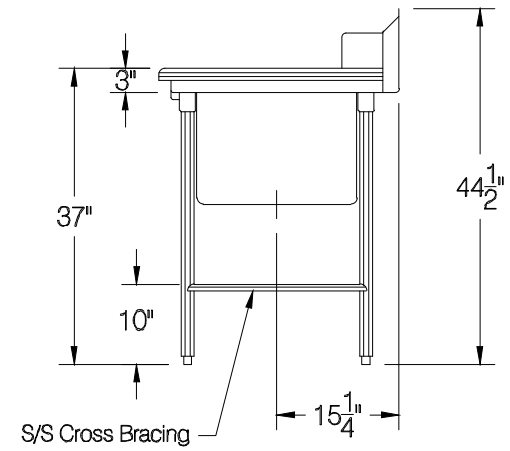
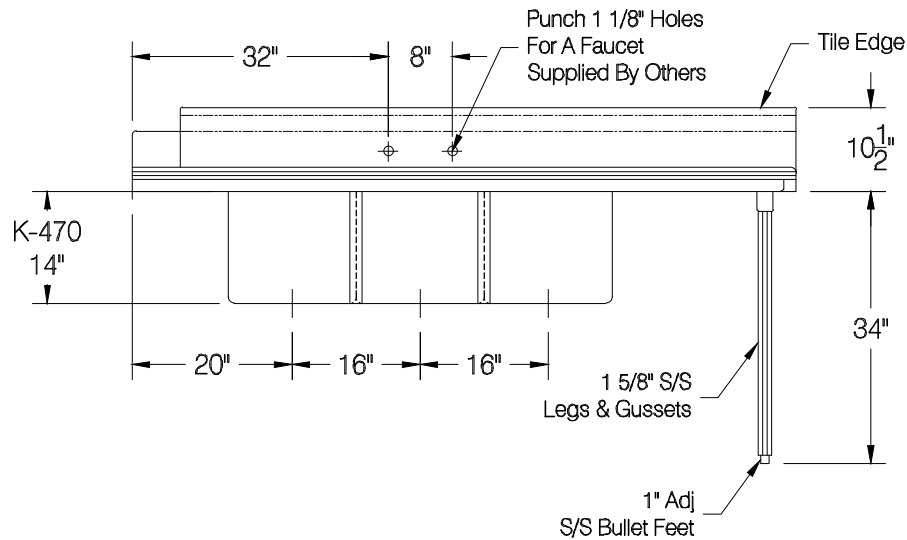
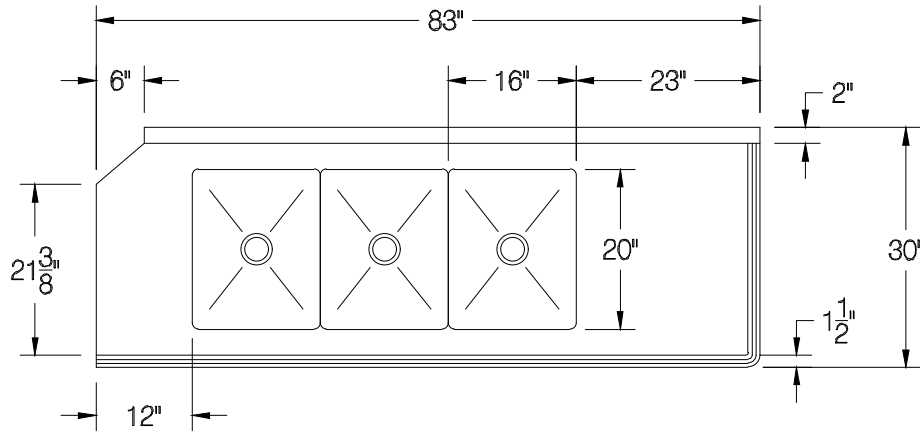


Quantity:



Job Name:		PO# :		Order / Quote#:		Date:		NO.		Revision Date:		By:		Print Approval:	
Model #:		Item #:		Tolerance:		Material:		1						Accessory Locations MUST Be Verified Prior To Unit Being Fabricated	
DTC-3-1620-84R				+.500 -.500		16 Ga 304 S/S		2							
Customer:		Drawn By:		Scale:		NSF		3						Approved By _____ Date _____	
		E.Mencarelli		1/2" = 12				4							
FACTORY USE ONLY:		WELDING:		Final Inspection:				5						Approved By _____ Date _____	
		1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____		1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____											