



Injection Molding Process Questionnaire

Company:	Contact:
Address:	Phone:
Date:	Email:

Machine Specifications:

Screw Dia:	OEM (Make/Model):
L/D Ratio:	Max RPM:
Current Screw Design: GP Barrier Mixer	Current Screw Base Metal:
Max Injection Stroke (OEM Spec):	Current Screw Life:
Max Shot Wt (OEM Spec):	

Feedscrew Details:

Overall Length:
Shank Length:
Feed Length:
Transition Length:
Metering Length:
O.D.:
Feed Depth:
Metering Depth:

Resin Specifications:

Resins Processed:
Resin Feed Form:
Color Type (C.C/Dry Blend/Liquid):
Specific Additives (% usage of each):

Current Performance:

Shot Weight (oz/gr):	Shot Stroke:
Recovery Time:	RPM:
Recovery Rate (oz/s):	Cycle Time:
Melt Temperature:	Back Pressure:
Barrel Heat: Front: Middle: Rear:	Cool Time: