

1517 Commerce Avenue
Carlisle, PA 17015

email: snegley@prhoffman.com

Phone: 717-243-9900
FAX: 800-776-3830
FAX: 717-243-4542

LAPPING MACHINE QUESTIONNAIRE

COMPLETING THIS FORM WILL ASSIST US IN RECOMMENDING A MACHINE FOR YOUR APPLICATION. WE DO RECOGNIZE THAT YOUR ANSWERS ARE PROPRIETARY AND WE WILL GUARD THIS INFORMATION APPROPRIATELY.

Note: Not all questions may apply.

Part Description: _____

Part Material: _____

Part Size(s) - Range (Diameter, Width, Length): _____

Initial Starting Thickness (inch, mm, microns): _____

Starting thickness variation between individual parts: _____

Final Target Thickness: _____

Final Target Thickness Tolerance: _____

Required Flatness: _____

Required Parallelism: _____

Required Finish: _____

Current Processing Method:

Single Side Lap: _____

Double Side Lap: _____

Current Cycle Time: _____

Additional Information About Current Method: _____

Required Production Rate: Number of Parts: _____

Time Frame: _____

Number of Work Shifts: _____ Days per Week: _____

Preferred Slurry: - Water base: _____ Other: _____

Type of Water Available (Tap / Deionized / Reverse Osmosis): _____

Preferred Abrasive Material: _____ Particle Size: _____

Preferred Suspension Agent: _____

Additional Preferences for New Method: _____
