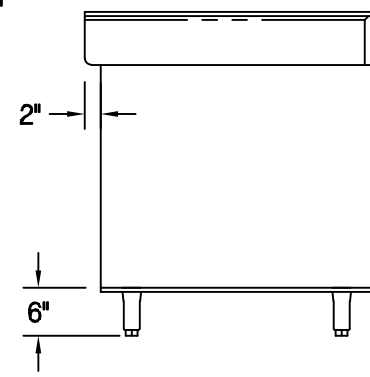
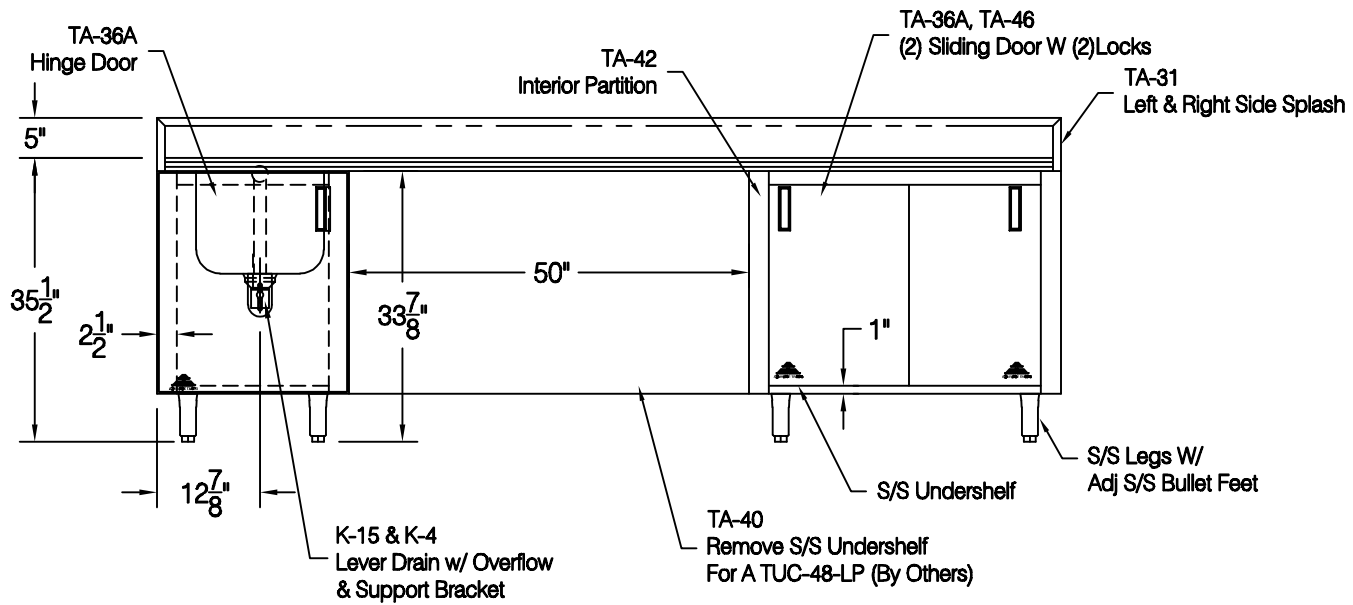
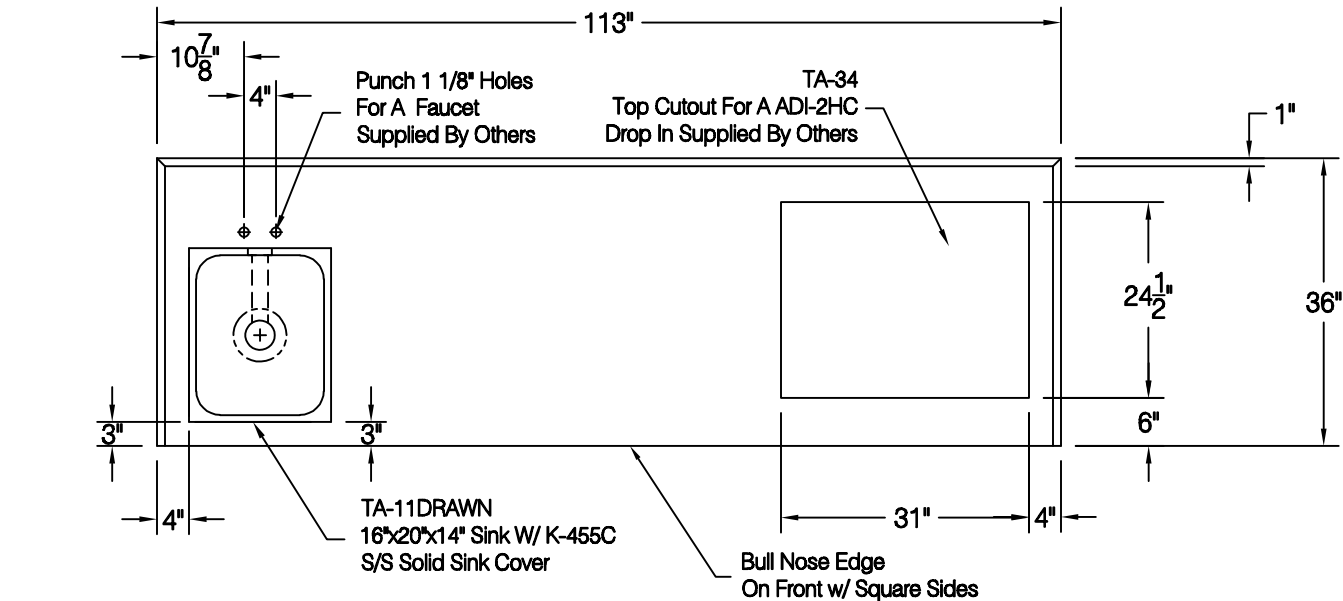


Quantity: 1



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Customer:	Order / Quote#	Sheet #	Original Drawing Date:	NO.	Revision Date:	By:	Print Approval:	
Job Name:	Model #	Item #	Material:	1				Accessory Locations MUST Be Verified Prior To Unit Being Fabricated
Purchase Order # :	Drawn By:	Scale:	Tolerance:	2				
FACTORY USE ONLY:	WELDING:	Final Inspection:		3				
1) Date: _____ Inspected By: _____	2) Date: _____ Inspected By: _____	1) Date: _____ Inspected By: _____	2) Date: _____ Inspected By: _____	4				
				5			Approved By _____ Date _____	