



International Gas Springs

FAX: 815-553-0248

GAS SPRING APPLICATION SHEET

Please photocopy this page, fill in the information and fax it to the above number. In order to give the optimum economical solution between ex stock, non stock and custom springs please fill in the approximate annual requirement.

Company _____ Contact _____

Address _____

Telephone number _____ Fax number _____

Approximate annual quantity _____

Type number (1 to 8) _____ Number of springs per lid 1 or 2?

Weight of lid (W) _____ LBS Opening angle (θ) _____ degrees

Distance from pivot to end of lid (L) _____ IN.

Distance from pivot to centre of gravity (C) _____ IN.

Maximum depth of mounting position (G) _____

(If no value stated optimum value will be used)

Thickness of lid _____ IN.

Do you wish the lid to open automatically or to remain closed, under its own weight?

Remain closed Open automatically (lid will need catch)

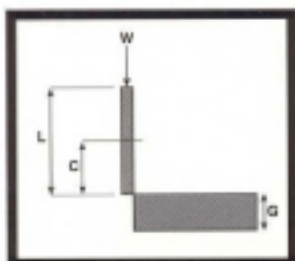
Do you require the spring to be mounted Inside Outside Either

Ambient operating temperature _____ °F

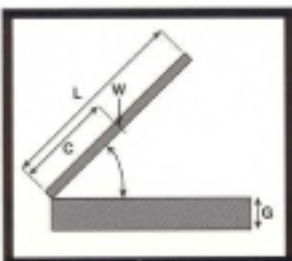
Anticipated No. of cycles per minute _____

Centre of gravity distances can normally be estimated

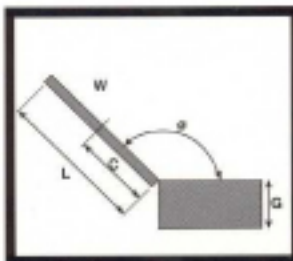
TYPE 7 ONLY	
Distance of centre of gravity below the pivot (B)	IN.
Distance of end of lid below the pivot (D)	IN.



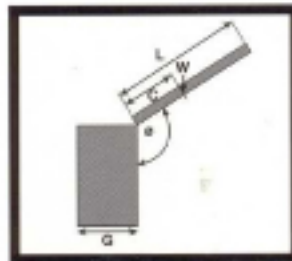
1. 90° OPENING



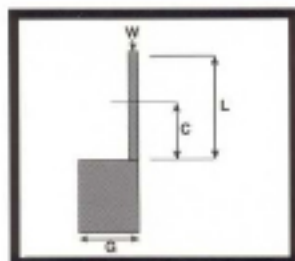
2. RESTRICTED OPENING



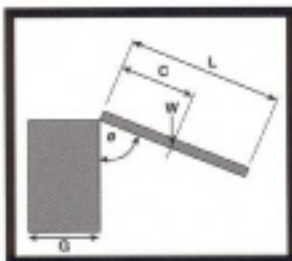
3. BEYOND 90° OPENING



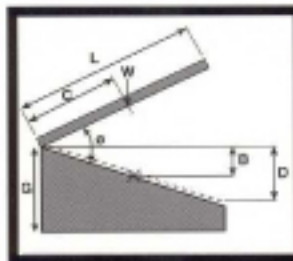
4. ABOVE HORIZONTAL OPENING



5. 180° OPENING



6. BELOW HORIZONTAL OPENING



7. BELOW TO ABOVE HORIZONTAL OPENING



8. OTHER (please specify)