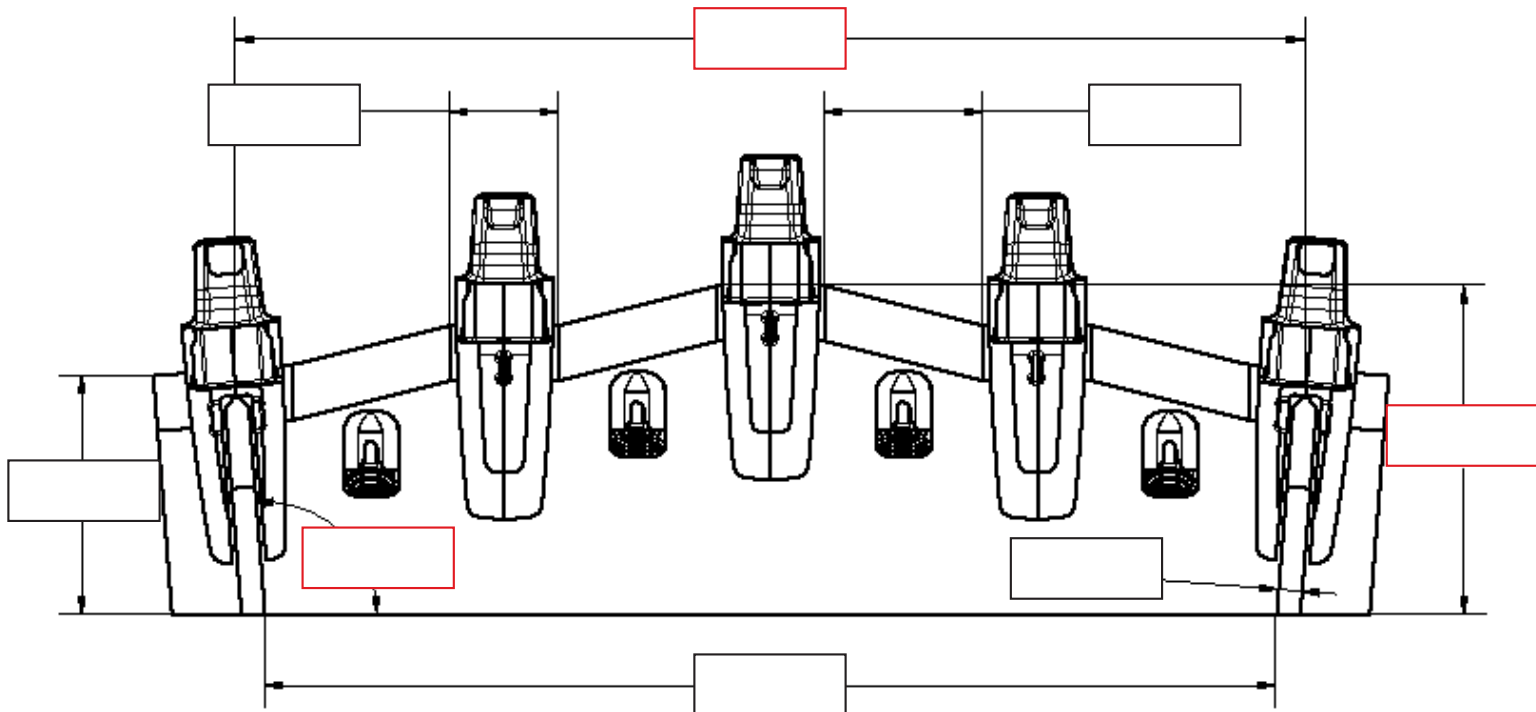


Request By:	<input type="text"/>	Date:	<input type="text"/>				
Machine Brand:	<input type="text"/>	Machine Model:	<input type="text"/>				
Bucket Size:	<input type="text"/> <input type="text"/>	Measurement Dimensions:	<input type="text"/>				
Number of Points:	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Lip Thickness (mm):	<input type="checkbox"/> 90	<input type="checkbox"/> 100	<input type="checkbox"/> 120	<input type="checkbox"/> 140			
Lip End Caps:	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Corner Adaptor Style: (Applicable for 120 / 140mm)	<input type="checkbox"/> Straddle	<input type="checkbox"/> Cast Corner					
Lip Style:	<input type="checkbox"/> Full Spade	<input type="checkbox"/> Semi Spade	<input type="checkbox"/> No Spade				

Lip Dimensions

Please measure and mark down dimensions indicated.
Critical dimensions required are indicated by a **RED** box.



Comments:

Document Version Control		
Document Name Lip Drawing Request Form Lockjaw Surface	Version by year 2023	Release Date 28/02/2023