

A-A-53421
21 March 1988

COMMERCIAL ITEM DESCRIPTION

SCREW, INSTRUMENT, SPECTACLE FRAME 7 or 5 Barrel Hinge

The General Services Administration has authorized the use of this commercial item description.

This commercial item description covers two types of instrument screw suitable for attaching temples onto the spectacle frame. It is intended to be used on the 7 or 5-barrel hinge, as specified in the procurement documents.

Salient characteristics:

The screw shall conform to the design and dimensions as shown in Figure 1 or 2 as specified.

The screw shall be fabricated from copper alloy material conforming to American Society for Testing and Materials (ASTM) specification B-206, either UNS No. 79200 or No. 75200. Tempered for the intended purpose.

The finished screws shall have silvery color and shall be free from burrs on slots and threads. Metal chips shall not be intermixed with the product.

Workmanship. The instrument screw shall be free from defects which detracts from its appearance or impair its serviceability.

Unit. Package (PG). One package containing 1000 screws, as specified, constitutes one unit. Each unit shall be packaged in a suitable plastic bag, vial or container.

Contractor certification. The contractor shall certify that the product offered meets the salient characteristics of this description and conforms to the producers' own drawings, specifications, standards, and quality assurance practices. The Government reserves the right to require proof of such conformance prior to first delivery and thereafter as may be otherwise provided for under the provisions of the contract.

AMSC/NA

FSC 5305

DISTRIBUTION STATEMENT A. Approved for public release; distribution is unlimited.

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Regulatory requirements.

Federal Food, Drug, and Cosmetic Act. If the product covered by this document has been determined by the U.S. Food and Drug Administration to be under its jurisdiction, the offeror/contractor shall comply and be responsible for compliance by its subcontractors/suppliers, with the requirements of the Federal Food, Drug and Cosmetic Act, as amended, and regulations promulgated thereunder. In addition, the offeror/contractor shall comply, and be responsible for compliance by its subcontractors/suppliers, with the requirements of all other applicable Federal, State, and local statutes, ordinances, and regulations.

Recovered materials. The offeror/contractor is encouraged to use the covered material in accordance with Public Law 94-580 to the maximum extent practical.

Preservation, packaging, packing, labeling and marking. Unless otherwise specified, preservation, packaging, and packing shall be to a degree of protection to preclude damage to containers and/or contents thereof under normal shipping conditions, handling, etc., involving shipment from the supply source to the receiving activity, plus reshipment from receiving activity, and shall conform to applicable carrier's rules and regulations. Intermediate and exterior package quantities and labeling and marking shall be as specified in the contract and/or order.

NOTE: The following National Stock Numbers are covered by this document:

<u>NSN</u>	<u>ITEM IDENTIFICATION</u>
5305-01-145-8772	SCREW, INSTRUMENT, SPECTACLE FRAME, 7-BBL Hinge
5305-00-926-5590	SCREW, INSTRUMENT, SPECTACLE FRAME, 5-BBL Hinge

Ordering data. (Intermediate/exterior package quantities, labeling, and marking must be specified in the contract and/or order).

A-A-53421

MILITARY INTERESTS:

PREPARING ACTIVITY:

Custodians:

DoD-MB

ARMY - MD

Agent:

NAVY - MS

AIR FORCE - 03

DLA-DM

CIVIL AGENCY COORDINATING ACTIVITIES:

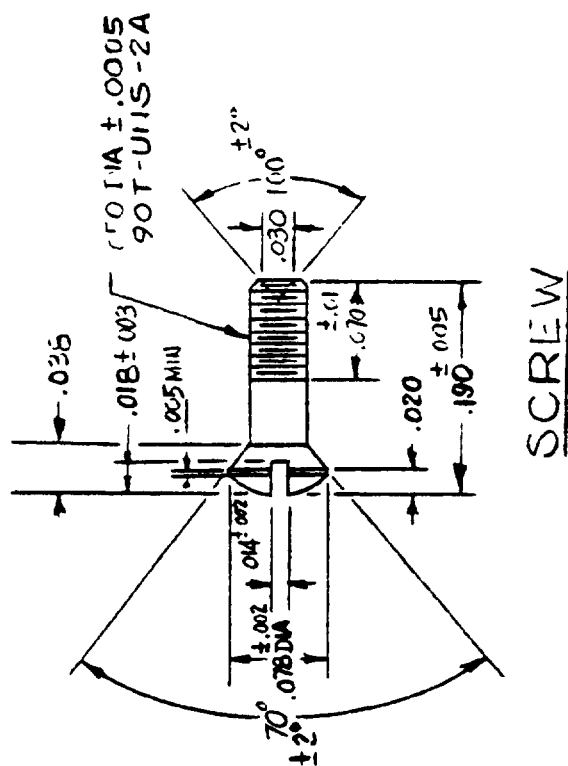
VA-OSS

PHS

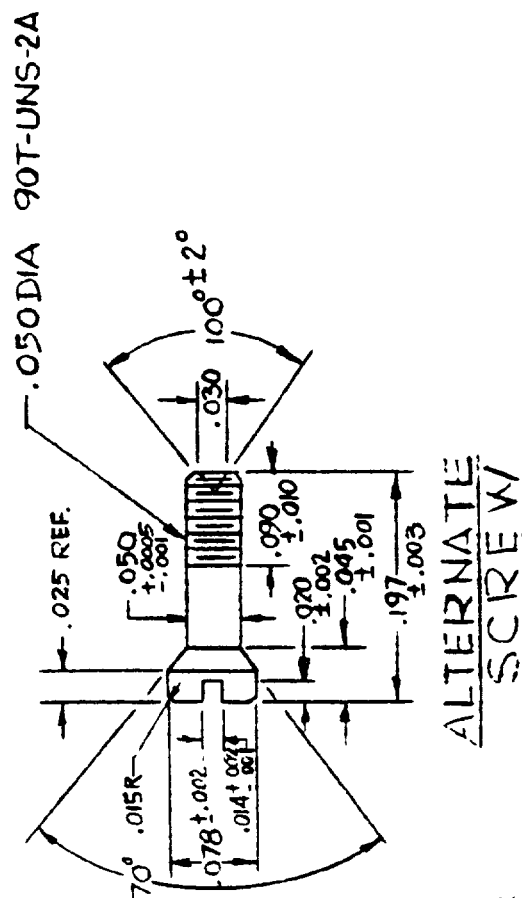
FDA-MPQAS

Project No. 5305-1737

A-A-53421



NOTES
 1. DIMENSIONS ARE IN INCHES
 2. UNLESS OTHERWISE NOTED,
 COMMERCIAL TOLERANCE APPLIES

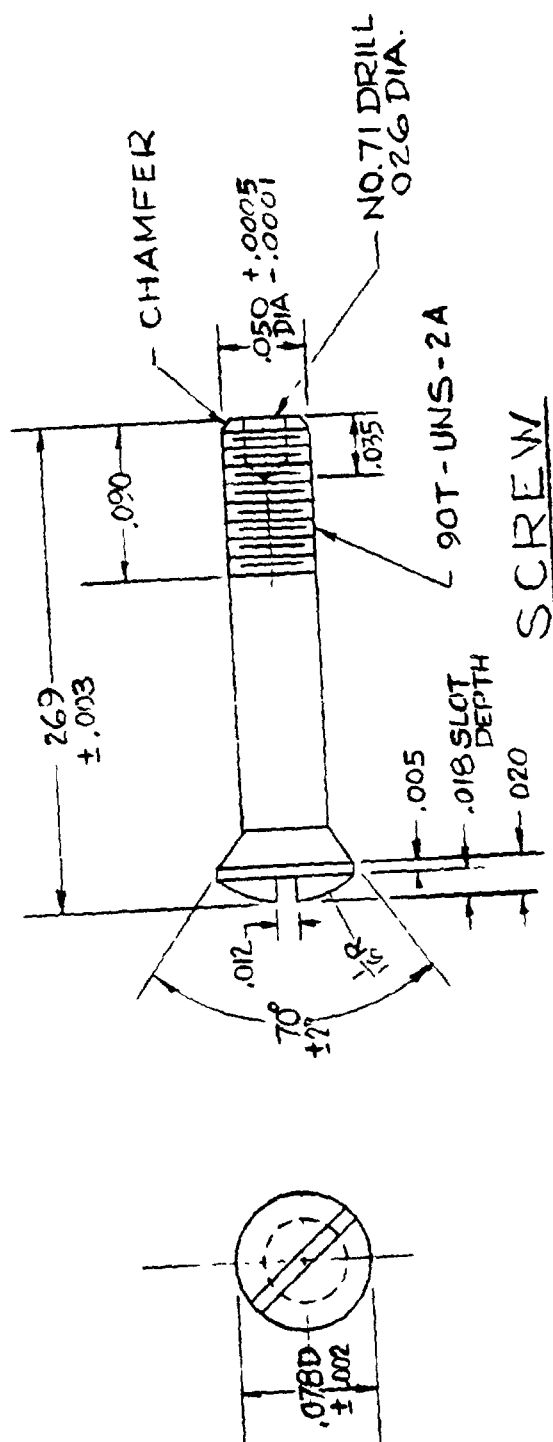


NSN 5305-00-926-5590

FIGURE 1

A-A-53421

NSN 5305-01-145-8772



NOTES:
1. ALL DIMENSIONS ARE IN INCHES
2. COMMERCIAL TOLERANCE APPLIES

FIGURE 2

INSTRUCTIONS: In a continuing effort to make our standardization documents better, the DoD provides this form for use in submitting comments and suggestions for improvements. All users of military standardization documents are invited to provide suggestions. This form may be detached, folded along the lines indicated, taped along the loose edge (*DO NOT STAPLE*), and mailed. In block 5, be as specific as possible about particular problem areas such as wording which required interpretation, was too rigid, restrictive, loose, ambiguous, or was incompatible, and give proposed wording changes which would alleviate the problems. Enter in block 6 any remarks not related to a specific paragraph of the document. If block 7 is filled out, an acknowledgement will be mailed to you within 30 days to let you know that your comments were received and are being considered.

NOTE This form may not be used to request copies of documents, nor to request waivers, deviations, or clarification of specification requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

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Commander
Defense Personnel Support Center
ATTN: DPSC- RSTE
2800 South 20th Street
Philadelphia, Pennsylvania 19101-8419

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL

(See Instructions - Reverse Side)

1 DOCUMENT NUMBER A-A-53421		2 DOCUMENT TITLE SCREW, INSTRUMENT, SPECTACLE FRAME 7 or 5 BARREL	
3a. NAME OF SUBMITTING ORGANIZATION HINGE		4 TYPE OF ORGANIZATION (Mark one) <input type="checkbox"/> VENDOR <input type="checkbox"/> USER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> OTHER (Specify) _____	
b ADDRESS (Street, City, State, ZIP Code)			
5 PROBLEM AREAS			
a. Paragraph Number and Wording			
b. Recommended Wording			
c. Reason/Rationale for Recommendation			
6 REMARKS			
7a. NAME OF SUBMITTER (Last, First, MI) - Optional		b WORK TELEPHONE NUMBER (Include Area Code) - Optional	
c. MAILING ADDRESS (Street, City, State, ZIP Code) - Optional		8 DATE OF SUBMISSION (YYMMDD)	

(TO DETACH THIS FORM, CUT ALONG THIS LINE)