

IN-HOUSE PRINT COMPRESSION SPRING CONICAL

MATERIAL SPEC. _____ TOL. _____

LOAD TEST DATA

WIRE DIA. _____ +/- _____

PROGRAM LOC. _____

MATERIAL _____

TEST LOAD #1 _____

COIL GEOMETRY

TEST LOAD #2 _____

OUTSIDE DIA. _____ +/- _____

SPRING RATE _____

INSIDE DIA. _____ +/- _____

COMMENTS / SPECIAL INSTR.

TOTAL COILS _____ +/- _____

FITS IN/OVER _____

FREE LENGTH _____ +/- _____

MISC. _____

END TYPE _____

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

PRESET _____ YES _____ NO _____

SOLID HEIGHT _____

Industrial Spring of St. Louis, Inc.

1 Capper Drive

Phone (636)-271-4600

Pacific MO 63069

Fax (636)-257-2124

Customer _____

Part No. _____

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

Rev.	Date	By

Drawn	Date	Scale
		FULL
Checked	Date	Part Number
Approved	Date	

File Location : BLANK FORMS/CBLANK