



Imperial Pharmachines Pvt. Ltd.

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TOOL PROCUREMENT FORM

Please fill separate form for each product & tick wherever applicable

Whenever a set of tooling is procured, it is necessary to share information with the supplier. The procurement form can be send to the supplier to avoid communication errors.

COMPANY NAME:	
ADDRESS:	
Contact Person Name: _____	Designation: _____
E-Mail: _____	Reference No & Date: _____
HP No.: _____	Fax No.: _____
PRODUCT DETAILS	
Product Name: _____	Film coated: Yes / No [% = _____]
Drawing : Yes / No / Name: _____	Sugar Coated: Yes / No
Sample Tablet: Yes / No	Abrasive / Corrosive: Yes / No
Sample Tooling: Yes / No	Sticky: Yes / No
Reference: Existing drawing / tablet / tool set	Effervescent: Yes / No
Density: gm/cc	Tablet Weight: mg ± %
	Tablet Thickness: mg ± mm
MACHINE DETAILS	
Manufacturer & Model: _____	Tooling type [Any One]
Number of stations: _____	EURO IPT
Upper punch SEAL: Yes / No	'D' 'D'
Lower punch SEAL: Yes / No	'B' 'B'
Any other information: _____	'BB' 'BB'
	'BBS' 'B2'
QUANTITY REQ.:	Details If Special Tooling
Upper Qty: _____	
Lower Qty: _____	
Die Qty: _____	

TABLET DETAILS [Any One]

SHAPE		SIZE 'A' =		SIZE 'B' =	
Round	Capsule	Oval	Triangle	Square	Other
CAVITY		RADIUS 'R' =			
FFBE	Concave	Bevel Concave	Double Concave	Flat Face	Other
UPPER			LOWER		
PLAIN / BREAKLINE / EMBOSSING / DETAILS			PLAIN / BREAKLINE / EMBOSSING / DETAILS		

SPECIAL FEATURES

- MOC of punches: O1/D2/D3/A2/S7/SG
- Plating: HCP/ CrN / MLCrN / Tin / Pharma Coat.
- Taper Die: One side / Both sides
- Bakelite Relief on lower punch tip.
- Laser marking.
- Carbide dies.

Any Tooling related problem for this product in the past: