



Tubing Survey

PO Box 537
 Danville, IL
 61834-0537
 Fax: 217-443-3894

Company: _____
 Address: _____

Thorough and accurate preparation of the following information will provide the necessary facts required to select the proper types and capacities of all required production equipment.

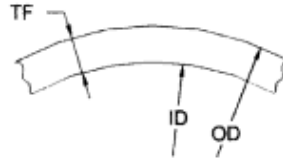
Please complete one SURVEY SHEET for each tube size.

Tube Specification (inner grooved)



OD: _____ Outside Diameter
 TF : _____ Bottom Wall Thickness
 H : _____ Ridge Height

Tube Specification (plain wall)



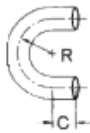
OD: _____ Outside Diameter
 ID : _____ Inside Diameter
 TF : _____ Wall Thickness

*Tube Supplier Name: _____ Tube Material: _____
 *Tube Supplier Part Number: _____ Temper & Alloy: _____

Tube form Available:

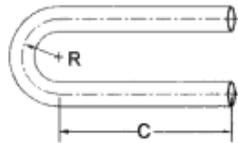
Level Wound Coils with Reel Level Wound without Reel Straight Length

Return Bend



C: _____
 R: _____

Hairpin Tubes



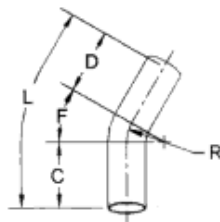
C: _____
 R: _____

Straight Tube Length



E: _____

Elbow Bend



C: _____
 D: _____
 F: _____
 L: _____
 R: _____

**Please Supply Tube Suppliers Specifications if Available*