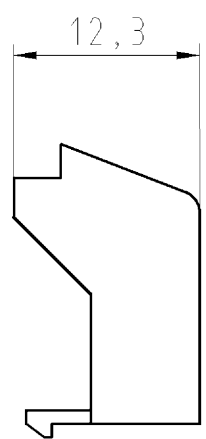
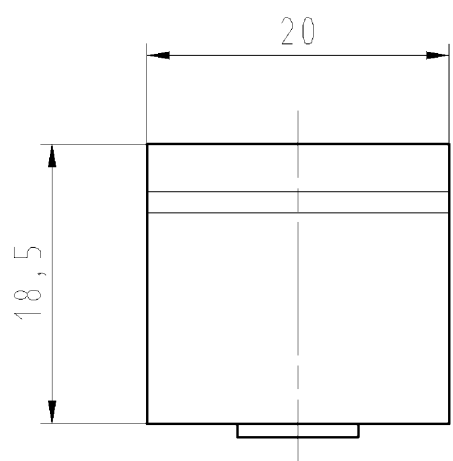


A  
B  
C  
D  
E  
F

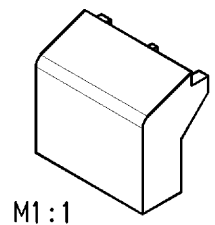
☐ These dimensions will be especially checked at delivery  
☐ Only inspection dimensions  
☐ With / E marked dimensions are only valid for internal use



☐ Diese Maße werden bei Abnahme besonders geprüft  
☐ Ausschließlich Prüfmaße  
☐ Mit / E gekennzeichnete Maße sind nur für interne Zwecke gültig

Material/material: Kunststoff/Plastic  
Farbe/color: schwarz/black

Blindstopfen für unbestückt Klemmenstellen/  
Filler plug for unoccupied terminal points



M1:1

|                                                                                                                                                                                                                                      |                               |      |                                                                                               |                                                       |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------|---------------------------------|-------|
| Tolerierung nach DIN 7167/Tolerance system acc. to DIN 7167.<br>(This DIN-standard describes the envelope principle. According to the envelope principle the deviations of form and parallelism are limited by the size tolerances). |                               |      |                                                                                               |                                                       | ja/yes <input checked="" type="checkbox"/> Stoffverbots- und Deklarationsliste nach UU-TQM-05/03 ist einzuhalten.<br>Conformity with Wieland document UU-TQM-05/03 (list of prohibited / declarable hazardous substances) to be declared! |                               |                                                       |                                 |       |
| Freitoleranz nach DIN ISO 2768 - m                                                                                                                                                                                                   |                               |      | CAD - Zeichnung, keine manuellen Änderungen<br>CAD - drawing, no manual modifications allowed |                                                       |                                                                                                                                                                                                                                           | 1.Verwendung: -<br>First Use: |                                                       | Blatt: 1 von 1<br>Sheet: 1 of 1 |       |
|                                                                                                                                                                                                                                      | /                             |      | Werkstoff/Material                                                                            | 2012                                                  | Tag/Date                                                                                                                                                                                                                                  | Name                          | Zeichnung Nr./Drawing No.<br><b>07.430.7853.1 01K</b> |                                 | Index |
|                                                                                                                                                                                                                                      | /                             |      |                                                                                               | gezeichnet<br>drawn                                   | 04.04.                                                                                                                                                                                                                                    | Morgen                        |                                                       |                                 |       |
|                                                                                                                                                                                                                                      | /                             |      |                                                                                               | geprüft<br>checked                                    | -                                                                                                                                                                                                                                         | -                             |                                                       |                                 |       |
|                                                                                                                                                                                                                                      | /                             |      |                                                                                               | Normgepr.<br>Stand., check                            | -                                                                                                                                                                                                                                         | -                             |                                                       |                                 |       |
| Maßstab/Scale<br><b>2:1</b>                                                                                                                                                                                                          |                               |      | Maße in mm/Dimensions are in mm                                                               |                                                       |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |
|                                                                                                                                                                                                                                      | /                             | Vol. | mm³                                                                                           | Offl./Surf.                                           | mm²                                                                                                                                                                                                                                       | Ersatz für/Replacement for: - |                                                       |                                 |       |
| <br><b>wieland</b><br>Elektrische Verbindungen                                                                                                                                                                                       |                               |      | Type                                                                                          | Benennung/Title<br><b>BLINDSTOPFEN</b><br>Filler plug |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |
|                                                                                                                                                                                                                                      |                               |      |                                                                                               |                                                       |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |
|                                                                                                                                                                                                                                      |                               |      |                                                                                               |                                                       |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |
| Index                                                                                                                                                                                                                                | Datum / Blatt<br>Date / Sheet |      |                                                                                               |                                                       |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |
| Änderung/Revision                                                                                                                                                                                                                    |                               |      |                                                                                               |                                                       |                                                                                                                                                                                                                                           |                               |                                                       |                                 |       |

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