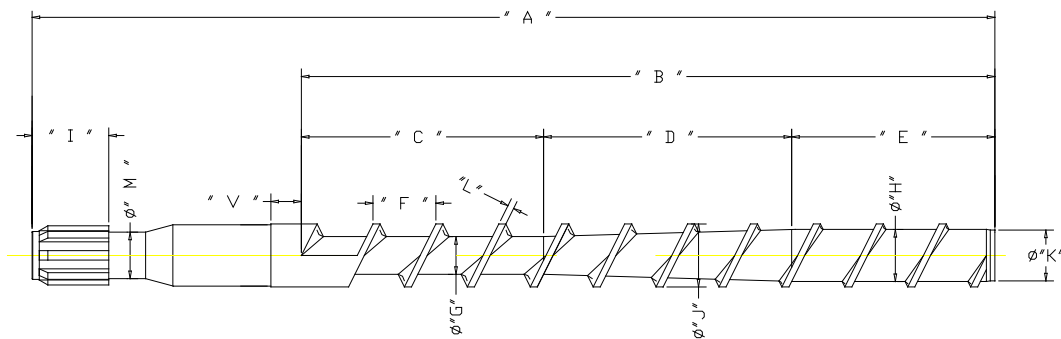
Oz. Capacity (PS): _____ Inj. Unit #: _____ Clamp Tonnage: _____ Max. RPM: _____

Screw Diameter: _____ L/D Ratio: _____ Stroke of Injection Unit: _____ Max. Inj. Pressure: _____

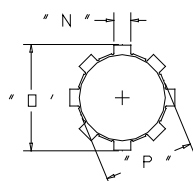
Existing Screw Design: _____ Tip Design: _____

Screw Material: _____ Barrel Liner: _____

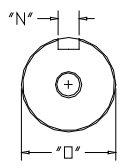
Comments: _____



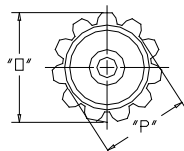
A) _____	D) _____	G) _____	J) _____	M) _____	P) _____	S) _____
B) _____	E) _____	H) _____	K) _____	N) _____	Q) _____	T) _____
C) _____	F) _____	I) _____	L) _____	O) _____	R) _____	V) _____



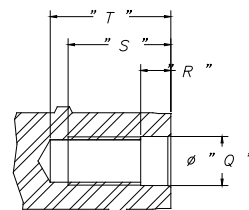
STRAIGHT SIDED = SS
OF TEETH _____



KEYED SHAFT = KS
OF KEYS _____



INVOLUTE SPLINE = IS
OF TEETH _____



THREAD DETAIL: _____