

Tool Transfer Checklist

Find an electronic copy of this document at
<http://www.sajarplastics.com/>

Please return to: D.Meldrum@Sajar.com

Customer Name:	
Customer Address:	

	Name	Phone	Email
Purchasing Contact:			
Engineering Contact:			

Reasons for Transfer:	1.)
	2.)

Mold #	P/N ###	P/N ###	P/N ###
Mold Dimensions (LxWxH):			
Mold Weight:			
Press Type (Make/Model):			
Press Size:			
Daylight Opening Req'd:			
Tool Material:			
Age/Condition:			
# of Cavities:			
Gating (Direct, Tunnel, Hot Drop, Valve Gate):			
Offset Mold? (Y/N; distance off center):			
Hot Runner (System, Type, # of Zones):			
Inserts:			
Ejection (Std/Reverse):			
Water/Electrical/Hydraulics:			
Locating Ring Size:			
Knockout Size/Pattern:			

Part Characteristics:

Part #:			
Part Description:			
Resin Type:			
Process (gas assist, structural foam, straight injection):			
Part Weight:			

Finishing Operations

Painting? (Type/How?/Colors)			
Masking Req'd (Y/N):			
Pad Printing(Y/N, Size):			
Copper Shielding:			
Inserts (type/number)			
Assembly? (Y/N):			