

Please only specify tolerances with respect to any two, but not all three, of the following: OD, ID, Wall.


To be completed by customer for verification:
 Customer Name: _____
 Part Number: _____
 Alloy: _____ Temper: _____
 Length: _____ in. / ft. $+ \text{---} / - \text{---}$
 Approved by: _____
 Date approved: _____

Customer Service Rep:
 Initials: _____ Date: _____

Process Engineering Sign-off:
 Initials: _____ Date: _____

All product information supplied by customer

REVISIONS

DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED	 STProducts, LLC Duncansville, PA	
	TITLE Flat Oval Dimensions Verification	
DRAWN BY Cynthia Cresswell	FORM NO.	REV 0
DATE 03/15/10	SCALE N/A	SHEET 1/1