

EXTRUSION

Company: _____ Contact: _____ Phone: _____

Please answer the following questions. This information is necessary for us to help you have a successful trial. You can fill out the form in Adobe and click the SUBMIT FORM button, save and send to your Reedy representative or fill out manually and fax to 888-291-7290.

Resin: _____ Melt Index: _____

Safoam® Product: _____ Dosing: _____

Process: _____
 Chemical Foam Nucleation for Physical Gas Gas Type: _____

Output: _____
 Profile Sheet Film Pipe/Tube Other: _____

Additional Information: _____

Mono-Layer Co-extrusion (# of layers): _____

Density Reduction (goal): _____ actual: _____

Rate in lbs/hr (goal): _____ actual: _____

Die Type: Round Flat Cross Head Other: _____

Die Land: _____ Die Manufacturer (Optional): _____

Equipment Temperature Settings: (Specify °C or °F)

Zone 1 (rear)	Zone 2	Zone 3	Zone 4	Gear Pump/ Static Mixer	Screen Changer	Die Exit	Melt Temp

Screw Type: Single Parallel Twin Conical Twin Other: _____

Pressure Reading: _____ Where is it measured? Breaker Plate Die Exit

One or two stage screw? Barrier Screw? Is Extruder Vented? Temp Control:
 1 2 Yes No Yes No Air Fluid

Where applicable, what is the pressure differential between extruder 1 and 2?

L/D Ratio: _____ Compression Ratio: _____ Screw Diameter: _____

ADDITIONAL INFORMATION:

Do you have a gear pump? Ever done melt strength testing?
 Yes No Yes No

Temperature Settings: _____

Additional Notes: _____