

Request for processing trial



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Company: _____
 Address: _____
 Contact person: _____
 Postcode, Location: _____
 Department: _____
 Phone: _____
 Fax: _____
 Date: _____
 filled in by: _____

Details for free-of-charge trials

Please fill in this form and send it to us together with the sample parts so that we are able to make trials with the required processing result. We like to thank you in advance for your co-operation.

Our requirements are especially focused on:

- | | |
|---|---|
| <input type="checkbox"/> Edge breaking | <input type="checkbox"/> Surface ready for electroplating |
| <input type="checkbox"/> Deburring | <input type="checkbox"/> Surface roughness |
| <input type="checkbox"/> RADIUSING
R = mm | <input type="checkbox"/> $R_a/R_z =$ μm |
| <input type="checkbox"/> Descaling | <input type="checkbox"/> Corrosion protection |
| <input type="checkbox"/> Removal of furrows. | <input type="checkbox"/> Long-term corrosion-protection |
| <input type="checkbox"/> Clean surface | <input type="checkbox"/> |
| <input type="checkbox"/> Bright surface | <input type="checkbox"/> |
| <input type="checkbox"/> Shiny surface | |

! Please enclose a pilot sample !

General Data:			
<input type="checkbox"/> New application	Workpiece:		
<input type="checkbox"/> Additional trial	Material:		
<input type="checkbox"/> Previous trial	Dimension:	mm	
<input type="checkbox"/> No.:	Weight:	kg	

Manufacturing Process:		
<input type="checkbox"/> Turning	<input type="checkbox"/> Stamping	<input type="checkbox"/> Forged part
<input type="checkbox"/> Milling	<input type="checkbox"/> Deep-drawing	<input type="checkbox"/> Diecasting
<input type="checkbox"/> Drilling	<input type="checkbox"/> Casting	<input type="checkbox"/> Other:

Quantities to be treated:	
Pieces	
per <input type="checkbox"/> day / <input type="checkbox"/> ·month:	
Bulk volume	
per <input type="checkbox"/> day / <input type="checkbox"/> ·month:	
Shifts:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Actual Processing Technique:	
<input type="checkbox"/> Manually	<input type="checkbox"/> Surface finishing with:
<input type="checkbox"/> Shot-blasting	Machine type:
<input type="checkbox"/> Polishing	Media:
<input type="checkbox"/> Belt grinding	Compound:
<input type="checkbox"/>	Process time:

Remarks:

How is the effluent treated at present?	<input type="checkbox"/> centrifugal recycling
	<input type="checkbox"/> going to drain