

This Space For Architect/Engineer Approval

Job Name _____ Date _____

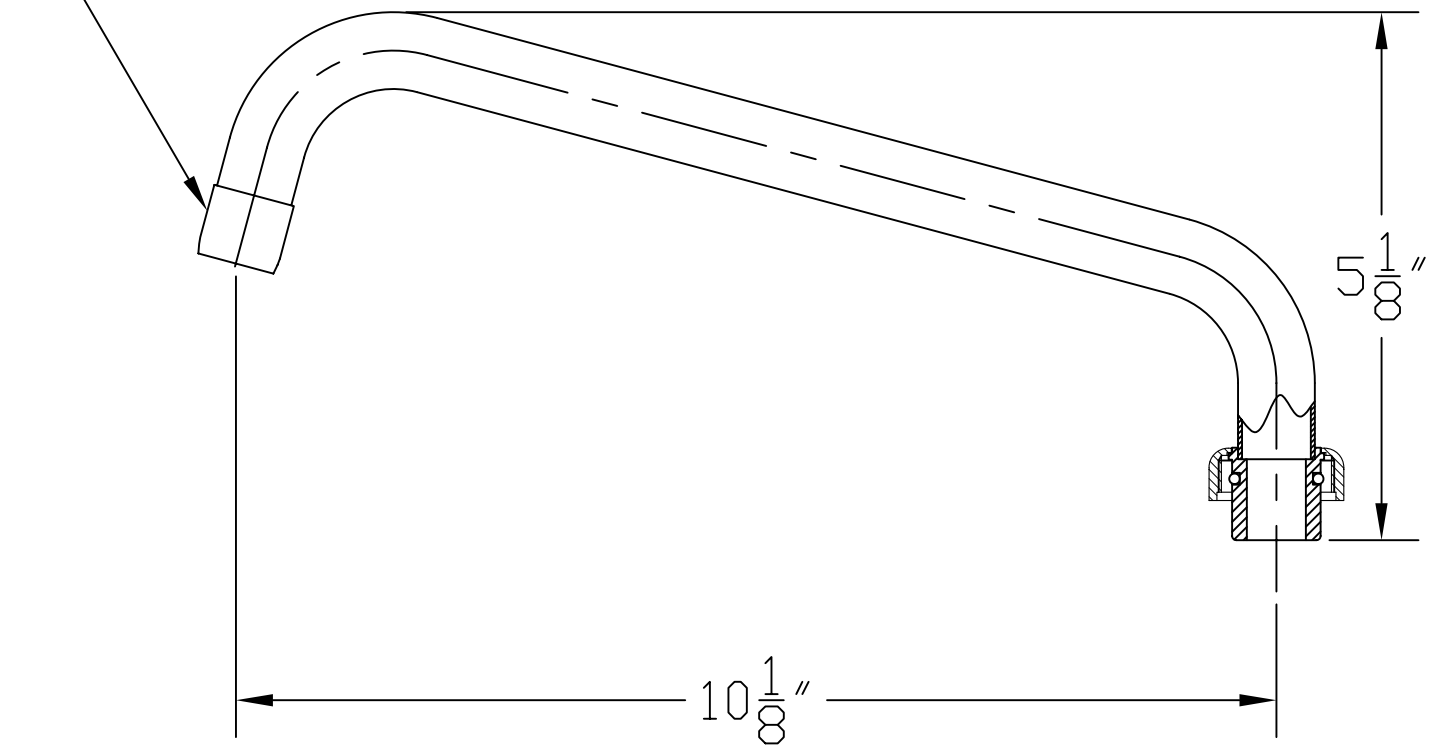
Model Specified _____ Quantity _____

Customer/Wholesaler _____

Contractor _____

Architect/Engineer _____

3/4-27UN LAMINAR
OUTLET



Note:
Conversion to Rigid Requires
014200-45 Lock Washer
(Available Separately)

MODEL NUMBER 5SP-10

DATE 3/12/10

SCALE 1:4

DRAWN DMH

CHECKED GEF

APPROVED JHB



DESCRIPTION

10" SWING NOZZLE, EQUIP

equip Foodservice Accessories
P.O. BOX 1088, 2 SADDLEBACK COVE
TRAVELERS REST, SOUTH CAROLINA 29690
PHONE: 800.891.4808 FAX: 800.868.0084