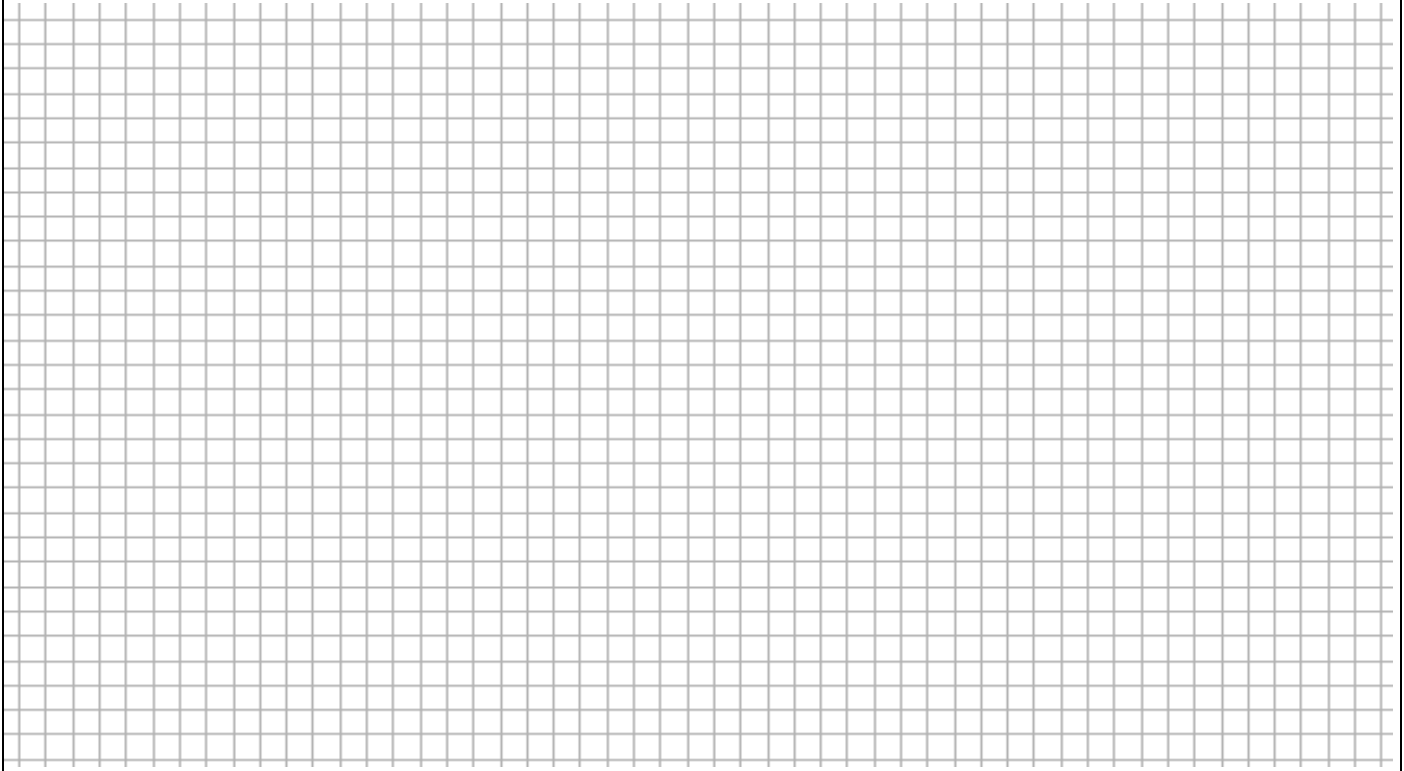


## Customer data

Company:		E-Mail:	
Contact person:		Phone:	
Field staff:		Date:	
Projectnumber:			

## Problem description / Sketch - Photos



## Measures carried out to date



Please request	Please check
<input type="checkbox"/> Material designation	<input type="checkbox"/> ASP Ø → mm
<input type="checkbox"/> Shot weight per nozzle	<input type="checkbox"/> Tip
<input type="checkbox"/> Number of shots	<input type="checkbox"/> Installation
<input type="checkbox"/> Working temperature	<input type="checkbox"/> Antechamber region
<input type="checkbox"/> Mold temperature	<input type="checkbox"/> Contact surface sealing collar nozzle
<input type="checkbox"/> plastic cap	<input type="checkbox"/> Contact surface machine nozzle → R mm
<input type="checkbox"/> Article – with sprue if necessary	<input type="checkbox"/> Melt channel Ø Machine nozzle → mm
<input type="checkbox"/> Spray parametres	<input type="checkbox"/> Melt channel Ø Connection nozzle → mm