

ROLL DOCTOR/ROLL ENHANCER EQUIPMENT

REQUIREMENT QUESTIONNAIRE

COMPANY _____ DATE: _____

ADDRESS _____ TEL: _____

_____ FAX: _____

NAME & TITLE _____ E-MAIL: _____

MATERIAL TO BE PROCESSED

	MATERIAL TYPE	THICKNESS OR/BASIS WT.	% OF VOLUME	SPECIAL CHARACTERISTICS
A				
B				
C				

UNWIND ROLL DATA

UNWIND STAND

DOUBLE SUPPORTED

CANTILEVERED

FLOOR PICK-UP

SHAFTLASS

	MAX. DIA.	MIN WIDTH	MAX. WIDTH	MAX. WT.	CORE		LENGTH		TENSION	
					I.D.	O.D.	MIN.	MAX.	MIN.	MAX.
A										
B										
C										

REWIND ROLL DATA

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	MAX. DIA.	MIN WIDTH	MAX. WIDTH	MAX. WT.	CORE		LENGTH		TENSION	
					I.D.	O.D.	MIN.	MAX.	MIN.	MAX.
A										
B										
C										

ADDITIONAL DATA

PROCESS SPEED: _____ AVAILABLE POWER: _____ VOLTS AIR: _____ PSI

TENSION CONTROL: MANUAL AUTOMATIC PROGRAMMABLE TAPER

EDGE GUIDING: AUTO EDGE GUIDE LINE GUIDE IMPRESSION COUNTER

METHOD OF SLITTING: SHEAR SCORE RAZOR OTHER _____

TRIM REMOVAL: WOUND WITH SLIT ROLLS VACUUM TRAVERSE WOUND

COMMENTS: _____



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