

24 HOUR SERVICE
CALL TOLL FREE 1-800-982-3390

501 Bark Street • Harvey, LA 70058
504-367-8880
Fax 504-367-8960

STATOR COIL

JOB # _____
S.T. _____
O.T. _____

NAME: _____

CUSTOMER _____ MFG _____ H.P.K.W. _____
ADDRESS _____ R P M _____ FRAME _____
CITY _____ VOLTS _____ AMPS _____
STATE _____ ZIP _____ MODEL _____ TYPE _____
TEL NO. _____ PHASE _____ HZ _____ TEMP. RISE _____
P.O. NO. _____ DATE _____ S'N _____

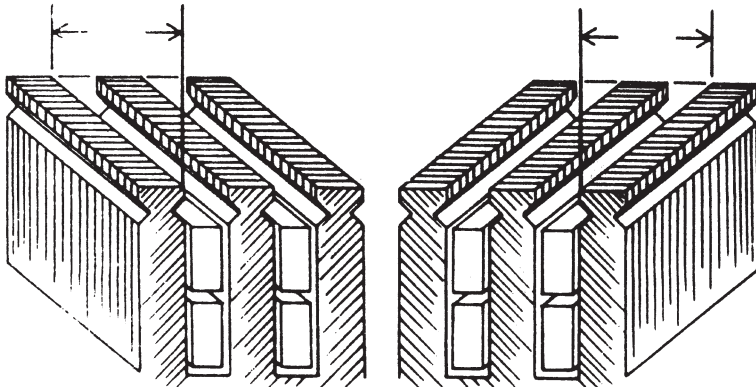
WINDING DATA

NO. SLOTS _____
COIL SPAN I & _____
NO. CIRCUITS & CONN. _____
_____ WYE or DELTA _____
JUMPER CONN. 1-4 or 1-7
WIRE SIZE _____ X _____ X _____
_____ X _____ X _____
WIRES IN HAND _____
ENAMEL } STRAND INSULATION
GLASS
MICA
NO. TURNS _____
GROUPING _____

INSULATION REQUIRED

"F" VARNISH TREATED.....
"H" VARNISH TREATED.....
SEALED RESIN COATED.....
HERMETIC UNTREATED.....
V.P.I. UNTREATED.....
V.P.I. SEALED UNTREATED.....

SKEWED SLOTS



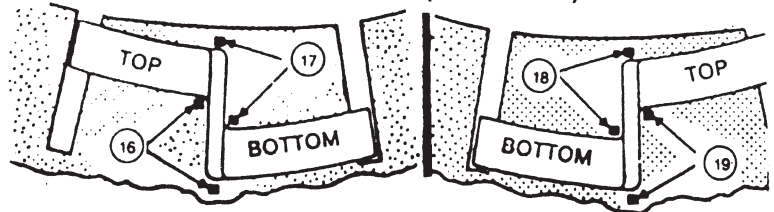
CORE DIMENSIONS

1. CORE BORE DIA. _____
2. CORE LENGTH _____
3. FINGER WIDTH _____
4. TOTAL SLOT DEPTH _____
5. DEPTH UNDER WEDGE _____
6. SLOT WIDTH (dec. dim.) _____

COIL DIMENSIONS

7. SMALL KNUCKLE DROP _____
8. LARGE KNUCKLE DROP _____
9. COIL EXT. LEAD END _____
10. COIL EXT. OPP. END _____
11. BOT. STRGT. LGTH. _____
12. TOP STRGT. LGTH. _____
13. TOTAL COIL LGTH. _____
14. TABLE TOP HEIGHT _____
15. CHORD DIMENSION _____

LEAD LOCATION (check one)



16. LEFT TOP 18. RIGHT BOT.
17. LEFT BOT. 19. RIGHT TOP

SPECIAL INSTRUCTIONS:

	YES	NO
DATA CHANGE	<input type="checkbox"/>	<input type="checkbox"/>
TURN INSULATION	<input type="checkbox"/>	<input type="checkbox"/>
SKEWED SLOT	<input type="checkbox"/>	<input type="checkbox"/>
TERRACE WOUND	<input type="checkbox"/>	<input type="checkbox"/>
KNUCKLE DROP CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>
END BELLS CLOSE	<input type="checkbox"/>	<input type="checkbox"/>
TIN LEADS	<input type="checkbox"/>	<input type="checkbox"/>
TAPED LEADS	<input type="checkbox"/>	<input type="checkbox"/>
CORONA SHIELD	<input type="checkbox"/>	<input type="checkbox"/>
SLOT PAPER USE	<input type="checkbox"/>	<input type="checkbox"/>
R.T.D'S IN USE (OHMS _____) (QTY _____)		
WEDGES (SIZE _____) (QTY _____)		

NOTES: _____

A. SELECT APPROPRIATE LEAD END SKETCH
B. INDICATE TOP & BOTTOM SIDES OF COIL
C. INDICATE DIMENSION AS SHOWN