TESTING Data Sheet

Company: ____________

Location: ____________

Date: ____________

Product Made: ____________

MACHINERY Information

Brand Name: ____________ Tooling Age / Quality: ____________ Operator: ____________

Make: ____________ Special Set-up: ____________

	Extruder		**Product After Dryer**										
		Output /			Uniform	Bulk							
Time	Amps	hour	Size	Surface	Cells	Density	Breakage	Bite	Comments				
every 15		# or kg	same/ larger	smooth /	yes / no		same/ more/	harder /					
minutes			smaller	blisters			less	softer					
Standard													
Nu-RICE													

If additional data needs to be collected or other information is more important, please modify the form or write in additional information.

TESTING Data Sheet

Company:

Location:

Date:

Operator Comments

Product Made:

Operator:

General Observations (likes, dislikes, recommended changes, new ideas or questions)

Start-up: (easy, fast, problems, etc.)

Extrusion Operation: (easy, smooth, problems, etc.)

Dryer Comments:(issues, concerns, no problems, etc.)

Coating System: (smooth surface, less coating, no problems, etc.)

Packaging Notes: (% of bag fill, bag capacity, no problems, etc.)

General Thoughts: