

Box Filling Specifications Form

Name / Company: _____

Email: _____

A. Fill-Out Press Dimensions and Conveyor Specifications forms on page 160–162.

B. Box Information:

Box Conveyors: _____ number of empty boxes
 _____ number of filled boxes

Box Size: _____ length
 _____ width
 _____ height (with flaps up)

Travel Direction _____ (convey boxes length or width-wise)

C. Part Information: (send 1 complete “shot” of parts / runners to EMI: 28300 Euclid Ave, Wickliffe, Ohio 44092)

Part Name: _____

(For Cycle Count): _____ number of shots in each box

(For Weigh Scale): _____ filled weight of each box

Cycle Time: _____ fastest cycle time anticipated

Mold Cavitation: _____ (parts per cycle)

Part Size: _____ length
 _____ width
 _____ height

Part Weight: _____

D. Controls Information:

Type of System: _____ cycle count, or weigh scale?

Common Options: _____ no empty box alarm?
 _____ full box alarm?
 _____ under-the-press indexing?
 _____ process control / bad shot reject?
 _____ n-th shot inspection cycle?

Other: _____

Other: _____

Weigh-Scale Only: _____ filling conveyor 2-speed cut-off?
 _____ cycle count back-up?

E. Mechanical Configuration:

Feeding Conveyor: _____ (model KKI, RMC, RM, TL, etc.)

Is part / runner separation required? _____

Filled Box Conveyor: _____ (model)

Empty Box Conveyor: _____ (model, gravity roller, etc.)

Specify Type of Configuration: _____ (Single Station, Double Station, Dual Station,
 _____ In-Line System, Over/ Under, Tote Dispenser, etc.)