

HEAT SEAL EQUIPMENT

REQUIREMENT QUESTIONNAIRE

COMPANY _____ DATE: _____

ADDRESS _____ TEL: _____

_____ FAX: _____

NAME & TITLE _____ E-MAIL: _____

MATERIAL TO BE PROCESSED

	MATERIAL TYPE	THICKNESS OR/BASIS WT.	% OF VOLUME	MAXIMUM WIDTH	MINIMUM WIDTH
A					
B					
C					

	MATERIAL TYPE	HEATING SEALING TEMPERATURE REQUIRED	MAXIMUM WIDTH	MINIMUM WIDTH
A				
B				
C				

TYPE OF HEAT SEAL REQUIRED:

LAP SPLICE BUTT SPLICE IMPULSE HEATD PLATEN

PROCESS SPEED: MINIMUM _____ MAXIMUM _____

NUMBER OF LAYERS TO BE SEALED: _____

HEAT SEAL TO BE USED INLINE WITH (PROCESS DESCRIPTION): _____

OFF-LINE _____



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