

449 Route 31 \_ P.O. Box 246 Ringoes, New Jersey 08551 PH: (609) 466-1900 / FX: (609) 466-3608 E-Mail: info@hed.com / www.hed.com

## TAPE CASTER QUESTIONNAIRE

|  |  |   | Company In   | <u>formation</u>  |   |   |  |  |
|--|--|---|--|---|---|---|--|--|
| A. Co  | mpany l  | Name:   |  |   | Date:   |   |  |  |
| B. Co  | ntact:   |   |  |   |   |   |  |  |
| C. Ad  | dress: _   |   |  | <del></del>   |   |   |  |  |
|  |  |   |  |   |   |   |  |  |
| E. Sta                                       | te:  | Postal Code:  |  | Count   | y:  |   |  |  |
| F. Telephone:                                |  |   | Fax:   |   |   |   |  |  |
| G. E-mail:                                   |  |   | Website:   |   |   |   |  |  |
| 1.0  | Intro  | duction   |  |   |   |   |  |  |
| finely<br>moist<br>applic<br>Conse<br>desigr | ground<br>tape thro<br>ations er<br>equently,                                      | RNATIONAL <i>PRO-CAST</i> Serviscoelastic slurry media, or slipping an accurately controlled dimbrace a wide variety of induit is imperative that operation client needs. The purpose | p, beneath a praying oven wi<br>stries, slip matal specification | recision casting left appropriate meterial properties, ons be clearly d | nead, or doctor blade, and by paterial handling. <i>PRO-CAST</i> tape dimensions, and produce fined to ensure that a particular | assing the<br>ape caste<br>tion rates<br>tlar caste |  |  |
| 2.0  | Prod   | uct Requirements  |  |   |   |   |  |  |
| 2.1  | Dime   | ensions   |  |   |   |   |  |  |
|  | A.<br>B.<br>C.<br>D.<br>E.   | Cast tape thickness range (i<br>Cast tape thickness tolerand<br>Dry tape thickness range (in<br>Dry tape thickness tolerand<br>Tape width range (inches):                             | e (inch):<br>nch):   | +<br>From   |   |   |  |  |
| 2.2  | Com  | Composition   |  |   |   |   |  |  |
|  | A. Will the casting slip contain a flammable solvent?  B. Which flammable solvent? |   |  |   |   |   |  |  |
| 3.0  | Oper   | ational Requirements  |  |   |   |   |  |  |
| 3.1  | Production Rate  |   |  |   |   |   |  |  |
|  | A.<br>B.<br>C.<br>D.<br>E.   | Casting speed range (inch/n<br>Casting speed tolerance (inc<br>Desired evaporation rates (I<br>Daily length of operation (h<br>Yearly surface area product                            | ch/min):<br>b/hr):<br>urs):                                      | From<br>+<br>From<br>From<br>From                                       | <br>_ to  |   |  |  |

| A.<br>B.<br>C.       | B. Should the slip be filtered prior to casting?        |            |    |  |  |  |  |
|----------------------|---|------------|----|--|--|--|--|
| C.                   | now should doctor blade reservoir level be controlled?  |            |    |  |  |  |  |
| Product/Web Handling |   |            |    |  |  |  |  |
| A.                   | ·   |            |    |  |  |  |  |
| B.                   | Carrier material:                                       |            |    |  |  |  |  |
| C.                   | Carrier width range (inches):                           |            | to |  |  |  |  |
| D.                   | Carrier thickness range (inches):                       |            | to |  |  |  |  |
| E.                   | Will product remain on carrier when rolled for take-up? |            |    |  |  |  |  |
| F.                   | Carrier wound edge tolerance (inch): +                  |            |    |  |  |  |  |
| G.                   | Will product be separated from carrier before take-up?  |            |    |  |  |  |  |
| H.                   |   |            |    |  |  |  |  |
| I.                   | Product wound edge tolerance (inch):                    | +          |    |  |  |  |  |
| J.                   | Is a product slitter required?                          |            |    |  |  |  |  |
| K.                   | How many slitter heads are required?                    |            |    |  |  |  |  |
| L.                   | What type slitter blade is preferred?                   |            |    |  |  |  |  |
| M.                   | Will the carrier be re-used?                            |            |    |  |  |  |  |
| N.                   | From steel belt, will product be rolled o               | r sheeted? |    |  |  |  |  |
| O.                   | Range of sheet lengths (inches):                        | From       | to |  |  |  |  |
| P                    | Sheet length tolerance?                                 | +          |    |  |  |  |  |
| Oper                 | Operating Conditions                                    |            |    |  |  |  |  |
| A.                   | Drying time (minutes):                                  | From       | to |  |  |  |  |
| B.                   | Drying temperature (oF):                                |            | to |  |  |  |  |
| C.                   | Is air heating required?                                |            |    |  |  |  |  |
| D.                   | Is casting surface heating required?                    |            |    |  |  |  |  |
| E.                   | Will casting be batch, continuous, or both?             |            |    |  |  |  |  |
| F.                   | Is re-circulated or single-pass drying air preferred?   |            |    |  |  |  |  |
| G.                   | Is inlet air humidity control required?                 |            |    |  |  |  |  |
| H.                   | Is an inert atmosphere required?                        |            |    |  |  |  |  |
| I.                   | Is solvent recovery required?                           |            |    |  |  |  |  |
|                      |   |            |    |  |  |  |  |
| Opei                 | Operator/Caster Interface                               |            |    |  |  |  |  |
| A.                   | Is PLC control with indicator lights ade                | quate?     |    |  |  |  |  |
| B.                   | Is PC interface with graphic screens req                |            |    |  |  |  |  |
| C.                   | Is touch-screen or mouse preferred?                     |            |    |  |  |  |  |
| D.                   | Is free-standing or attached control console preferred? |            |    |  |  |  |  |
| E.                   | What is maximum space available for tape caster?        |            |    |  |  |  |  |
| F.                   | What type of electrical power supply is available?      |            |    |  |  |  |  |
| G.                   | **  |            |    |  |  |  |  |
| Com                  | Comments or Special Requests                            |            |    |  |  |  |  |
| Com                  | ments of Special Kequests                               |            |    |  |  |  |  |

Please return this form to HED International, Inc. via fax to 609 466-3608 or e-mail.