



CARBON STEEL BENDING COUPON

JOB NAME _____ OPERATOR'S NAME _____

JOB NUMBER _____ MANAGER'S NAME _____
(BENDING DEPT. MANAGER)

DATE _____ MANAGER'S SIGNATURE _____

| MATERIAL | | | | % ELONGATION | | | WALL THINNING | | BEND RADIUS | |
|----------|----------|--------|--------|--------------|-----------|-------------|---------------|--------------|-------------|--------|
| OD (1) | SCH. (2) | HT (3) | OR (4) | CLR (5) | TOTAL (6) | BENDING (7) | RETAINED (8) | ORIGINAL (9) | APEX (10) | % (11) |
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- NOTES:**
- 1 OD = OUTSIDE DIAMETER OF TUBE
 - 2 SCH. = SCHEDULE
 - 3 HT = HEAT NUMBER
 - 4 OR = OUTSIDE RADIUS
 - 5 CLR = CENTER-LINE-RADIUS
 - 6 TOTAL % ELONGATION: LISTED IN MATERIAL TEST REPORT
 - 7 BENDING ELONGATION = (OR-CLR)/OR
 - 8 RETAINED = TOTAL - BENDING; SHALL BE GREATER THAN 10%.
 - 9 ORIGINAL = ORIGINAL WALL THICKNESS
 - 10 APEX = POST-BEND WALL THICKNESS
 - 11 % = WALL THINNING = (ORIGINAL - APEX)/ORIGINAL; SHALL BE LESS THAN THE VALUE OF BENDING ELONGATION (7).

COMMENT _____
