

# **Plastic Scrap Size Reduction Questionnaire**

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Date: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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## **Scrap Type:** (indicate percentage of each)

___ ABS	___ LDPE	___ POLYOLEFINS
___ ACETALS	___ MIXED THERMO	___ PP
___ ACRYLIC	___ NYLON	___ PS
___ ENG. THERMO	___ PC	___ PVC
___ HDPE	___ PET	___ OTHER _____

## **Scrap Form:** (indicate percentages, max. size / weight / thickness)

___ Purge _____	___ Rejects _____
___ Film _____	___ Bales _____
___ "Logs" _____	___ Loose "PCR" _____
___ "Shredded" _____	___ Other _____

## **Scrap Quantities:** (throughput requirements)

\_\_\_\_\_ LBS./HR.

## **Particle Size Requirements:**

Particle Size: \_\_\_\_\_ Use of Regrind: \_\_\_\_\_

## **Miscellaneous Information:**

Voltage: \_\_\_\_\_ Conveyance / Collection Req'd: \_\_\_\_\_

**Fax to (336) 861-4329 for a prompt response**

**Vecoplan, LLC**

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