



IN-HOUSE PRINT
CLOSE WOUND

MATERIAL SPEC. _____ TOL. _____

LOAD TEST DATA _____ TOL. _____

WIRE DIA. _____ ± _____

INITIAL TENSION _____ ± _____

MATERIAL _____

COMMENTS : _____

GEOMETRY _____

INSIDE DIA. _____ ± _____

COMMENTS / SPECIAL INSTR. _____

OUTSIDE DIA. _____ ± _____

MISC. _____

TOTAL COILS _____ ± _____

BODY LENGTH _____ ± _____

DIR. OF WIND:

LEFT _____ RIGHT _____ OPT. _____

Industrial Spring of St. Louis, Inc.
 1 Capper Drive Phone (636) 271-4600
 St. Louis, MO 63069 Fax (636) 257-2124
 CUSTOMER

REVISION	DATE	BY

PART NO. _____

ENTERED BY _____ DATE _____

APPROVED BY _____ DATE _____