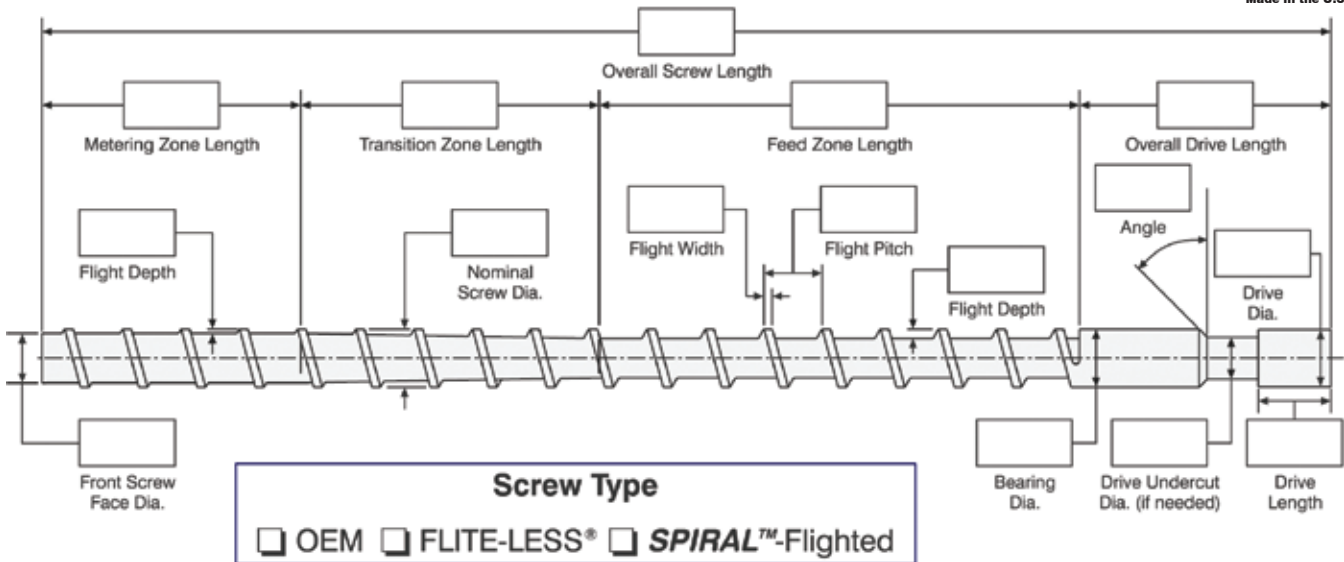
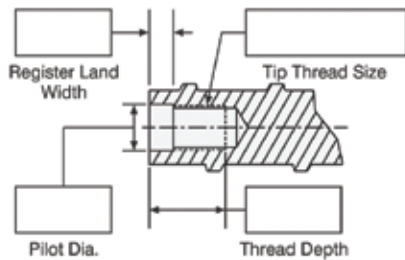


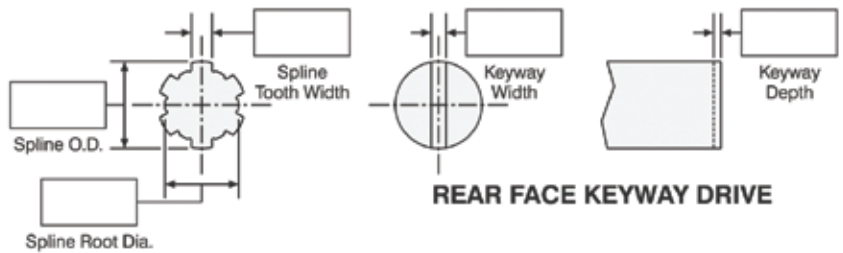
Non-Stock or Custom Reciprocating Screw Form



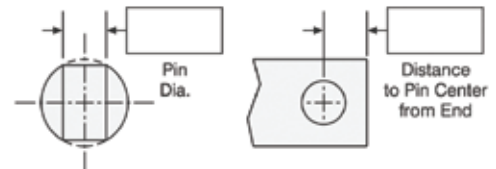
Screw Face Detail



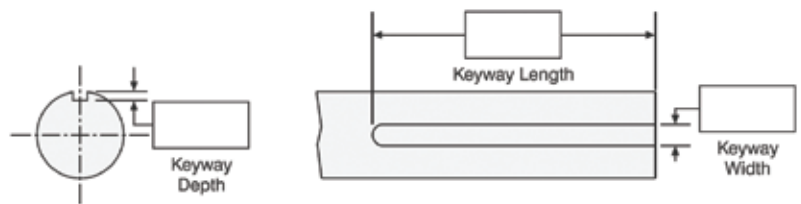
Drive Type — Enter dimensions for your machine



REAR FACE KEYWAY DRIVE



STANDARD KEYWAY DRIVE



— Page 1 of 2 —

See next page to complete Injection Screw Form.

See page 903 to complete Extrusion Screw Form.



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Injection Screw Design Form



SPECIFY:

Intent: Improve Process New Project Screw Repair

1. Machine Information:

OEM: _____ Type: _____

Machine Age: _____

Nominal Screw Size: _____ in / mm L/D: _____ :1

MAX. Screw Stroke: _____ in / mm Drive: Electric Hydraulic

MAX. Screw RPM / KPM: _____ in / mm MAX Torque: _____ FT. LB. NM

2. Resin Information:

Type: _____ Material No: _____ MFG: _____

MFI: _____ Filler _____ % Additives: _____

Color Master Batch Powder Liquid

3. Existing Problems:

Recovery Quality Corrosion Temperature

Wear Of Screw Flights Screw Root Screw Tip

Please be specific: _____

4. Expectation:

Recovery: _____ OZs per SEC / Grams per SEC

Dispersion: _____ (Mixing Device is Mandatory)

Change of MAX. Shot Size Required: Yes No

5. Existing Equipment Information:

Mixing Device: Yes No (Located) Transition Metering

Describe Mixing Device: _____

6. Process Information:

Shot Size: _____ oz. / grams Existing Recovery Time: _____ SEC

Existing RPM: _____ Backpressure: _____ PSI

Screw Stroke: _____ in / mm Recovery Time Target: _____ SEC

Nozzle Shut Off Available: Yes No

What Products are Molded: _____

7. State Any Other Information That May Help to Recognize and Understand the Situation:

Date: _____ Quantity: _____ Phone: (_____) _____ Fax: (_____) _____

Name: _____ Title: _____

Company Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____



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Extrusion Screw Design Form



SPECIFY:

Intent: Improve Process New Project Screw Repair

1. Machine Information:

OEM: _____ Type: _____
Machine Age: _____
Nominal Screw O.D.: _____ in / mm L/D: _____:1
MAX. HP: _____ MAX. RPM: _____ Typical Operating RPM: _____
MAX. AMPS: _____ Typical Operating AMPS: _____
Base Motor Speed (1750, 2300, etc): _____ Gear Reduction Ratio: _____
PSI @ Discharge End: _____

2. Resin Information:

Type: _____ Grade: _____ Manufacturer: _____
Melt Index: _____ Melt Flow Rate: _____ % Regrind: _____
Bulk Density: _____ Melt Density: _____ Pellets OR Powder
Viscosity VS Shear Rate Curves: _____
 Yes No Additive / Filler Types: _____

3. Existing Problems:

Rate Quality Temperature Surging
Type Wear (Flight, Root): _____

4. Expectation:

Rate: _____ LBS/HR Melt Temp: _____ °F or ° C Color Mix: _____
Please Explain: _____

5. Existing Equipment Information:

Mixing Device: Yes No (Located) Transition Metering
Type Mixing Devices: Maddock Short Barrier Helical Pins X201
 Slotted Rings Blister Ring Long Barrier Straight Pins Other
Compression Ratio: _____ :1 Screw Meter Depth: _____ No. of Stages: _____
Vented Barrel: Yes No What Gasses: _____ Vent Vacuum: Yes No
Injection Ports Used: Yes No What is Injected: _____
Grooved Feed Machine: Yes No Number of Grooves: _____

6. Process Information:

Existing Rate: _____ LBS/HR @ _____ RPM Existing Melt Temp: _____
Temp Measured by: _____ No. of Barrel Zones: _____
Machine Temp Settings from Feed: _____
Products Extruded: _____

7. State Any Other Information That May Help to Recognize and Understand the Situation:

Date: _____ Quantity: _____ Phone: (_____) _____ Fax: (_____) _____
Name: _____ Title: _____
Company Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____



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