

Box Filling Specification Worksheet



www.dynamicconveyor.com

Company Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Contact Name: _____
 Phone: _____
 Email: _____

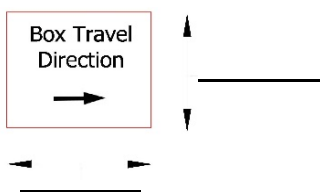
Container Information

What type of container is being filled? Plastic Tote Cardboard Box Other: _____ (top view of container)

If Box, are flaps up? Yes No Height of container? _____ (Height with flaps up) Length and Width of Container? _____

Does container have a liner? Yes No Is bottom of container flat? Yes No

Number of empty Containers? _____ Number of Full Containers? _____



Part Information

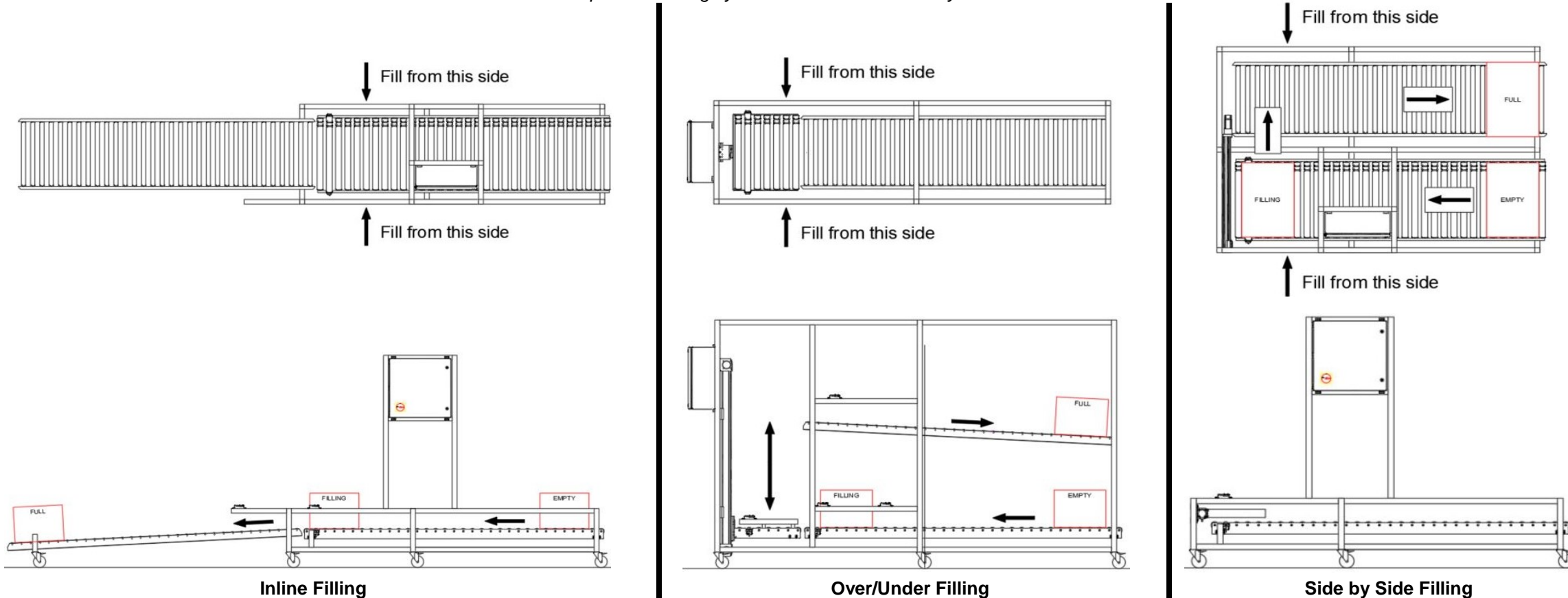
What is the part name? _____ What are the part dimensions? _____ x _____ x _____ Part Weight? _____
(A sample of at least one complete "shot" of parts & runners will be required) (Length) (Width) (Height)

What is the number of shots in each container? _____ (For fill-by-count) What is the filled weight of each container? _____ (For fill-by-weight)

What is the mold cycle time? _____ (Fastest anticipated cycle time) What is the mold cavitation? _____ (Number of parts per cycle)

System Configuration Type

Indicate the preferred filling system and from which side you would like to fill



Control Information

What type of Filling system is required? Fill by Count Fill by weight

Additional control options/features: E-Stop with Safety Relay Part Delivery Conveyor (Please complete belt conveyor worksheet in addition)

Bad Shot Reject Other: _____

Ethernet I/P Communication (Standard on fill by weight)

Additional information: Please help us better understand your process challenges so we can help create the best solution. How do you envision your system running and how do you want your operators to interface with it? Do you have any specific requests not covered by our worksheet that you want to ensure we are aware of?