

<div><div>BESS</div><div>Bess Product</div></div>		<div>MOLD SPECIFICATION</div>										Date: _____											
												Revision: _____											
Customer _____		Project _____		Part Description _____		Part No. _____		No of cavity _____		Material _____		Customer M/C _____		Prepared By: _____		M/C Tonnage _____ Tons		Shrinkage(%) _____		Trial M/C _____		Approved by: _____	
										(Tooling Supervisor)						(Tooling Manager)							
Product Tolerance		Mould Tolerance		Mould Grade																			
<div><input type="checkbox"/> 0.01~0.02</div> <div><input type="checkbox"/> 0.02~0.05</div> <div><input type="checkbox"/> Up0.05</div>		<div><input type="checkbox"/> 0.005~0.01</div> <div><input type="checkbox"/> 0.01~0.03</div> <div><input type="checkbox"/> Up0.04</div>		<div><input type="checkbox"/> A</div> <div><input type="checkbox"/> B</div> <div><input type="checkbox"/> C</div>																			
Tool Drawing		Data Furnished		Customer		Supplier:				Temperature													
<div><input type="checkbox"/> Mold assembly</div> <div><input type="checkbox"/> Full detailing</div> <div><input type="checkbox"/> CAD files</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> MoldFlow</div> <div><input type="checkbox"/> Gate Location</div> <div><input type="checkbox"/> Runner & Gate size</div> <div><input type="checkbox"/> Functional Dimn's</div>		_____		_____		_____		_____		Cavity Half _____		Core Half _____		Slides _____		Lifters _____					
Mold Construction		Mold Base		Finish		Cavity		Core		Slide													
<div><input type="checkbox"/> Solid from A plate</div> <div><input type="checkbox"/> Standard 2 plate</div> <div><input type="checkbox"/> 3-Plate</div> <div><input type="checkbox"/> Insulated Runner</div> <div><input type="checkbox"/> Reverse Ejection</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> DME #2 or Equivalent</div> <div><input type="checkbox"/> Hasco</div> <div><input type="checkbox"/> Hoppt</div> <div><input type="checkbox"/> Electroless Nickel</div> <div><input type="checkbox"/> Insulation Plate</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> Textured</div> <div><input type="checkbox"/> EDM</div> <div><input type="checkbox"/> SPI/SPE #</div> <div><input type="checkbox"/> Plated</div> <div><input type="checkbox"/> Sand blast</div> <div><input type="checkbox"/> Other _____</div>		_____		_____		_____		_____		_____		_____		_____		_____		_____	
Identification		Engraving		Side Actions		M/C Specifications																	
<div><input type="checkbox"/> Cavity ID _____</div> <div><input type="checkbox"/> Type of steel _____</div> <div><input type="checkbox"/> Hardness _____</div> <div><input type="checkbox"/> Tool No _____</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> Year & Month code _____</div> <div><input type="checkbox"/> Date code _____</div> <div><input type="checkbox"/> Recycle symbol _____</div> <div><input type="checkbox"/> Part No / Rev No _____</div> <div><input type="checkbox"/> Text Height/Depth _____</div>		<div><input type="checkbox"/> Angle Pins _____</div> <div><input type="checkbox"/> Hydraulic Cylinder _____</div> <div><input type="checkbox"/> CAM Activated _____</div> <div><input type="checkbox"/> Lifters, No . _____</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> Locating Ring _____</div> <div><input type="checkbox"/> KO Location _____</div> <div><input type="checkbox"/> KO Thread Size _____</div> <div><input type="checkbox"/> Nozzle Radius _____</div> <div><input type="checkbox"/> Water Nipple _____</div>																	
Type of Gate		Ejection		Special Features																			
<div><input type="checkbox"/> Edge gate</div> <div><input type="checkbox"/> Center sprue</div> <div><input type="checkbox"/> Sub-gate</div> <div><input type="checkbox"/> Pin point</div> <div><input type="checkbox"/> Valve gate</div> <div><input type="checkbox"/> Manifold</div> <div><input type="checkbox"/> Hot Tip</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> Ejector Pins</div> <div><input type="checkbox"/> Ejector Blades</div> <div><input type="checkbox"/> Ejector sleeves</div> <div><input type="checkbox"/> Stripper</div> <div><input type="checkbox"/> Ejector Bars</div> <div><input type="checkbox"/> Double Ejection</div> <div><input type="checkbox"/> DME Thermo Pin</div> <div><input type="checkbox"/> Other _____</div>		<div><input type="checkbox"/> Guided Ejection (4x)</div> <div><input type="checkbox"/> Spring Loaded on ejector plate (4x)</div> <div><input type="checkbox"/> Early Ejector return mechanism, No. _____</div> <div><input type="checkbox"/> KO Type <input type="checkbox"/> Direct <input type="checkbox"/> Flush Mount</div> <div><input type="checkbox"/> Pressure Transducer</div> <div><input type="checkbox"/> Interlock <input type="checkbox"/> Straight <input type="checkbox"/> Top Lock <input type="checkbox"/> Taper</div> <div><input type="checkbox"/> CTF Steel Certification</div> <div><input type="checkbox"/> Other : _____ Cycle Counter</div>																			
MATERIAL																							
"A" Plate																							
"B" Plate																							
Cavity main insert																							
Core main insert																							
Slides, No.																							
Lifters, No.																							
Collapsible Core																							
CAM (Early return)																							
Slide Gib																							
Slide center guide																							
Wear Plate																							
		No. Per Cavity	AISI 1050 (ASSAB 760)	AISI 4130 (ASSAB Holdax)	AISI P-20 (W. Nr. 2311)	AISI P-20 MOD (ASSAB 718 H/H)	AISI H-13 (ASSAB 8407)	AISI 420F (ASSAB Ramax)	AISI O-1 (ASSAB DF3)	AISI 420 (ASSAB Stavax)	Lamina Bronze	Beryllium Copper	Ampecoloy	30 - 32 Rc	35 - 38 Rc	48 - 50 Rc	50 - 52 Rc	56 - 58 Rc	5° for shut-off area	Nitrided	Electroless Nickel plated		
To be filled-out by Supplier																							
Review Result: _____ Yes _____ No _____																							
Requirements can be met? <input type="checkbox"/> <input type="checkbox"/> If No, please list concerns _____																							
Reviewed by: _____																							
Checked by: _____																							
Approved by: _____																							