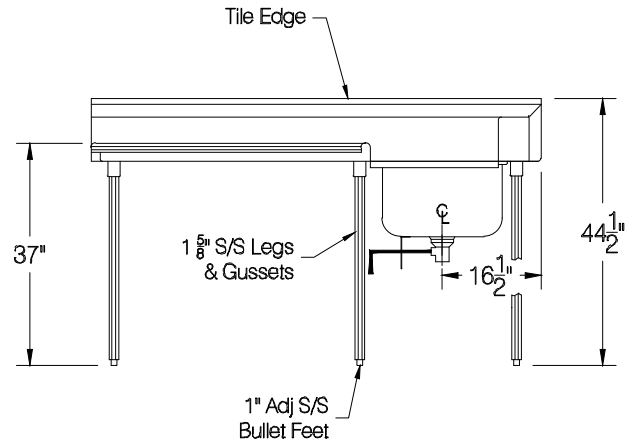
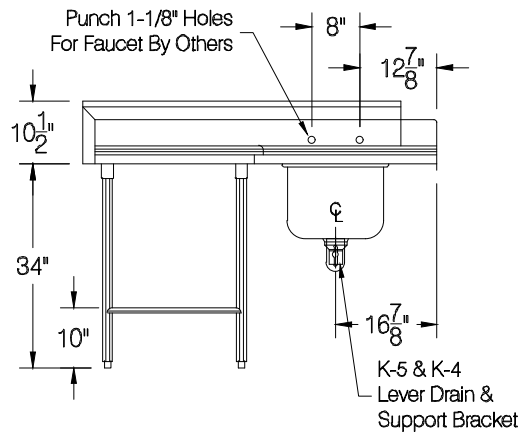
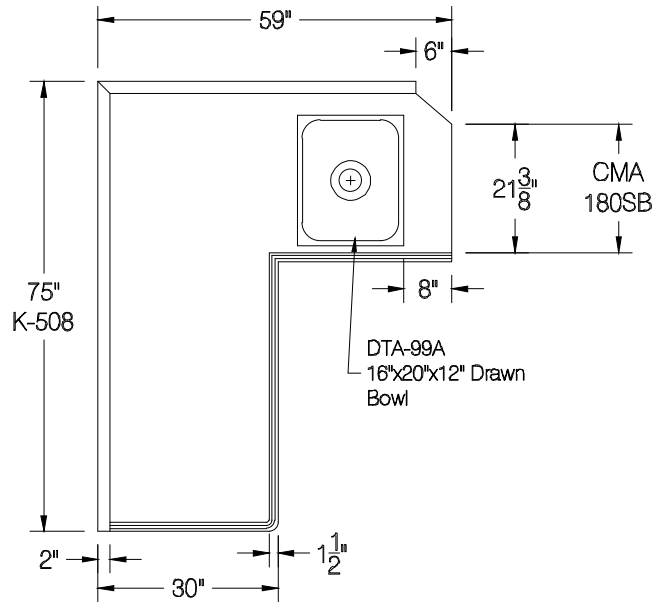


Quantity:



Customer:	Order / Quote #	Sheet #	Original Drawing Date:	NO.	Revision Date:	By:	Print Approval:
	4132		9/12/2023	1			
Job Name:	Model #	Item #	Material:	2			Accessory Locations MUST Be Verified Prior To Unit Being Fabricated
	DTC-K70-84L		16GA. 300 S/S	3			
Purchase Order # :	Drawn By:	Scale:	Tolerance:	4			Approved By _____ Date _____
	E. Mencarelli	3/8" = 12"	+ .500 - .500	5			
FACTORY USE ONLY:	WELDING:	Final Inspection:					
	1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____	1) Date: _____ Inspected By: _____ 2) Date: _____ Inspected By: _____				Approved By _____ Date _____	

