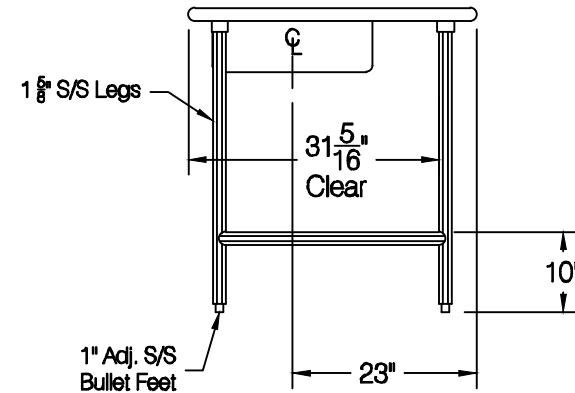
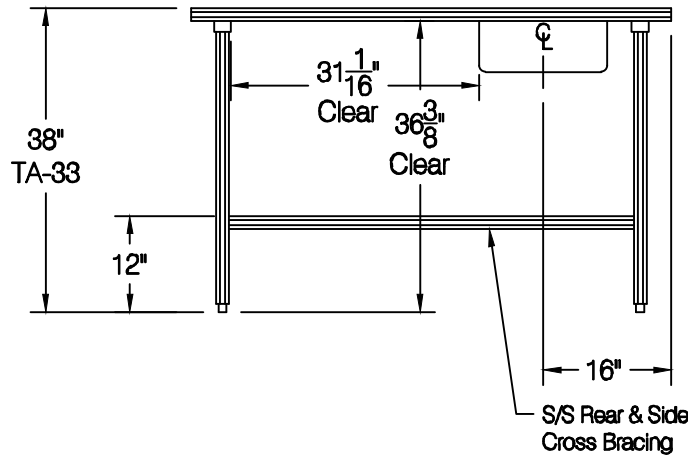
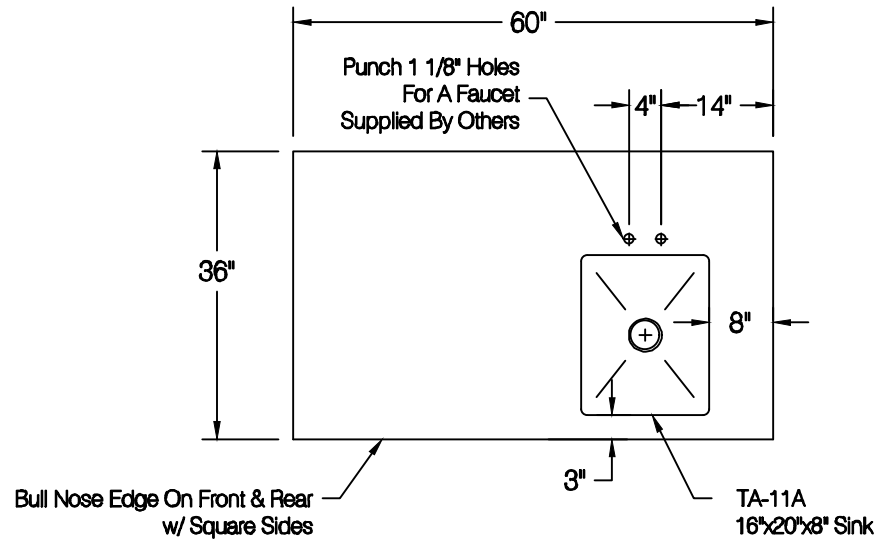


Quantity:



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Customer:	Order / Quote #	Sheet #	Original Drawing Date:	NO.	Revision Date:	By:	Print Approval:	
	4208		10/5/2023	1				
	Job Name:	Model #	Item #	Material:	2			Accessory Locations MUST Be Verified Prior To Unit Being Fabricated
		TSS-365		14 GA. 304S/S	3			
	Purchase Order # :	Drawn By:	Scale:	Tolerance:	4			
	E. Mencarelli	1/2" = 12"	+ .500 - .500	5		Approved By _____ Date _____		
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: _____						

