

5 AXIS MACHINING PRODUCTION INFORMATION

Today's Date:		 <p style="font-size: small;">THE CLEVER WAY TO PRODUCE</p>
Company Name:		
Street-P.O. Box:		
City-State-Zip:		
Contact Names:		
Phone Number:		A Manufacturing Applications Inc. Company
Fax Number:		Name of person submitting form
E-Mail Address:		

PRODUCT:

MATERIAL:

General Information Regarding Production

Number of Shifts per week				
Minutes pers shift				
Number of parts to be machined per shift				
Part lot size on average				
RAW MATERIAL	Length in inches	Width in inches	Thick in inches	
Maximum				
Minimum				
Maximum height required for the Z axis including tooling				
Maximum number of tools required for any single part				
Is a tool changer required to minimize set up time				
Number of tools holders in the tool changer				
Maximum diameter tool to be used				
Floor space available				
Ceiling height available				
Voltage to be used in the Factory				
Is there currently CNC routing equipment used				
Is there currently a CAD system and if so what is being used				
Is there currently a preference for the CAM system. List if not Alphacam				

NOTES

PLEASE PROVIDE DRAWINGS FOR REVIEW AND CYCLE TIME EVALUATION WITH THIS FORM IF POSSIBLE