



WELDING ELECTRODE / CAP EVALUATION FORM

Phone: 866-634-8884

Fax: 866-239-6995

Email: cmw@cmwinc.com

Facility _____

Location _____

Contact _____ Phone _____ Fax _____ Date _____

Equipment --- Plant/Line # _____							
TYPE	Robot	Fixed Auto	Press	Hand	Online	Offline	Other (Specify)
GUN STYLE	C Gun	Pinch	Scissor	Other (Specify)	Comment		
CONDITION	New	Old	Good	Poor			
STEPPER CAPABILITY	Number of Steps	Linear	Non-linear	None			
UP-SLOPE CAPABILITY	Yes	No					
PULSE CAPABILITY	Yes	No					
NUMBER OF	Schedules per SCR	Transformers per SCR	Guns per Transformer	Transformer Taps	Transformer KVA		

Workpieces (Materials)							
POSITION	THICKNESS	CHECK ONE (per workpiece)					
		Bare Steel	Aluminized	Zn Electroplate	Galvanneal	Hot Dipped Galvanized	Organic
Outside							
Inside							
Inside							
Outside							
FIT-UP	Good	Poor	Comments				

ELECTRODES							
NOSE STYLE	A (Pointed)	B (Dome)	C (Flat)	D (Offset)	E (Truncated)	F (Radius)	Other (Specify)
MATERIAL	Class 1	Class 2	Class 20 (DSC)	Other (Specify)			
TAPER STYLE	Female	Male			Comments		
ALIGNMENT	Good	Poor	Requires Backup				