



CASTING PARAMETERS INFORMATION
Please fill this form out and fax to: 440.946.8325

DATE: _____

CUSTOMER: _____

CUSTOMER P/N: _____

REPORTED BY: _____

CORE-TECH P/N: _____

MOLD FIRE: TYPE: _____ STARTING TEMPERATURE: _____

RAMPING RATE OR TIME: _____

MAX. TEMPERATURE: _____

SOAK TIME: _____

PREHEAT: TYPE: _____ STARTING TEMPERATURE: _____

RAMPING RATE OR TIME: _____

MAX. TEMPERATURE: _____

SOAK TIME: _____

VACUUM/AIR: _____

ALLOY: _____

CASTING CYCLE: EQUIAX DS SINGLE CRYSTAL

OTHER: DESCRIBE _____

ADDITIONAL COMMENTS AND/OR INFORMATION: _____
