



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: _____

All product information supplied by customer

Customer Service Rep:
Initials: _____ Date: _____

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

REVISIONS

DIMENSIONS ARE
IN INCHES UNLESS
OTHERWISE
SPECIFIED



STProducts, LLC
Duncansville, PA

TITLE
Hourglass Dimensions
Verification

DRAWN BY
Cynthia Cresswell

FORM NO.

DATE
03/15/10

SCALE N/A

SHEET 1/1

REV
0