



|   |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
|---|-----|--|-----------|--|------|-----------|-----------|---------------------------|--------|--------------------------|--|----------|-----------------|--|
| SAUF INDICATION CONTRAIRE:<br>LES COTES SONT EN MILLIMETRES<br>ETAT DE SURFACE:<br>TOLERANCES:<br>LINEAIRES:<br>ANGULAIRES: |     |  |           |  |      | FINITION: |           | CASSER LES<br>ANGLES VIFS |        | NE PAS CHANGER L'ECHELLE |  | REVISION |                 |  |
|   |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
|   | NOM |  | SIGNATURE |  | DATE |           |           |                           | TITRE: |                          |  |          |                 |  |
| AUTEUR  |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
| VERIF.  |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
| APPR.   |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
| FAB.  |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
| QUAL.   |     |  |           |  |      |           | MATERIAU: |                           |        | No. DE PLAN              |  |          | A3              |  |
|   |     |  |           |  |      |           |           |                           |        | Bouton On-OFF            |  |          |                 |  |
|   |     |  |           |  |      |           |           |                           |        |                          |  |          |                 |  |
|   |     |  |           |  |      |           | MASSE:    |                           |        | ECHELLE:2:1              |  |          | FEUILLE 1 SUR 1 |  |