

CGS

SPEED & FEED EVALUATION

Date _____

Customer _____ Distributor _____

Phone _____ Fax _____ Contact _____

*** MUST BE A CNC MACHINING CENTER ***

How Is Job Run Now?

H.P. of Machine _____

Maximum R.P.M.'s _____

Material Type _____

Hardness _____

Running Now - (M-42, HSS, CARB)

Brand of Cutter _____

Price *If Known* _____

Spiral of Cutter: _____

Standard _____ Hi-Helix _____

COATED? - TYPE _____

OF FLUTES _____

DIA. OF CUTTER _____

DEPTH OF CUT _____

RADIAL DEPTH OF CUT _____

S.F.M OR R.P.M. _____

L.P.M. OR TOOTH _____

LENGTH OF TIME IN CUT _____

This is a recommendation based only on information available. Variation may be required according to working conditions.

***TECHNICAL ASSISTANCE THROUGH
ENGINEERING DEPARTMENT ONLY***

Run _____

Tool# _____

COATING / TYPE _____

OF FLUTES _____

DIA. OF CUTTER _____

DEPTH OF CUT _____

RADIAL DEPTH OF CUT _____

S.F.M OR R.P.M. _____

I.P.M. OR TOOTH _____

What Are You Hoping To Achieve?

PLEASE FILL OUT THE LEFT HAND SIDE WITH ALL AVAILABLE INFORMATION.

TOLL FREE #800-379-1433 - PHONE #216-241-1340

FAX #216-241-6129

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website - www.cgstool.com