

Cast-In Heaters



Arctic Cast® Shroud System

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

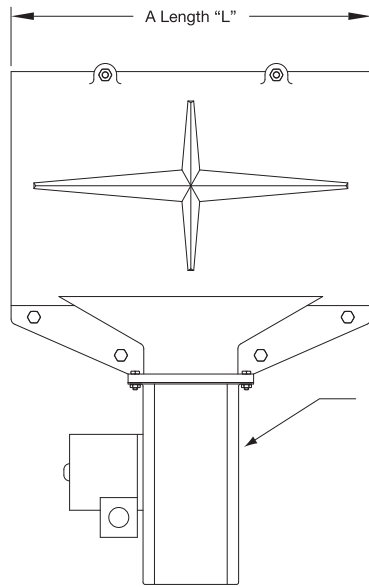
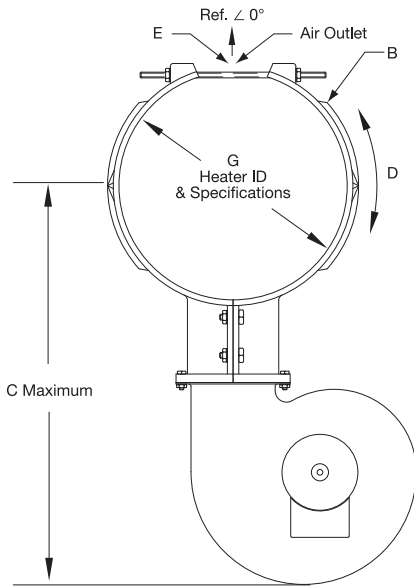
Customer Information

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

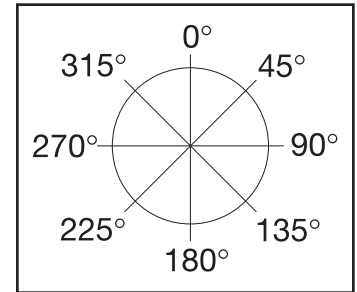
When submitting this form, please be sure to include an extruder barrel sketch or drawing that includes the following:

- * 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.



Drawing Reference Angle



Shroud Specifications

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

- A. Shroud Width / Zone Length "L": _____
 B. Maximum Shroud OD: _____ (determined by Engineering unless specified by customer)

Shroud Component Specifications

- C. Maximum Blower Clearance: _____
 D. Standard Shroud Assembly Orientation Shown: Air Outlet at 0°, Blower at 180°
 For alternate orientations, rotate shroud and heater assembly on extruder barrel.
 E. Zone T/C Probe(s): Quantity: _____ Clearance Hole Diameter: _____
 Location: Centered at Top (standard) Custom: _____ (Indicate Clockwise from Drawing Reference Angle)

Blower Specifications

- F. 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 Inlet Guard (available for most stock blowers)
 Optional Blower Extension: Horizontal Vertical Custom (Consult Tempco.)
 Mounting Dimensions: Length _____ Width _____
 *Customer Supplied Blower (Please attach mounting information when submitting this form.)
 Manufacturer: _____ P/N: _____ CFM: _____ Volts: _____ Operating Frequency: _____ Hz

Heater Specifications

- G. Extruder Barrel OD/Heater ID: _____ Wattage per Half: _____ Voltage per Half: _____

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