



### FORMBLATT: BESTELLUNG ROHRE UND ROHRFORMTEILE

Schmidhammer Luft- und Klimatechnik GmbH, Taitinger Str. 54, 86453 Dasing. Fon: 08205/95 995-0, Fax: 08205/95 995-20

|            |                 |                   |                |               |
|------------|-----------------|-------------------|----------------|---------------|
| <b>BV:</b> | <b>Kd.-Kom.</b> | <b>Sachbearb.</b> | <b>Termin:</b> | <b>Datum:</b> |
|------------|-----------------|-------------------|----------------|---------------|

|   |                 |                   |                  |
|---|-----------------|-------------------|------------------|
| <b>Nur von Fa. Schmidhammer auszufüllen</b> | <b>Kom.-Nr.</b> | <b>Sachbearb.</b> | <b>Material:</b> |
|---|-----------------|-------------------|------------------|

| Pos | Stck. | Firmenstempel (Kunde) | Rohr<br>PPs, PP, PVC: Länge 5m<br>PE: Länge 6m |            | Bogen<br>R=D |         | Reduzierung |          |         | T-Stück  |          |          | Hosenstück |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|-----|-------|-----------------------|--|------------|--------------|---------|-------------|----------|---------|----------|----------|----------|------------|----------|----------|----------|-----------|----------|-----------|--|--|--|--|--|--|--|--|--|--|
|     |       |                       | DØ<br>mm                                       | Länge<br>m | DØ<br>mm     | R<br>mm | DØ<br>mm    | dØ<br>mm | L<br>mm | d1<br>mm | d2<br>mm | d3<br>mm | α<br>Grd.  | d1<br>mm | d2<br>mm | d3<br>mm | α<br>Grd. | DØ<br>mm | α<br>Grd. |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |
|     |       |                       |  |            |              |         |             |          |         |          |          |          |            |          |          |          |           |          |           |  |  |  |  |  |  |  |  |  |  |

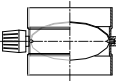
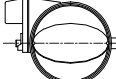
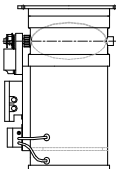
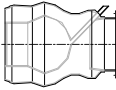
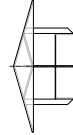

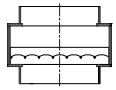


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|            |                 |                   |                |               |
|------------|-----------------|-------------------|----------------|---------------|
| <b>BV:</b> | <b>Kd.-Kom.</b> | <b>Sachbearb.</b> | <b>Termin:</b> | <b>Datum:</b> |
|------------|-----------------|-------------------|----------------|---------------|

|   |                 |
|---|-----------------|
| <b>Nur von Fa. Schmidhammer auszufüllen</b> | <b>Kom.-Nr.</b> |
| <b>Sachbearb.</b>                           |                 |
| <b>Material:</b>                            |                 |

| Firmenstempel (Kunde) | <br><b>Drosselklappe</b><br><b>(DK)</b> | <br><b>Drosselklappe mit Konsole für Motor</b><br><b>(DKM)</b> | <br><b>Volumenstrom-Regler mit Venturidüse</b><br><b>(VVR)</b> | <br><b>Deflektorhaube mit Muffe</b><br><b>(RDFH/DFH)</b> | <br><b>Dachhaube</b><br><b>(DH)</b> | <br><b>Ausblasstutzen</b><br><b>(AS..)</b> | <br><b>Verschlußklappe</b><br><b>(VK)</b> |           |               |           |           |           |           |           |           |           |  |
|-----------------------|--|---|--|---|--|---|--|-----------|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
|                       |  |   |  |   |  |   |  | D Ø<br>mm | Motor-<br>typ | D Ø<br>mm | D Ø<br>mm | D Ø<br>mm | D Ø<br>mm | D Ø<br>mm | α<br>Grd. | D Ø<br>mm |  |
| <b>Pos</b>            | <b>Stck.</b>   |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |
|                       |  |   |  |   |  |   |  |           |               |           |           |           |           |           |           |           |  |



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|------------|-----------------|-------------------|----------------|---------------|
| <b>BV:</b> | <b>Kd.-Kom.</b> | <b>Sachbearb.</b> | <b>Termin:</b> | <b>Datum:</b> |
|------------|-----------------|-------------------|----------------|---------------|

|   |  |                 |                   |                  |
|---|--|-----------------|-------------------|------------------|
| <b>Nur von Fa. Schmidhammer auszufüllen</b> |  | <b>Kom.-Nr.</b> | <b>Sachbearb.</b> | <b>Material:</b> |
|---|--|-----------------|-------------------|------------------|

| Pos | Firmenstempel (Kunde) |        |          |        |      |        | Lüftungsgitter |     | Gitterstutzen |     | Teller-ventil |     | Regenkragen |     | Muffe |     | Flansch |     | W-PVC Dichtung für Flansch |     |  |  |
|-----|-----------------------|--------|----------|--------|------|--------|----------------|-----|---------------|-----|---------------|-----|-------------|-----|-------|-----|---------|-----|----------------------------|-----|--|--|
|     | Stck.                 |        | (LG-...) |        | (GS) |        | (TV)           |     | (RKR)         |     | (M)           |     | (F)         |     | (D)   |     |         |     |                            |     |  |  |
|     | Typ                   | Breite | Höhe     | Breite | Höhe | Breite | Höhe           | D Ø | d Ø           | D Ø | D Ø           | d Ø | Ø innen     | D Ø | D Ø   | D Ø | D Ø     | D Ø | D Ø                        | D Ø |  |  |
|     |                       | mm     | mm       | mm     | mm   | mm     | mm             |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |
|     |                       |        |          |        |      |        |                |     |               |     |               |     |             |     |       |     |         |     |                            |     |  |  |

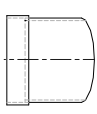


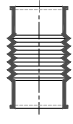
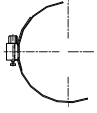

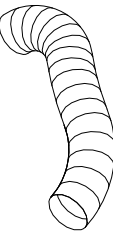
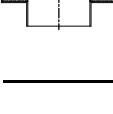
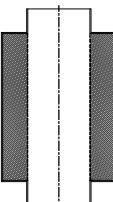


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|            |          |            |         |        |
|------------|----------|------------|---------|--------|
| <b>BV:</b> | Kd.-Kom. | Sachbearb. | Termin: | Datum: |
|------------|----------|------------|---------|--------|

|                                      |          |
|--------------------------------------|----------|
| Nur von Fa. Schmidhammer auszufüllen | Kom.-Nr. |
| Material:                            |          |

| Pos   | Firmenstempel (Kunde) | <br><b>Sattelstützen</b> | <br><b>Enddeckel</b> | <br><b>Manschette</b> | <br><b>Wellflex-<br/>Manschette<br/>f. Spannbd.</b> | <br><b>Schlauch-<br/>schellen</b> | <br><b>Rohr-<br/>schellen</b> | <br><b>Flex-<br/>schlauch<br/>P2A 1000</b> | <br><b>Flex-<br/>schlauch<br/>P3N</b> | <br><b>Rohrschalldämpfer</b> | (RSD) |    |     |
|-------|-----------------------|---|---|--|--|--|--|---|--|---|-------|----|-----|
|       |                       |   |   |  |  |  |  |   |  |   | D Ø   | α  | D Ø |
| Stck. |                       | mm  | mm  | mm   | mm   | mm   | mm   | mm  | mm   | mm  | mm    | mm | mm  |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |
|       |                       |   |   |  |  |  |  |   |  |   |       |    |     |

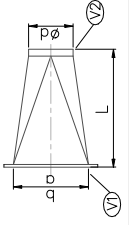




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|            |                 |                   |                |               |
|------------|-----------------|-------------------|----------------|---------------|
| <b>BV:</b> | <b>Kd.-Kom.</b> | <b>Sachbearb.</b> | <b>Termin:</b> | <b>Datum:</b> |
|------------|-----------------|-------------------|----------------|---------------|

|   |                  |
|---|------------------|
| <b>Nur von Fa. Schmidhammer auszufüllen</b> | <b>Material:</b> |
| <b>Kom.-Nr.</b>                             |                  |

| Pos | Firmenstempel (Kunde) |  | Sonderformstück<br>rund/eckig<br>Flansch ug / Muffe<br>(SFO) |  |  |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|-----------------------|---|--|---|---|-------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
|     |                       |   |  | Schweiß-<br>draht<br>Ø 4mm  | Profilschweiß-<br>draht<br>90°/6mm  | Menge<br>kg | Menge<br>kg |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | a   |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | mm  |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | b   |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | mm  |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | D Ø   |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | mm  |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | L   |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       | mm  |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|     |                       |   |  |   |   |             |             |  |  |  |  |  |  |  |  |  |  |  |  |  |