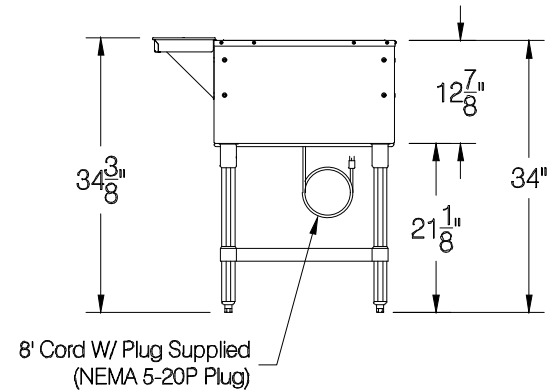
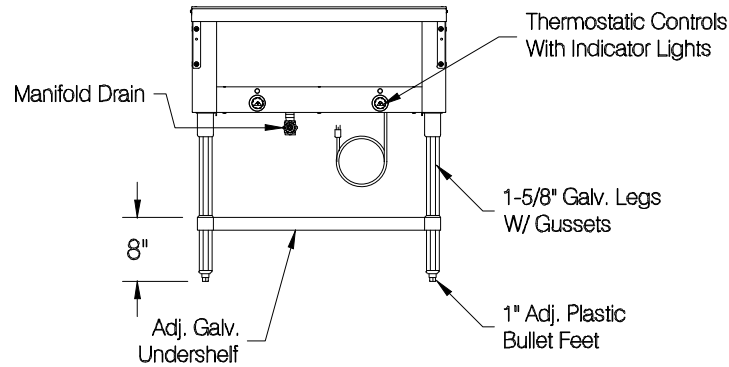
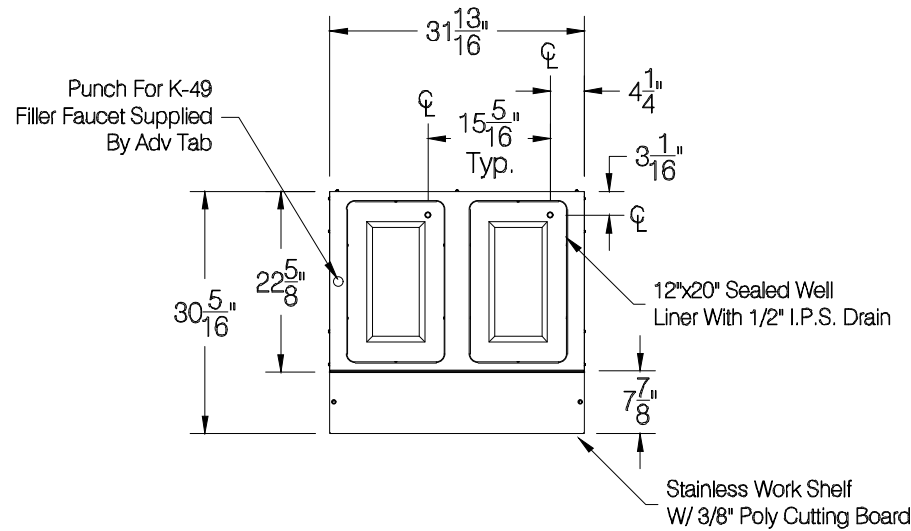


Quantity:



Customer:	Order / Quote#	Sheet #	Original Drawing Date:	NO.	Revision Date:	By:	Print Approval:	
	4147		9/12/2023	1				Accessory Locations MUST Be Verified Prior To Unit Being Fabricated
Job Name:	Model #	Item #	Material:	2				
	SW-2E-120-MT		20 GA. 304 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: _____						

