

# BODY

## Measure form

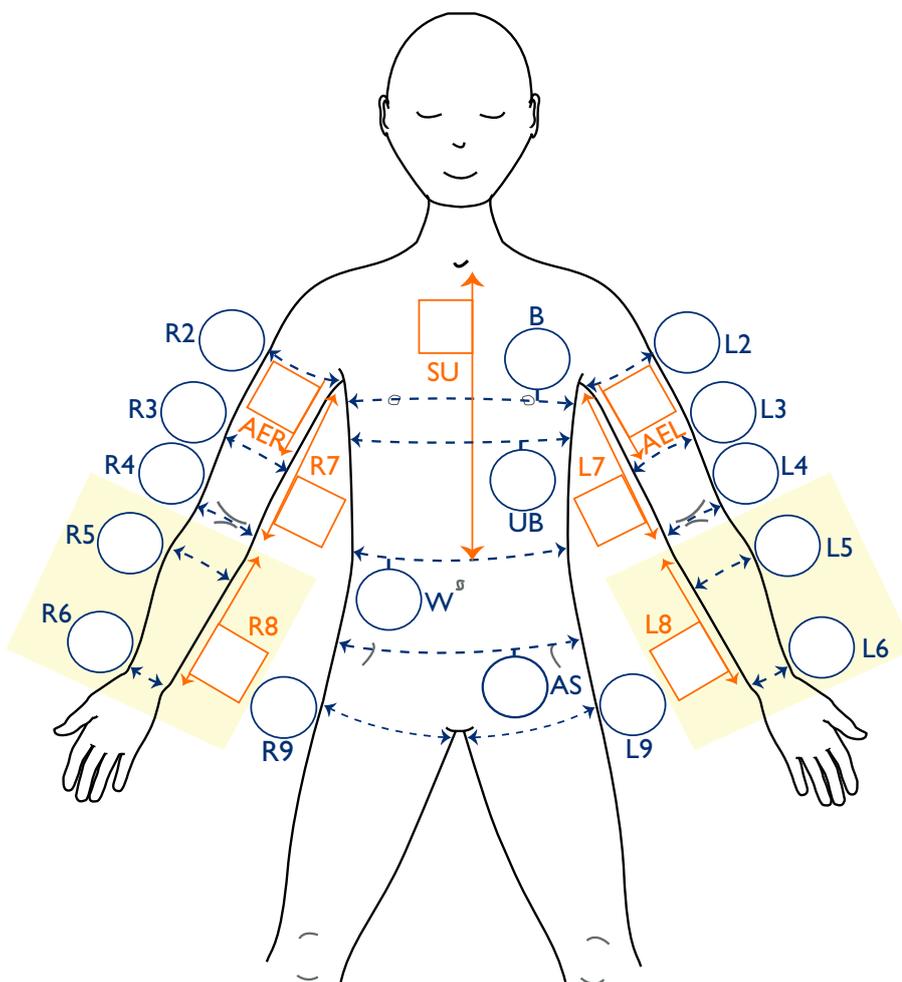
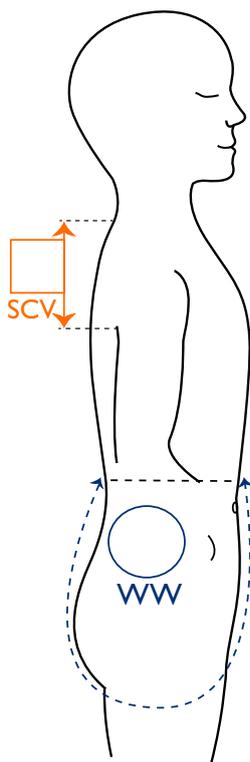


Customer reference: \_\_\_\_\_

Date: \_\_\_\_\_

Orange & square = length

Blue & circle = circumference



Reinforcements		
	Yes	No
PBP	<input type="checkbox"/>	<input type="checkbox"/>
LP	<input type="checkbox"/>	<input type="checkbox"/>
SBE	<input type="checkbox"/>	<input type="checkbox"/>