

IAL-LEL REVIEW FORM	AIRPAX P/N <i>IULNK111-35196-100</i>		CUSTOMER P/N <i>IULNK111-1-62-100</i>	REVISION <i>NP</i>	SLS #
	DATE <i>8/17/05</i>	MARKETING <i>BB/ed</i>	CUSTOMER <i>Custom Manufacturing & Engineering</i>		PARTICIPATION
PURPOSE: <input type="checkbox"/> PDS - MOF <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> NEW REVISION <input type="checkbox"/> NEW REVISION W/ORDER <input type="checkbox"/> NEW PRINT W/ORDER <input type="checkbox"/> ORDER					COMMISSION

REVIEW STATUS: <input type="checkbox"/> CHANGE <input type="checkbox"/> NO CHANGE <input checked="" type="checkbox"/> FIRST REVIEW	<input type="checkbox"/> UL LISTED <input checked="" type="checkbox"/> UL/CSA <input type="checkbox"/> VDE <input type="checkbox"/> TUV
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POLE NO. (AS MTD.)	I	V, RATED V or TRIP VOLTS			Hz	DELAY	BASIC CONSTRUCTION	OPTIONAL REQUIREMENTS	
		UL/CSA	VDE	TUV				YES	NO
1	100.00	240			50/60	62	Series	CUSTOMER P/N	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2	100.00	240			50/60	62	Series	MFG. IDENT. NO. 81541	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3	100.00	240			50/60	62	Series	SPECIAL TERMINAL MKGS.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4								BARRIER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
								MEXICO BLACK LIST	<input type="checkbox"/> YES <input type="checkbox"/> NO

HANDLE: <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> PANEL SEAL <input type="checkbox"/> ROCKER	COLOR CODE NO. <i>N/A</i>	TERMINALS: <input type="checkbox"/> 10-32 <input type="checkbox"/> 10-32 <input checked="" type="checkbox"/> STUD <input checked="" type="checkbox"/> 1/2-20 STUD <input type="checkbox"/> FUSE CLIP <input type="checkbox"/> M5 METRIC <input type="checkbox"/> M5 STUD <input type="checkbox"/> M6 STUD <input type="checkbox"/>	MOUNTING: <input type="checkbox"/> 6-32 THREAD <input type="checkbox"/> M3 METRIC THD. <input checked="" type="checkbox"/> SPECIAL	AUXILIARY SWITCH: <input type="checkbox"/> YES, IN POLE <input checked="" type="checkbox"/> NO	OPTIONAL REQUIREMENTS FUNGUS RESISTANT LABEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PAPER LABEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SNAP-IN FACE PLATE DESCRIPTION:
LOCATION <input checked="" type="checkbox"/> STD <input type="checkbox"/> POLE NO. (AS MTD)	FOR "ZX" ONLY <input type="checkbox"/> AIRPAX STD MOUNT A,B,C,F,G,H <input type="checkbox"/> REVERSED MOUNT J,K,L	BULLET <input type="checkbox"/> 5/16 <input type="checkbox"/> 1/4 LONG <input type="checkbox"/> 1/4 SHORT	CONT. SPRG. <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER	DUAL COIL: <input type="checkbox"/> 3 TERM (VDE) <input type="checkbox"/> 4 TERM	<input type="checkbox"/> REC 1 <input type="checkbox"/> RS <input type="checkbox"/> REC 2 <input type="checkbox"/> <input type="checkbox"/> REC 3 <input type="checkbox"/> REC 4 <input type="checkbox"/> REC 5 <input type="checkbox"/> REG 2 <input type="checkbox"/> REG 4

SPECIAL REQUIREMENTS AND INSTRUCTIONS (FOR ENGINEERING USE ONLY):

SPECIAL REQUIREMENTS AND INSTRUCTIONS (FOR MARKETING USE ONLY):	SALES RESTRICTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> NO JOBS AFFECTED <input type="checkbox"/> JOBS / CONSIGNMENT AFFECTED LIST JOBS AFFECTED:
	<input type="checkbox"/> SURPLUS INVENTORY AFFECTED

MARKETING REFERENCE INFORMATION: *Annette Geissler @ HFA / Glen/Liz @ Airtechnics / A.P.*

FOR ENGINEERING USE ONLY		SALES DECISION	
CUSTOMER PRINT READS	EXCEPTIONS REQUESTED	PRINT	EXCEPTION

PRINT REVIEWED BY	EVALUATE SPECIAL REQUIREMENTS	MARKETING INITIALS & DATE
DATE	<input type="checkbox"/> Q.A. INITIALS _____ DATE _____ <input type="checkbox"/> DEV. ENG. INITIALS _____ DATE _____ <input type="checkbox"/> SHIPPING INITIALS _____ DATE _____	ENG. ACKNOWLEDGE INITIALS & DATE

2. CHECK BLOCKS WITH BOXES INDICATE STANDARD CONSTRUCTION.