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BUFFER DATA SURVEY FORM

Name _____		Date: _____
Company _____	Your P.O.# _____	
_____	Your Job # _____	
_____	Job Name: _____	
Attn: _____		



BUFFER STYLE	SPRING	_____	OIL	_____
RATED CAR SPEED		_____		
RATED CAR CAPACITY		_____		
EMPTY CAR WEIGHT		_____		
TOTAL COUNTERWEIGHT WE		_____		
IF PIT CHANNELS ARE REQUIRED	YES	_____	NO	_____
WITH OR WITHOUT SWITCH (OIL ONLY)	YES	_____	NO	_____
CAR BUFFER STRUT REQUIRED	YES	_____	NO	_____
OVERALL HEIGHT OF BUFFER		_____		
STROKE		_____		