

Box Filling Specifications Form

Name / Company: _____

Email: _____

A. Fill-Out Press Dimensions and Conveyor Specifications forms on page 136–138.

B. Box Information:

Box Conveyors: _____ number of empty boxes
 _____ number of filled boxes
 Box Size: _____ length
 _____ width
 _____ height (with flaps up)
 Travel Direction _____ (convey boxes length or width-wise)

C. Part Information: (send 1 complete “shot” of parts / runners to EMI: 28300 Euclid Ave, Wickliffe, Ohio 44092)

Part Name: _____
 (For Cycle Count): _____ number of shots in each box
 (For Weigh Scale): _____ filled weight of each box
 Cycle Time: _____ fastest cycle time anticipated
 Mold Cavitation: _____ (parts per cycle)
 Part Size: _____ length
 _____ width
 _____ height
 Part Weight: _____

D. Controls Information:

Type of System: _____ cycle count, or weigh scale?
 Common Options: _____ no empty box alarm?
 _____ full box alarm?
 _____ under-the-press indexing?
 _____ process control / bad shot reject?
 _____ n-th shot inspection cycle?
 Other: _____
 Other: _____
 Weigh-Scale Only: _____ filling conveyor 2-speed cut-off?
 _____ cycle count back-up?

E. Mechanical Configuration:

Feeding Conveyor: _____ (model KKI, RMC, RM, TL, etc.)
 _____ is part / runner separation required?
 Filled Box Conveyor: _____ (model)
 Empty Box Conveyor: _____ (model, gravity roller, etc.)
 Specify Type of Configuration: _____ (Single Station, Double Station, Dual Station,
 _____ In-Line System, Over/ Under, Tote Dispenser, etc.)