



IN-HOUSE PRINT CLOSE WOUND

MATERIAL SPEC. _____ TOL. _____

LOAD TEST DATA

WIRE DIA. _____ +/- _____

INITIAL TENSION _____ +/- _____

MATERIAL _____

COMMENTS _____

COIL GEOMETRY

OUTSIDE DIA. _____ +/- _____

COMMENTS / SPECIAL INSTR.

INSIDE DIA. _____ +/- _____

TOTAL COILS _____ +/- _____

BODY LENGTH _____ +/- _____

DIR. OF WIND _____ LEFT _____ RIGHT _____ OPT. _____

MISC. _____

Industrial Spring of St. Louis, Inc.

1 Capper Drive
Pacific MO 63069

Phone (636)-271-4600
Fax (636)-257-2124

Customer _____

Part No. _____

UNLESS OTHERWISE SPECIFIED
DIMENSIONS ARE IN INCHES
ANGLES +/-1DEG.
2 PL. +/--.020 3 PL. +/--.010

File Location : BLANK FORMS/CLOSEWOUND BLANK

Rev.	Date	By	Drawn	Date	Scale
					FULL
			Checked	Date	Part Number
			Approved	Date	