

# Design Sheet - Hammer-On Tie and Head Restraint

Please provide: contact details; project details and design conditions

## Contact Details

Contact name .....

Company .....

Address .....

.....

.....

Tel .....

Fax .....

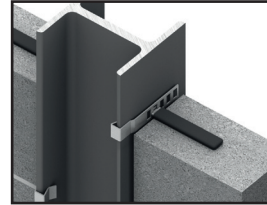
Email .....

Project name and town .....

Tick boxes as appropriate

Order       Quotation Request

Delivery to contact address



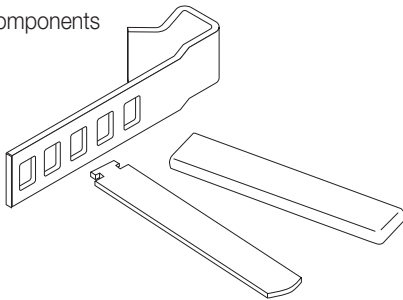
Hammer-on Column Tie



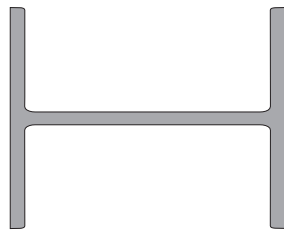
Hammer-on Head Restraint

## Hammer-on Column Tie

Components



Your Application



a = ..... mm

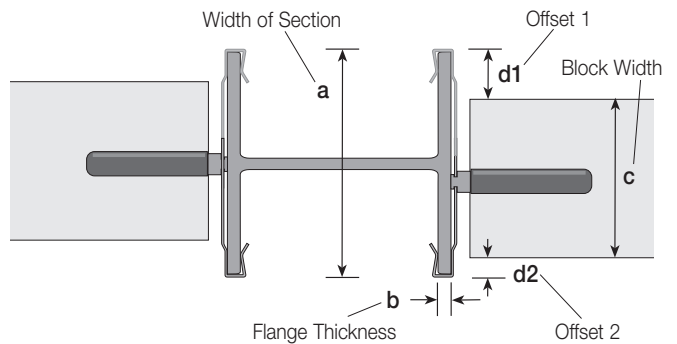
b = ..... mm

c = ..... mm

d1 = ..... mm

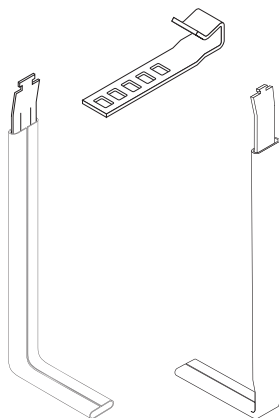
d2 = ..... mm

## Example Application in Plan View

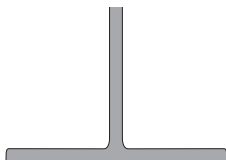


Quantity required ..... No.

## Hammer-on Head Restraint (IHR-H)



Your Application



a = ..... mm

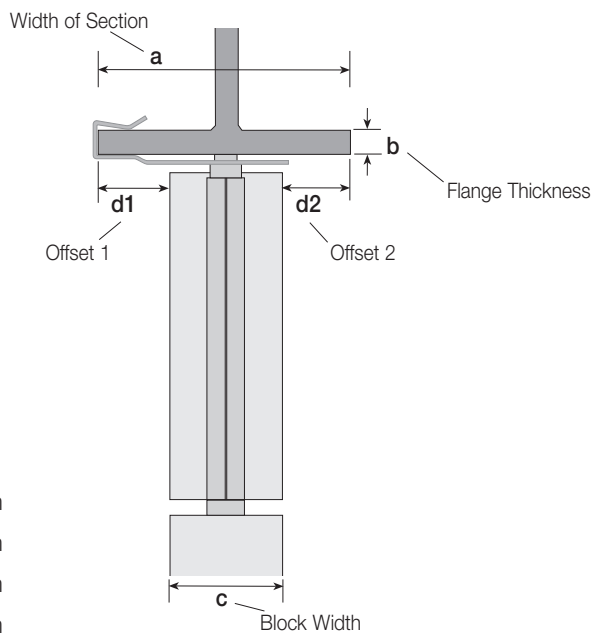
b = ..... mm

c = ..... mm

d1 = ..... mm

d2 = ..... mm

## Example Application in Section View



Quantity required ..... No.

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