



WEXCO CORPORATION
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Since 1975

Barrel Worksheet

Date:

Company Name		Requestor	
Address		Phone	
City		Fax	
State & Zip		Email	
Country		CC email	
CC		Delivery	

Wear Environment (Check)

<input type="checkbox"/>	General Purpose	<input type="checkbox"/>	Moderate Corrosion	<input type="checkbox"/>	Abrasion & Corrosion
<input type="checkbox"/>	Severe Abrasion	<input type="checkbox"/>	Severe Corrosion	<input type="checkbox"/>	Other

*Bore Inlay Material (check)

<input type="checkbox"/>	555	<input type="checkbox"/>	B022	<input type="checkbox"/>	CPM10V	<input type="checkbox"/>	D2
<input type="checkbox"/>	666	<input type="checkbox"/>	777	<input type="checkbox"/>	Durocast	<input type="checkbox"/>	Other

Application (check)

<input type="checkbox"/>	Thermoplastic	<input type="checkbox"/>	Thermoset	<input type="checkbox"/>	Rubber/Silicon	<input type="checkbox"/>	Thixomolding
Resin/resins							
Other:							

*Machinery

<input type="checkbox"/>	Injection	<input type="checkbox"/>	Extrusion	<input type="checkbox"/>	Blow Mold
<input type="checkbox"/>	Single bore	<input type="checkbox"/>	Twin bore	<input type="checkbox"/>	segmented

*Make		*Model		Year	
Serial #		*Series/ Injection Unit #		PSI	
*Bore Size		* Inj. (max shot capacity)			Horizontal
L/D Ratio		Horsepower			Vertical
Other					
*Vented	Yes	No	vent hole center location from discharge face:		

Barrel identification

OEM part number		Wexco part #	
Competitive part number		Print #	

Dimensions & features

*Inj. Bell end or	<input type="checkbox"/>	*Overall length		*Ext./BM -OD Grooves	Yes or no
*inj. Straight end	<input type="checkbox"/>	*Body OD		*ID feed Grooves	Yes or no
*Bore ID		Mount OD		*Ext. Discharge flange type	
Number of thermocouple wells					

(Must have information marked with *)