

Company Info

Green Sand Molding Info / Specs

COMPANY NAME ▲

ADDRESS

CITY

STATE

ZIP

WEB ADDRESS

Contact Info

CONTACT PERSON

PHONE

EMAIL

FAX

DATE

Customer Requirements for Green Sand Molding

Action Required: (check one) Layout Only Budget Quote Firm Quote

Product or type of casting:

Production requirements (good molds per hour):

Suggested cycle rate:

Flask Size (inside):

W=

L=

C =

D=

Flask Barring Arrangement:

Cope

Drag

Green Sand Project Beyond Parting Surface: Cope

Drag

Max Pattern Height Above Parting Surface: Cope

Drag

Depth of Pattern Plates or Bolsters: Cope

Drag

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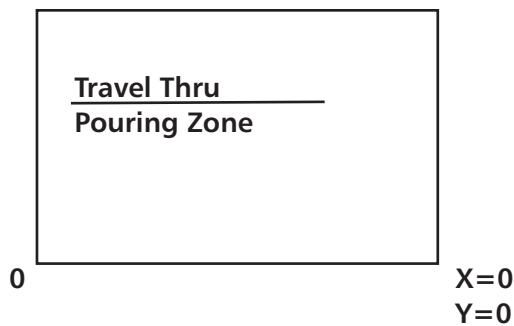
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Preferred Type of Compaction (Jolt/Squeeze, High Pressure, Impact, Etc.): _____

Pattern Shuttle (Alternating, Cycling, None) _____

Number of Pattern Plates to be Active in System: _____

Location of Pouring Basins:



Cope Vents to be Open to Atmosphere
(to be Opened Automatically, Manually, Not Required) _____

If Cope Vents are to be Opened Automatically
List "X" and "Y" Coordinates of each
(X=0 and Y=0 per sketch above) and Indicate Diameter of each. _____

Are Copes to be Rolled Over for Inspection? Yes No

Are Cores to be Set in the Copes? Yes No

Number of Drag Molds Required in Core Set Zones: _____

Max Weight of Cores: _____

Is Automatic Core Setting Device to be included? Yes No

Method of Core Supply to System (Overhead Conveyor, Truck, Core Racks, Other) _____

Pouring Arrangement Manual Automatic Max Weight of Pour: _____

Pouring Weights to be Used: _____ Max Pouring Time per Mold: _____

Number of Closed Molds Required in Pouring Zone: _____

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Preferred Method of Casting Removal from Mold
(Rollover-Dump, Punch-Down, Punch-Up, Manual Hook-Out, Other): _____

Castings (If Removed Automatically) to be
Deposited on Shakeout, Vibrating Conveyor,
Overhead Conveyor Tray, Overhead Conveyor Bucket, Other: _____

Mold Cooling Time: Max: _____ Min: _____ Variable: _____

Operating Hours Per Day: _____ **Operating Hours Per Year:** _____

Available Space for Molding System: L: _____
W: _____
H: _____

Programmable Control Brand Preference: _____

HMI Brand Preference: _____

Type of Hydraulic Controls (Centralized or De-Centralize): _____

Brand of Hydraulic Controls: _____

Location of Expected Operating Areas Adjacent to and/or Supporting the Molding System:

- A) Melting Area & Pouring Zone
- B) Core Department & Core Set Zones
- C) Sand System Area
- D) Casting Removal Zone & Finishing Area

NOTE (1): IF SYSTEM MUST GO IN AN EXISTING AREA, IT IS ESSENTIAL THAT A LAYOUT OF THE AREA BE SUPPLIED INDICATING AREA LIMITATIONS AND DIRECTIONS OF FLOW (METAL, CORES, CASTINGS).

NOTE (2): IF THE MOLTEN METAL SUPPLY TO THE MOLDING SYSTEM IS NOT CONTINUOUS, PLEASE SPECIFY THE SEQUENCE AND CYCLE TIMES OF MOLTEN METAL DELIVERY AND INCLUDE THE EXPECTED TOTAL POUR-OFF TIME.

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