



Mold-Vac Application Criteria

Customer Information

Company _____
 Address _____
 City _____
 State _____ Zip _____
 Contact _____
 Position _____
 Phone _____ Cell _____
 Email _____

Date _____
 Project Name _____
 Part Volume(cubic inches) _____
 Material Type _____
 Number of Cavities _____
 1st Stage Fill Time _____

Market

Appliance Medical
 Automotive Packaging
 Electronic Other _____

What type of molding problems are you currently experiencing?

- Part Failure Non Fills Air/Gas entrapment
- Warpage Part burns Extended Cycle Times

Comments _____

- Do you currently have a mold experiencing problems with gas or air entrapment? Yes No
- Is the gas or air trap opposite the gate? Yes No
- Are you sacrificing cycle time to allow the air and gas to vent? Yes No
- Have you changed the vent depth to try to improve venting? Yes No
 If yes, what happened? _____
- Have you tried slowing down the fill time (e.g. 1 to 1.5 seconds to allow for additional
 time for the air and gas to vent? Yes No
 If yes, any improvements? _____
- Does residue build up in vent pins, impact part quality or mold maintenance? Yes No
- Any experience with Mold-Vac or vacuum systems? Yes No
- Current reject rate for this project? _____
- How much money is the problem costing your company?
 Per month _____ Annually _____
- Is this problem of low, medium, or high priority? _____
- When is a solution required? _____

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