

Quote #: _____
 Customer: _____
 Description: _____
 Material: _____ Color: _____
 Y N N/A

Completed By: _____
 Date: _____
 Drawing #: _____
 Rev. Level: _____
 Comments

| | | | | |
|--|--|-----------------------|---|---------------------|
| | | | Can this part be molded as designed? | |
| | | | Is Customer Receptive to change? | |
| | | | Appropriate Material? | |
| | | | Special material requirements? (certs, UV, UL, flame retardance, etc...) | |
| | | | Fit with mating parts? | |
| | | | Cosmetic requirements? | |
| | | | Deep walls or bosses - special draft or vents? | |
| | | | Heavy sections - potential sinks? | |
| | | | Thin Sections - potential shorts? | |
| | | | Intersection walls or undercuts? | |
| | | | Warpage problems or max specifications? | |
| | | | Q.C. block dimensions? | |
| | | | Tolerances acceptable? | |
| | | | Special Q.C. requirements? | |
| | | | Insert for secondary operations? | |
| | | | Special painting or printing required? | |
| | | | Special packaging required? | |
| | | | Part delivery requirements? | |
| | | | Mold delivery requirements? | |
| # of Cavities: | | | Family Mold? | |
| Mold Class: | | | Insert Material: | |
| Cams Required: | | Cyls: | Polish or surface finish? | |
| Runner Type: | | | Gate Type: | |
| Gate Location: | | | | |
| Est. Cycle Time: | | | Machine Size: | |
| Mold Operation: | | Semi / Full Automatic | # of Operators: | 1/2 - 1 - 2 - 3 - 4 |
| Notes / Special Requirements / Other Concerns: | | | | |
| | | | | |