
PRESS SELECTION CHECKLIST/SPECIFICATIONS

To assist us in recommending the proper equipment to best fit your needs, please complete this questionnaire. This information will be held as *confidential*.

Please fax completed questionnaire to 215-230-4261

Company name _____

Address _____

Contact _____ Phone number _____

E-mail address _____

Type of press: Transfer ___ Compression ___ Shuttle ___ Injection ___
Automatic Compression ___

Compression press: downward acting _____ upward acting _____

Type of molding material (I.e. BMC, polyester, composite, etc)

Material will be in what form (ie: granular, bulk, sheet, etc.)

How will material be loaded into the press (ie: manually, automatically – feeder system)

Size of part to be molded (inches): length _____ width _____ height _____

Number of cavities in mold _____

Amount of molding material required - total shot weight _____

Clamp tonnage required _____

Transfer tonnage required _____ (transfer press only)

Hydraulic system operating pressure (psi) _____ (Our standard press design is based on 3000 psi)

Clamp stroke required (inches) _____

Transfer stroke required (inches) _____ (transfer press only)

Ejector stroke required (inches) _____ Moving platen: Yes/No
Stationary platen: Yes/No

Daylight required (inches) _____

Tie rod spacing (left to right) (inches) _____ (transfer, compression, shuttle,
automatic compression presses)

Tie rod spacing (front to back) (inches) _____ (transfer, compression, shuttle,
automatic compression presses)

Tie rod spacing (front to back) (inches) _____ (injection press only)

Tie rod spacing (top to bottom) (inches) _____ (injection press only)

Platen size (left to right) (inches) _____

Platen size (front to back) (inches) _____

Minimum mold height required (inches) _____

Height required from floor to platen (inches) _____

Are there space requirements that must be considered

Overall height (inches) _____

Floor space – left to right and front to back (inches) _____ (transfer,
compression, shuttle, automatic compression presses)

Floor space – length and width (inches) _____ (injection press)

Heat platens required: Yes/No

Number of heating zones per platen half _____

Heater power required per platen (KW) _____

If other than electric, select a platen heating option _____ steam _____ hot water _____ thermal
fluid

Clamp – fast close (inches/minute) _____

Clamp – pressing (inches/minute) _____

Clamp – retract (inches/minute) _____

Transfer – fast close (inches/minute) _____ (transfer press only)

Transfer – retract (inches/minute) _____ (transfer press only)

Electrical requirements – please provide any special requirements for the electric motor, heat, and controls (please refer to our product brochures for our standards)

Options:

“Smart Mold” System (proportional velocity and pressure control (transfer and injection presses): Yes/No

Injection/compression circuit (injection press): Yes/ No

BMC stuffer (injection press): Yes/ No

Hydraulic core pull: Yes/No

Proportional position control: Yes/No (compression press) Accuracy required -

Proportional pressure control: Yes/No (compression press) Accuracy required -

Other special features or requirements: (please give specifics)

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