

Cast-In Heaters



Stainless Steel Shroud Systems

Made-To-Order Quote Request Form — Copy and Fax Us (630-350-0232) Your Requirements

Customer Information

Name: _____ Company: _____ City: _____ State: _____
Phone: _____ Fax: _____ Email: _____
Extruder Barrel Manufacturer: _____ Model Number: _____
Resin Type: _____ Process Temperature: _____

When submitting this form, please be sure to include an extruder barrel sketch or drawing that includes the following:

- * Extruder Barrel Support(s)
- * Number of Heating Zones
- * Vent Location(s)
- * Zone Probe Location(s)
- * Input Feed Location
- * Pressure Tap Location(s)
- * Zone Length(s)
- * Additional Restriction(s)

Note: To assist Tempco in designing a shroud system, please provide digital images (in .jpg format) of the extruder barrel.

Shroud Specifications

(For replacement of existing Tempco Shroud(s), please contact your Tempco Factory or Sales Representative.)

Shroud Style: Cool TO-THE Touch™ Multi-Versal Quantity Required: _____

Shroud Dimensions

Shroud Width / Zone Length: _____ Extruder Barrel OD / Shroud ID: _____

Maximum Shroud OD: _____ (determined by Engineering unless specified by customer)

Existing Heater OD (including terminations): _____ (determined by Engineering when new Tempco Heater is purchased)

Internal Shroud Support Required: Yes No

Shroud Components and Component Locations

Component Options (see pages 3-29 or 3-33 for shroud component details)

1. Blower Mount:

- Horizontal Vertical

2. Air Outlet:

- Separate from Terminal Box Combined w/ Terminal Box

3. Terminal Box:

- None Louvered (Separated from Air Outlet)
 Screened (Combined with Air Outlet)

4. Clamping Method at Shroud Opening:

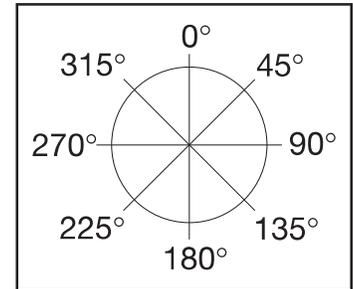
- Barrel Clamps with Hinge Barrel Clamps (no Hinge)
 Adjustable Clamps with Hinge Adjustable Clamps (no Hinge)

5. Zone T/C Probe(s) - Customer Specified:

Quantity: _____ Clearance Hole Diameter(s): _____

Please indicate Component Radial Locations:

- 1 _____
Blower Mount
2 _____
Air outlet
3 _____
Terminal Box
4 _____
Clamps
Hinge (if applicable)
5 _____
Zone T/C Probe(s)



Blower Specifications

 (see page 3-43 for standard Tempco blowers & configuration details)

Configuration: Single Dual Customer Supplied (*see below)

Stock Tempco Blower (Engineering will determine specifications if none specified)

P/N: _____ or CFM: _____ Volts: _____ Operating Frequency: _____ Hz

Optional Blower Extension: Horizontal Vertical Custom (Consult Tempco.)

*Customer Supplied Blower (Please attach mounting information when submitting this form.)

Manufacturer: _____ P/N: _____ CFM: _____ Volts: _____ Operating Frequency: _____ Hz

Heater Specifications

Existing Tempco Heater: P/N: _____ Replace Existing Heater Cover Existing Heater

If purchasing new Tempco Heater(s), please provide the following information if known:

Type and Quantity Required:

Qty. Cast-In(s) _____ Qty. Ceramic Bands _____ Qty. Maxibands _____

Inner Diameter: _____ Width(s): _____ Wattage per Shroud: _____ Voltage: _____

⚠ WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov.