



Response form

Please return the questionnaire to:

Fax: 734-207-7222

If you have questions, please call:

Phone: 734-207-7200

Your inquiry will be processed promptly.

Questionnaire for sheet metal forming

1. Information about the inquirer and company

Last name, first name	_____	Country	_____
Position	_____	Telephone	_____
Company	_____	Telefax	_____
Street address, P.O. Box	_____	eMail	_____
City, state, ZIP code	_____		
Line of business	<input type="checkbox"/> OEM		
	<input type="checkbox"/> OEM supplier		
	<input type="checkbox"/> Tool & die manufacturer		
	<input type="checkbox"/> Household appliance industry		
	<input type="checkbox"/> Other _____		

2. Which type of press are you interested in?

- Single press
- Tryout press
- Progressive die press
- Transfer press
- Press lines
- Other type of press: _____

3. Which part category should the new press or line be able to process?

- Smaller to medium-sized structural parts
- Support or larger structural parts
- Outer skin panels
- Other parts: _____

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4. Which materials do you plan to process?

- Steel - Re/Rm from/to: _____
- Aluminum _____
- Other materials: _____

5. What is the required production rate?

Parts per minute (not including doubles) _____ ppm
 Number of changeovers _____ per hour
 Number of die sets _____

6. What kind of die will be used?

- Single die
- Transfer/multi-station _____ % Station spacing: _____ in.
- Progressive die _____ %
- Blanking operations _____

7. Please provide the following technical specifications.

Press

Press capacity _____ US tons
 Nominal force travel (for mech. presses) _____ in.
 Work energy (for mech. Presses) _____ in US tons
 or kJ from _____ spm at _____ % Drop

Dies

Dimension of smallest die (l x w) _____ in. _____ in.
 Dimension of largest die (l x w) _____ in. _____ in.
 Die overall height from/to _____ in. _____ in.
 Part transport level from/to _____ in. _____ in.
 Drawing depth from/to _____ in. _____ in.
 Die weight total _____ US tons
 Die weight, upper die _____ US tons
 Die clamping method _____
 Number of upper die clamps per station _____ Qty.
 Number of lower die clamps per station _____ Qty.
 Clamping flange height of die clamps from _____ in. to _____ in.

Press bed

Bed dimensions (l x w) _____ in. _____ in.
 Bed height above floor _____ in.

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Slide

Slide dimensions _____ in. _____ in.

Slide stroke _____ in.

Slide adjustment (mech. presses) yes no

Slide locking in TDC in increments

Slide adjustment (mech. presses) _____ in.

Slide cushion pneumatic hydraulic

Slide-side ejectors _____ number _____ force(s)

Number of ejector pins _____ x _____

Opening betw. uprights in part flow direction _____ in.

Opening betw. uprights at right angle to flow direction _____ in.

Bed drawing cushions

Drawing cushions (number) yes no _____ Qty.

Spacing between outside pressure pins _____ in. _____ in.

Drawing cushion force _____ tons

Drawing cushion travel _____ in.

Pre-acceleration yes no

Return stroke in BDC yes no

Pick-up position yes no

Hydraulic dampening yes no

Pad function yes no

Pressure pins in scope of delivery yes no

Drawing cushion type pneumatic hydraulic

Impact shock dampening yes no

8. How should material feeding and component transport be performed?

for single presses

- Manual feeding
- Coil line
- Destacker/blankloader

for transfer presses

- Coil line, blanking in the first station, transfer
- Coil line and progressive die technology
- Destacker/blankloader and transfer
- Blank washer
- Blank lubrication unit
- Other type of blank feeding: _____

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for press lines

- Destacker/blankloader
- Blank washer
- Blank lubrication unit
- Preferred component transfer: _____
- Finished part stacking

9. How is scrap removal to be performed?

- Out of the die by means of scrap chutes left and right
- Out of the die by means of scrap chutes front and rear
- Through the interior of the die / through the press bed

Number of scrap chute covers _____ Qty.

Number of scrap openings per bed _____ Qty.

10. How is die change to be performed?

- left/right
- Die change frames
- Die change carts
- Moving bolsters
- Number of moving bolsters _____ Qty.
- Energy supply
- front/rear
- T-Track
- L-Track
- open duct
- hinged covers
- without energy supply
- moving cable carrier required

11. Details about the installation site.

Maximum height under hook _____ in.

Proposed foundation depth or existing foundation _____

Type of vibration-dampening elements _____

Are foundation plates to be supplied? yes no

May rails be installed on floor? yes no

May cable ducts be installed on floor? yes no

Other limitations or restrictions? _____

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12. What are the environmental conditions at the installation site?

- High temperatures above 40° C (104° F)
- Extreme temperature variations of more than 25° C (approx. 45 ° F)
- Extreme amount of dirt particles in the air
- Other: _____

13. What equipment are you considering at the present time?

- | | | | | |
|---|---------------|-------|--------------------|-------|
| <input type="checkbox"/> Hydraulic single press | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Hydraulic press line(s) | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Hydraulic transfer press | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Combination hydraulic and mechanical presses in one line | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Mechanical press line(s) | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Suction cup presses | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Mech. transfer press(es) with eccentric drive | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Mech. transfer press(es) with link drive | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Mech. progressive die press(es) with eccentric drive | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Mech. progressive die press(es) with link drive | max. capacity | _____ | max. clamping area | _____ |
| <input type="checkbox"/> Other: _____ | max. capacity | _____ | max. clamping area | _____ |

14. Please enter any additional information that might be useful for quotation preparation:
