Application Survey Form

Customer Information

Company _____ Contact Name_____
Street _____ Phone _____
City _____ FAX _____
State _____Zip _____ Machine Name_____

Present Method of Length Control

☐Mechanical Target or Gauge Bar (Part pushes the die)
☐Electric Flag Switch or Photocell (Part does not push die)
☐Open Loop Electronic Measuring (Manufacturer _____Model No._____)
☐Closed Loop Accelerator (Manufacturer _____Model No._____)

Type of Cutoff System

☐Stationary Air Press
☐Mechanical Press (Flywheel)
☐Flying Air Press
☐Stationary Hydraulic Press
☐Flying Saw
☐Flying Hydraulic Press
☐Other Describe_____

Press Manufacturer_____ Model Number_____
Flywheel RPM (Mech. Press Only)____ Estimated Press Cycle Time_____

Weight and Die Travel

Die Weight _____Lbs.
(Include all moving components)
Total Die Travel _____Inches
Travel to Center of Press ____Inches
(Stationary press only)

Line Speed and Tolerance

Current Line Speed ____ FPM
Potential Line Speed____ FPM
Current Tolerance +/-_____ Inches
Desired Tolerance +/-_____ Inches

Other Considerations

Average Number of Length Changes per Shift _____
Number of Shifts per Day _____ Minimum Part: _____Inches @ ____ FPM
Other Requirements (Explain) _____
_____

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