



Questionnaire for Weld Seam Detection Systems



WELD SEAM DETECTION			
Parameter:		All dimensions are in <input type="checkbox"/> metric system (Millimeter, Meter) <input type="checkbox"/> imperial system (Inches, Feet)	
Application description (Send us if possible a photo or a drawing of your application)		_____	
Application	<input type="checkbox"/> Bending machine	<input type="checkbox"/> Tube processing machine	
	<input type="checkbox"/> Tube forming press	<input type="checkbox"/> Decoiling / Straightening / Bl. press	
	<input type="checkbox"/> Silk screen painting	<input type="checkbox"/> _____	
Machine builder	_____		
Type of material	<input type="checkbox"/> Carbon Steel	<input type="checkbox"/> Stainless steel non-magnetic	
	<input type="checkbox"/> Non ferrous material	<input type="checkbox"/> Stainless steel magnetic	
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> _____	
Material code (s)	_____ (e.g. DIN 1.4517 or AISI 304 etc.)		
Material thickness	Min _____ mm	Max _____ mm	
Wall thickness	Min _____ mm	Max _____ mm	
Material width	Min _____ mm	Max _____ mm	
Material diameter	Min _____ mm	Max _____ mm	
Welding technology	<input type="checkbox"/> ERW	<input type="checkbox"/> Laser	
	<input type="checkbox"/> Gas welded	<input type="checkbox"/> _____	
Tube application	Tube drive	<input type="checkbox"/> Friction wheel	<input type="checkbox"/> Cones
			<input type="checkbox"/> _____
	Rotation speed, Detection time	_____ rpm	_____ sec
Coil application	Material velocity	<input type="checkbox"/> Continuous operation at constant speed <input type="checkbox"/> Continuous operation with adapted speed <input type="checkbox"/> Start-Stop-Operation at a velocity of min _____ max _____	
	Mounting location of the sensor	<input type="checkbox"/> Before pit-loop	<input type="checkbox"/> After pit-loop
Drums / Pails	Planned tube rotation speed	min _____ mm/s	max _____ mm/s
	Detection time	_____ ms	
	The drums / Pails are	<input type="checkbox"/> Exactly round	<input type="checkbox"/> Preformed / expanded



Questionnaire for Weld Seam Detection Systems



Address:

Name	_____	
Company	_____	
Department	_____	
Street / Postal code	_____	_____
ZIP / City	_____	_____
Country / Region	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	@ _____