

Filling Project Requirements

Please fill out the form below as thoroughly as possible. The information gathered will help our Application Engineering team identify the most appropriate filling solution for your application. When completed, please return this form to our Application Engineering group at info@tridak.com

Contact Information		
Date:		
Name:	Company:	
Street Address:		
City:	State:	Zip Code:
Phone:	E-Mail:	
Sales Partner:		

Part 1: Material Information	
1. What material do you want to package? (adhesives, lubricants, medical media, urethanes, etc.)	
2. Who manufactures this material?	Name:
	Part #:
3. How many components make up the material?	<input type="checkbox"/> One <input type="checkbox"/> Two Other (specify):
4. What is the viscosity of the material?	cP
5. Is the material Thixotropic or Newtonian?	<input type="checkbox"/> Thixotropic <input type="checkbox"/> Newtonian
6. Does the material require heating to be properly dispensed?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what temperature range is required?
7. Does the material contain pigment, fillers, or other suspended solids which might settle out if not agitated in a holding vessel?	If yes, please explain:
8. Does the material have any compatibility issues with other materials or substrates?	If yes, please explain:
9. What is the size of the package you will dispense from and/or what size reservoir will you require? (20 oz, 32 oz, 1 L, 5 L, 10 gal)	

Part 2: Container Information	
10. What type of container is being filled? (single syringe, double syringe, cartridge)	
11. If filling syringes, what is the style?	<input type="checkbox"/> Luer-Lok <input type="checkbox"/> Slip Fit (oral tip) <input type="checkbox"/> Other (specify):
12. What is the volume of the container? (1 mL, 10 mL, 50 mL, etc.)	
13. Who manufactures this container? (note: attach relevant drawings to submission)	Name:
	Part #:
Part 3: Reservoir Information	
14. Will you provide your own reservoir (i.e. pressure pot or cartridge retainer) to dispense from?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
15. Will you need to purchase empty plastic cartridges and pistons to dispense your material from?	If yes, please indicate size:
Part 4: Application Information	
16. Do you have a target fill speed?	If yes, please explain:
17. Do you require CE Marking on the equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. What is the current filling method?	Please list manufacturer of equipment if applicable
19. Do you currently have any Tridak Filling equipment?	If yes, please indicate type and if there are any known measurements of your nozzles and/or existing tooling
20. Additional comments about your application:	
21. When do you need your filling/packaging solutions? (now, a week, a month, etc.)	

In order to recommend the best equipment for your application or prior to renting or purchasing a filling system we require the following:

1. Completed questionnaire
2. 3-5 sample containers (syringes/cartridges)
3. Enough sample material to fill one of the empty containers provided

An MSDS is required prior to sending in any material for evaluation