| | REVISIONS | | | | | | | | |
|---------------|-------------|----------|----------|------|--|--|--|--|--|
| ECN# ZONE REV | DESCRIPTION | REVD. BY | CHKD. BY | DATE | | | | | |

1.0 SCOPE

The scope of this document is to describe the requirements for a kit of consumables for multimode use with the Epoxy-style Field Installable Connector Kit.

2.0 REQUIREMENTS

2.0.1 The kit shall consist of the following accessories each supplied in a zipper reclosable poly bag.

2.0.2 Consumables List

The following consumables shall be supplied as specified:

- a) 5 sheets of 3 Mil MYLAR
- b) 1 sheet of Type "F" polishing paper
- c) 20 sheets of Type "G" polishing paper
- d) 15 syringes (3ml)
- e) 25 syringe needles
- f) 50 Tex-Wipes
- h) 1 copy of Universal Polishing Instructions



| ITEM QUAN PART NUMBER REV SUPPLIER/VENDOR | | | | DESCRIPTION | | | | | | | | | |
|---|---|--------------|--|----------------|--|---------------------|----------|-------------|--------|-------------------------|--------------|--------------------------------|-----|
| DIMENSION: INCHES | | PECIFIED) | THIS DOCUME | *** NOTIC | CONFIDENTIAL AND/OR | | OR | | | | 125 NEW | EUGENE O'NEILL LONDON, CT O | |
| 1.022, | S (UNLESS OTHERWISE S ALL DIMENSIONS AFTER | EINIGH) | ONLY BY TH | E INDIVIDUAL(S | INTENDED FOR USE S) SPECIFIED HEREIN POSE(S) PROVIDED. | E3 | jun | | | | TEL: FAX: | 860-445-3800 860-405-2990 | |
| 0.1±: 0.01±:. | HOLES±: .0 | 005 | | | POSE(S) PROVIDED. NOR ANY INFORMATION COPIED, DISTRIBUTED, PARTY OR USED IN | TITLE | CONIC | ST IMAA | DIEC 1 | /IT EIEI | D TEDA | AINIATIONI | |
| 0.001±: | ANG±: | | ANY MANNER OTHER THAN FOR WHICH IT HAS BEEN PROVIDED, WITHOUT THE PRIOR WRITTEN CONSENT OF ORTRONICS, INC. | | | | CONS | DUNA | DLES r | KIT, FIELD TERMINATION, | | | |
| MATERIAL | | | | | | MM, EPOXY CONNECTOR | | | | | | | |
| | | DWN.BY: DATE | | | | | | | | | | | |
| | | | | VSL | 08/10/06 | SIZE | CAD FILE | | | PART NUMB | ER | | REV |
| FINISH | | | CHK.BY: | АМ | 08/11/06 | Α | 8540 | 0001 | 21C | 01 | R-8540 | 00012 | 01 |
| | | | APP.BY: | | | SCALE | NONE | REL DATE | 08/10 | /06 | SHEET | 1 OF 1 | |