

JKS Cots & Aprons Questionary



(1) Company: _____

(4) Address: _____

(2) Contact Person: _____

(5) Year of Establishment: _____

(3) email: _____

(6) DATE: _____

GENERAL COT INFORMATION						GENERAL APRON INFORMATION			ADDITIONAL INFORMATION
Type of Machine	Machine Details	Yarn production & count in NE	Type of Cots	Cot Dimensions: BRD x FOD x Length (mm)	Maintenance	TOP Aprons Dimension ID x Width x Thickness (mm)	BOTTOM Aprons Dimension ID x Width x Thickness (mm)	Actual Brand of Apron	Time of Change Additional Information
Draw Frame			Straight edges: <input type="checkbox"/> Round edges: <input type="checkbox"/> Spirally grooved: <input type="checkbox"/> Shore Hardness: _____ °A Actual Brand: _____	BRD: _____ FOD: _____ Length: _____	Grinding cycle _____ days Grinding ablation _____ mm Surface roughness _____ micron				
Combing			Straight edges: <input type="checkbox"/> Round edges: <input type="checkbox"/> Shore Hardness: _____ °A Actual Brand: _____	BRD: _____ FOD: _____ Length: _____	Grinding cycle _____ days Grinding ablation _____ mm Surface roughness _____ micron				
Roving / Finisher Speed Frame			Straight edges: <input type="checkbox"/> Round edges: <input type="checkbox"/> Shore Hardness: _____ °A Actual Brand: _____	BRD: _____ FOD: _____ Length: _____	Grinding cycle _____ days Grinding ablation _____ mm Surface roughness _____ micron	ID: _____ Width: _____ Thickness: _____	ID: _____ Width: _____ Thickness: _____ closed: <input type="checkbox"/> open skived: <input type="checkbox"/> open pre-glued: <input type="checkbox"/>		
Spinning Unit 1		Yarn: _____ _____ Count: _____	Straight edges: <input type="checkbox"/> Round edges: <input type="checkbox"/> Shore Hardness: _____ °A a.) Front Roller: _____ °A b.) Back Roller: _____ °A Actual Brand: _____	BRD: _____ FOD: _____ Length: _____	Grinding cycle _____ days Grinding ablation _____ mm Surface roughness _____ micron	ID: _____ Width: _____ Thickness: _____	ID: _____ Width: _____ Thickness: _____ closed: <input type="checkbox"/> Knurled: <input type="checkbox"/> open skived: <input type="checkbox"/> open pre-glued: <input type="checkbox"/>		
Spinning Unit 2		Yarn: _____ _____ Count: _____	Straight edges: <input type="checkbox"/> Round edges: <input type="checkbox"/> Shore Hardness: _____ °A a.) Front Roller: _____ °A b.) Back Roller: _____ °A Actual Brand: _____	BRD: _____ FOD: _____ Length: _____	Grinding cycle _____ days Grinding ablation _____ mm Surface roughness _____ micron	ID: _____ Width: _____ Thickness: _____	ID: _____ Width: _____ Thickness: _____ closed: <input type="checkbox"/> Knurled: <input type="checkbox"/> open skived: <input type="checkbox"/> open pre-glued: <input type="checkbox"/>		