

# Gas spring design questionnaire



*In order to save time, and ensure the perfect match for your application, please fill out this form and fax to 1.855.299.3214.*

*If you have any questions, please call 1.800.465.6281 or email to info@tchweb.com, and a TCH Customer Service Representative will be happy to assist you.*

## Contact Information:

1. Company: \_\_\_\_\_
2. Your Name: \_\_\_\_\_
3. Your Position: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_
5. Telephone: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Fax: \_\_\_\_\_

## Gas Spring Application:

8. Description of Application  
(Environment, No. of Cycles):  
 Existing Application  New Application  
 \_\_\_\_\_  
 \_\_\_\_\_
  9. Temperature range \_\_\_\_\_
  10. Mounting Restrictions (also see back):  
 \_\_\_\_\_  
 \_\_\_\_\_
  11. Specify End Fittings, Mounting Brackets, or Studs Required:  
 \_\_\_\_\_  
 \_\_\_\_\_
  12. Action (check all that apply):  
 Hold Open  
 Auto Rise  Positive Lock in Open Position
  13. Estimated Annual Quantity: \_\_\_\_\_
- Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

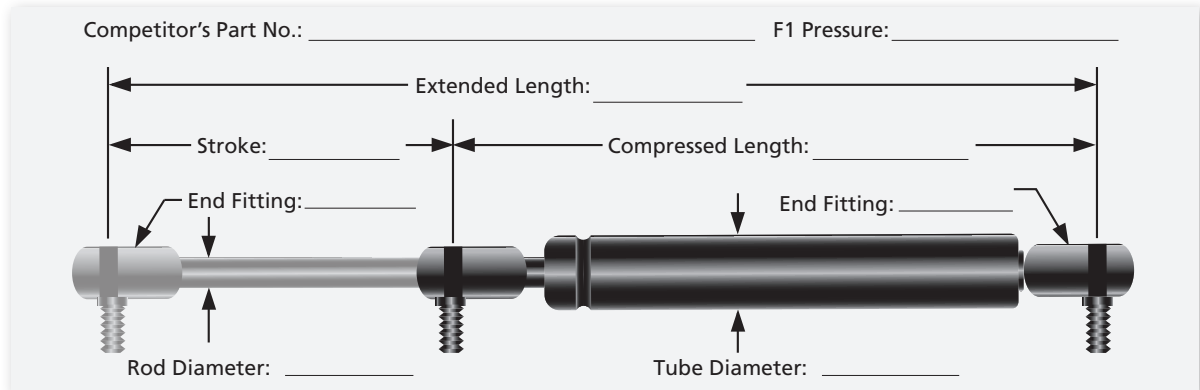
Please complete the dimensional information about the application on the next page

Please complete both sides of this questionnaire.

**FAX to  
 855.299.3214**

BUFFALO	CALGARY	DALLAS	MONTRÉAL	TORONTO
1370 William Street Buffalo, NY U.S.A. 14206	1135-45th avenue NE Calgary, AB, Canada T2E 2P2	10552 King William Dr. Dallas, TX U.S.A. 75220	16757 Boul. Hymus Kirkland, QC Canada H9H 3L4	40 Emblem Court Toronto, ON Canada M1S 1B1
(716) 853.1986 Fax	(403) 274.5927 Fax	(972) 556.9552 Fax	(514) 697.5140 Fax	(416) 299.3255 Fax

## Existing Gas Spring Information



## New Gas Spring installation

### Typical Mounting Methods.

Check the box indicating the configuration closest to your application.

Fill in the X & Y dimensions for the Spring Calculation in the table.

Provide dimensions relative to the pivot point of hinge.

Note:

**Weight of the door is a critical factor** in determining the suitable gas spring.

Please ensure the weight provided is as accurate as possible.

Please complete both sides of this questionnaire.

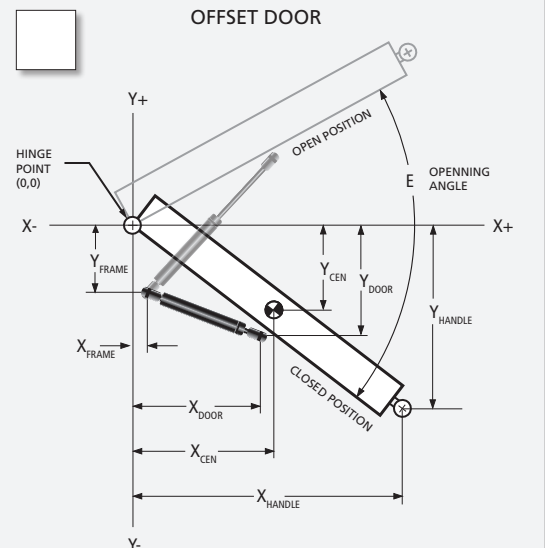
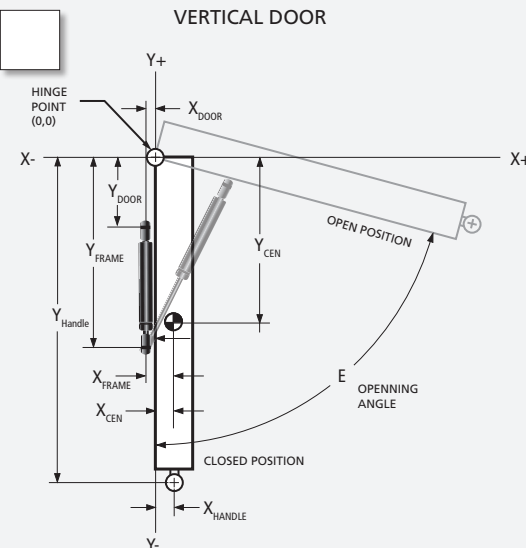
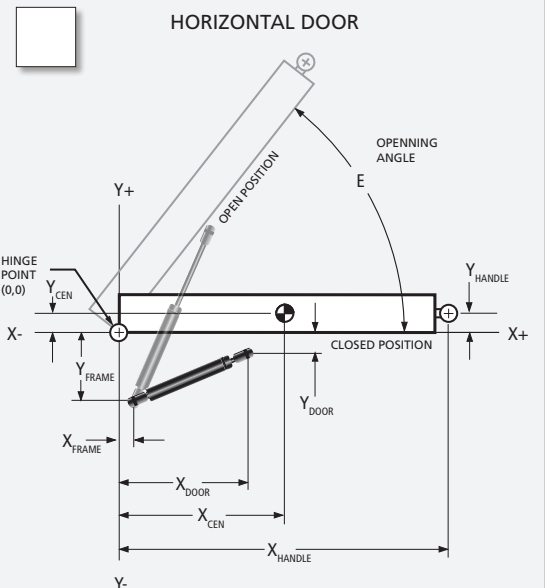
### Spring Calculation Data

		X	Y
<input type="checkbox"/> Imperial	<input type="checkbox"/> Metric		
Center of Hinge Point		0.00	0.00
Center of Gravity (Door Closed)*		CEN	
Handle Position (when closed)*		HANDLE	
Opening Angle *		E	Degrees
Weight of Door *			(Lbs/Kg)
Door Width			
Door Depth			
Door Thickness			

\* Required data, or a detailed sketch may also be provided.

### Mounting points (if known)

		X	Y
Spring Mounting Point on Frame	FRAME		
Spring Mounting Point on Door	DOOR		



Your Name: \_\_\_\_\_

Phone No. \_\_\_\_\_