

COMPUTERIZED TRAVERSE WINDING EQUIPMENT

REQUIREMENT QUESTIONNAIRE

COMPANY _____ DATE: _____

ADDRESS _____ TEL: _____

_____ FAX: _____

NAME & TITLE _____ E-MAIL: _____

DESCRIBE THE PROCESS PRIOR TO WINDING _____

TYPE OF MATERIAL TO BE TRAVERSE WOUND

MATERIAL	WIDTH		THICKNESS OR DENIER (DIAMETER)	% OF VOLUME	SPECIAL CHARACTERISTICS
	MIN.	MAX.			

FILL OUT THE INFORMATION FOR THE APPROPRIATE CORE TYPE:

(Please supply information for all package sizes required)

FLANGED SPOOL

<i>Flange Dia.</i> <i>Barrel (Core) Dia.</i> <i>Center Hole (Bore) Dia.</i> <i>Traverse Width: Min.</i> <i>Max.</i> (<i>Distance between Flanges</i>) <i>Pitch (Stroke Rate.) Min.</i> <i>Max.</i> <i>End Dwell Required</i> <input type="checkbox"/>

- OR -

TUBE

- LEVEL WIND
- PRECISION WIND
- TAPERED ENDS
- INDEX WIND

<i>Tube ID:</i> <i>Tube Length: Min.</i> <i>Max.</i> <i>Travers Width: Min.</i> <i>Max.</i> <i>Finished Package OD:</i> <i>Pitch (Stroke Rate.) Min.</i> <i>Max.</i> <i>End Dwell Required</i> <input type="checkbox"/>

ADDITIONAL INFORMATION:

NO. OF WINDING POSITIONS REQUIRED: _____ DESIRED LINE SPEED: _____

STRAND TENSION REQUIREMENTS: Minimum _____ Maximum _____
(IF KNOWN)

TENSION METHOD: Standard Torque Programmable Closed Loop

OTHER DESIGN CONSIDERATIONS: _____



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