

IPS - Innovative Produktionssysteme GmbH

**Innovation Centre**

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Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
VAT ID no.: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone extension: \_\_\_\_\_

Attempt no.: \_\_\_\_\_

**Information on sample processing**

The determination of the machine and process parameters by means of a machine test is free of charge.

In order to be able to present you with the desired machining result, we kindly ask you to fill out this sheet completely and send it to us with the workpieces.

Thank you in advance for your cooperation.

**Our special requirement profile:**

- |  |   |
|--|---|
| <input type="checkbox"/> hand-friendliness | <input type="checkbox"/> electroplated surface          |
| <input type="checkbox"/> Deburring         | <input type="checkbox"/> Surface roughness              |
| <input type="checkbox"/> Edge rounding     | Ra/Rz = _____ µm  |
| R= _____ mm                                | <input type="checkbox"/> Corrosion protection           |
| <input type="checkbox"/> Descaling         | <input type="checkbox"/> Long-term corrosion protection |
| <input type="checkbox"/> Removing grooves  | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Clean surfaces    |   |
| <input type="checkbox"/> Brightness        |   |
| <input type="checkbox"/> Gloss             |   |

**General information:**

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Reapplication          | Workpiece: _____    |
| <input type="checkbox"/> Supplementary attempt; | Material: _____     |
| previous attempt                                | Dimension: _____ mm |
| no.: _____                                      | Weight: _____ kg    |

**Please enclose a sample!**

Please enclose a sample: \_\_\_\_\_  
Part number: \_\_\_\_\_  
Drawing attached:  yes  no

**Production method:**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> rotate       | <input type="checkbox"/> punching     |
| <input type="checkbox"/> milling      | <input type="checkbox"/> deep drawing |
| <input type="checkbox"/> drill        | <input type="checkbox"/> press        |
| <input type="checkbox"/> additive     | <input type="checkbox"/> die casting  |
| <input type="checkbox"/> casting      | <input type="checkbox"/> forge        |
| <input type="checkbox"/> other: _____ |                                       |

**Quantity to be processed:**

Quantities: \_\_\_\_\_  
Per  day /  month /  year  
bulk volume  
Per  day /  month /  year  
Shift work: \_\_\_\_\_ 1  2  3

**Workpiece processing at the moment:**

- |  |  |
|--|--|
| <input type="checkbox"/> manually      | <input type="checkbox"/> vibratory finishing with: |
| <input type="checkbox"/> shine         | machine: _____                                     |
| <input type="checkbox"/> brushing      | Grinding wheels: _____                             |
| <input type="checkbox"/> belt grinding | Compound: _____                                    |
| <input type="checkbox"/> other: _____  | Duration: _____                                    |

**Comments:**

**Process water treatment?**

- Centrifuge  
 Loss technology / flocculation