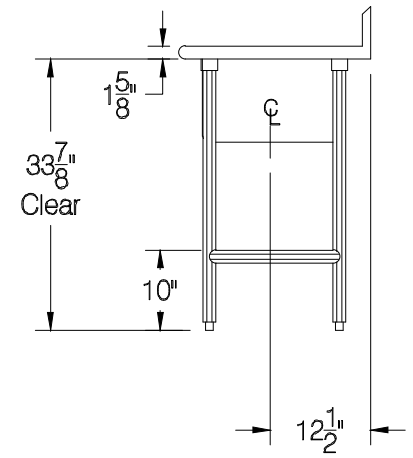
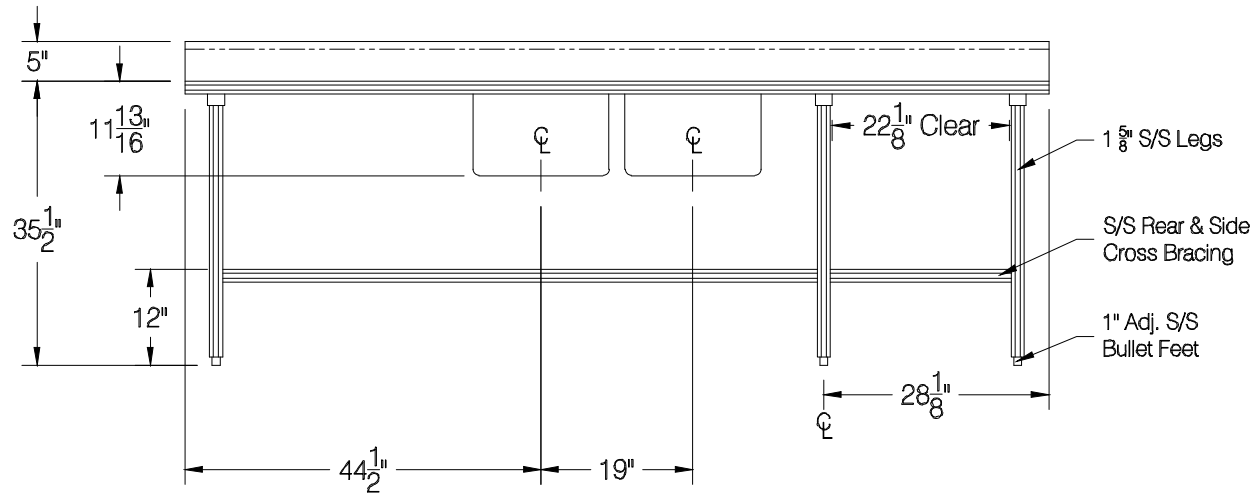
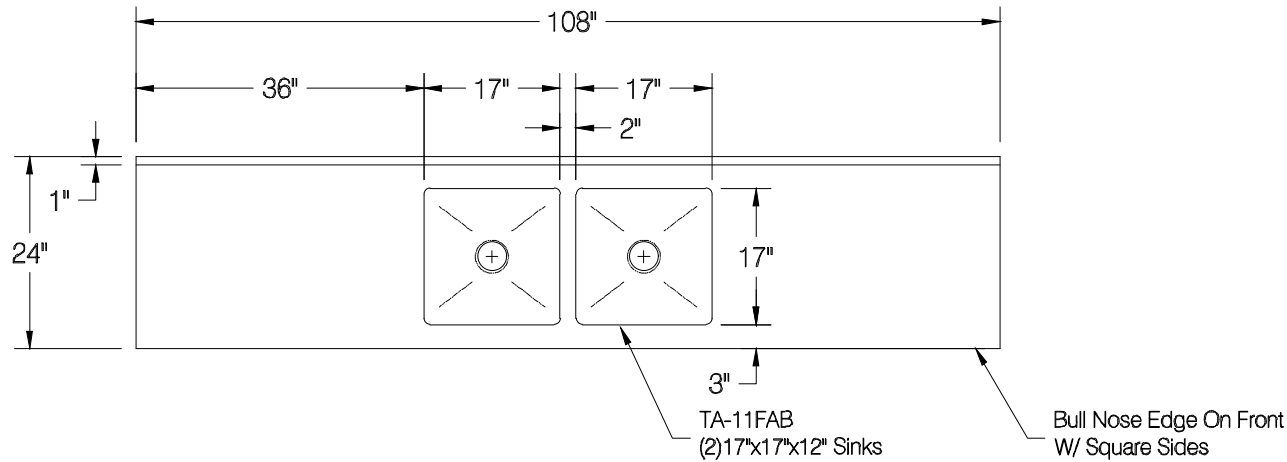



Quantity: 1



Customer: Job Name: Purchase Order # : FACTORY USE ONLY:	Order / Quote# 193	Sheet # 1 / 1	Original Drawing Date: 4/2/2023	NO. 1	Revision Date:	By:	Print Approval:	
	Model # TKMS-249	Item # 1	Material: 16 GA. 304 S/S	2			Accessory Locations MUST Be Verified Prior To Unit Being Fabricated	
	Drawn By: E.Mencarelli	Scale: 1/2" = 12"	Tolerance: +.500 -.500	3			Approved By	Date
	WELDING: 1) Date: _____ Inspected By: ____ 2) Date: _____ Inspected By: ____	Final Inspection: 1) Date: _____ Inspected By: ____ 2) Date: _____ Inspected By: ____		4			Approved By	Date
	WELDING: 1) Date: _____ Inspected By: ____ 2) Date: _____ Inspected By: ____	Final Inspection: 1) Date: _____ Inspected By: ____ 2) Date: _____ Inspected By: ____		5			Approved By	Date