

FIELD ANALYSIS REPORT

THIS REPORT MUST BE COMPLETELY FILLED OUT



HOUGEN MANUFACTURING, INC.

3001 Hougen Drive • Swartz Creek, MI 48473 USA

Ph: (810) 635-7111 • Fax: (810) 635-8277

www.hougen.com • info@hougen.com

_____ DRILLING APPLICATION

DATE: _____ SUBMITTED BY: _____

AGENT / DISTRIBUTOR	Distributor Name: _____		
	Contact – Name – Title: _____		
	Telephone: () _____ Fax: () _____		
	Distributor Email: _____		
	Hougen Rep.: _____ Telephone: () _____		
END USER	Company Name: _____		
	Contact – Name – Title: _____		
	Company Address: _____		
	End User Telephone: () _____ Fax: () _____		
	End User Email: _____		
USE	Estimated Holes Per Year: _____ Estimated Order Quantity: _____ (Min. 3 piece order Required)		
APPLICATION	MATERIAL	THRU HOLE	GROOVE
	Type: _____	Hole Diameter: _____	Outer Diameter: _____
	Grade: _____	Hole Tolerance: _____	Inner Diameter: _____
	Hardness: Rc: _____ Bhn: _____	Finish Required: _____	Tolerance: Outer _____ Inner _____
	Thickness: _____ (List all plate thicknesses, etc.)	Note: Average Finish Produced By Cutter is Approximately = 125 Ra Tolerance and finish varies due to rigidity of machine, speeds/feeds, etc.	
	Condition: _____ (Painted, Rust, etc.)		
	PLEASE CHECK ALL THAT APPLY AND PROVIDE ANY ADDITIONAL INFORMATION		
Stack Cut: _____ (If checked list total thickness) _____ Interrupted Cut: _____			
Angled Entry: _____ (If checked note Angle) _____° Curved Surface (Pipe, Tubing, etc.): _____			
MACHINE	Machine Make and Model: _____		
	Tool Holder Style & Size (Morse Taper #, Cat #, NMTB, Etc.) _____		
	Vertical Machine: _____ Horizontal Machine: _____ Feed Rates Available: _____		
	Please attach horsepower curve. If horsepower curve is not available provide HORSEPOWER @ specific low and high rpm's:		
	HORSEPOWER _____ @ low rpm HORSEPOWER _____ @ High rpm		
	RPM Range Available: _____ Spindle Accuracy in .000" _____		

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COOLANT	Thru Tool (preferred): _____ Thru Spindle: _____ Flood: _____ Other: _____ Constant Pressure: _____ PSI Volume: _____ GPM Type (Oil, Water Soluble, etc.): _____
CURRENT CONDITIONS	Tool: _____ Feed Rate: _____ RPM: _____ Cycle Time: _____ Tool Life: _____ Current Problems: _____
SUCCESS CRITERIA	What is the minimum success criteria required for the user to change to our tooling? Increase in Feed Rate To: _____ Increase in Tool Life To: _____ Improve Finish To: _____ Decrease in Cycle Time To: _____ Additional Comments: _____ _____

**PLEASE PROVIDE ALL AVAILABLE SUPPLEMENTARY DATA, INCLUDING:
DRAWINGS, SKETCHES, PICTURES, ETC.**

SKETCH AREA