

Please only specify tolerances with respect to any two, but not all three, of the following: DD, ID, Wall. (Please only include radii if critical.)

To be completed by customer for verification:  Customer Name:
Part Number:
Alloy: Temper:
Form: Coil / Straight Length
Length: in. / ft. / lbs. +/
Approved by:
Date approved:

Customer Service Repi Initials:\_\_\_\_\_ Date:\_\_\_\_

Process Engineering Sign-offi Initials:\_\_\_\_\_ Date:\_\_\_\_

\*\*\*All product information supplied by customer\*\*\*

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DIMENSIONS ARE
IN INCHES UNLESS
OTHERWISE
SPECIFIED

STProducts, LLC Duncansville, PA

Rectangle Dimensions Verification

Cynthia Cresswell 03/15/10 SCALE N/A

SHEET 1/1