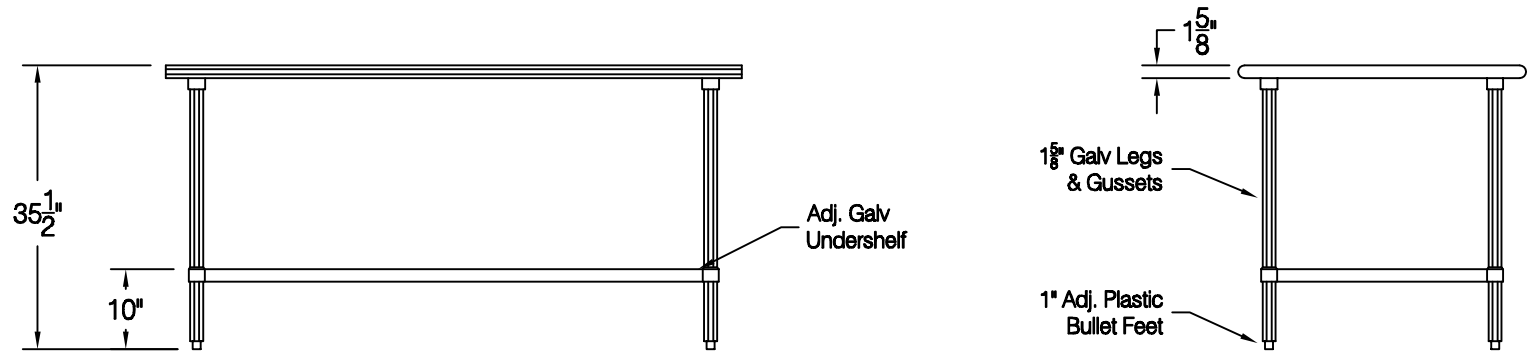
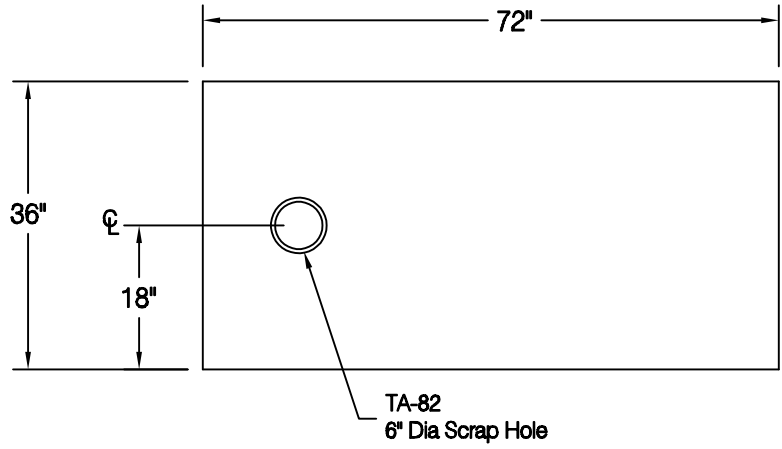


Quantity: 1



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Customer:	Order / Quote#	Sheet #	Original Drawing Date:	NO.	Revision Date:	By:	Print Approval:
	151		7/1/2020	1			
Job Name:	Model #	Item #	Material:	2			Accessory Locations MUST Be Verified Prior To Unit Being Fabricated
	AG-366	1	16 GA. 430 S/S	3			
Purchase Order # :	Drawn By:	Scale:	Tolerance:	4			Approved By _____ Date _____
	E. Mencarelli	1/2" = 12"	+ .500 - .500	5			
FACTORY USE ONLY:	WELDING:	Final Inspection:					Approved By _____ Date _____
	1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____	1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____					