DRAWING APPROVAL

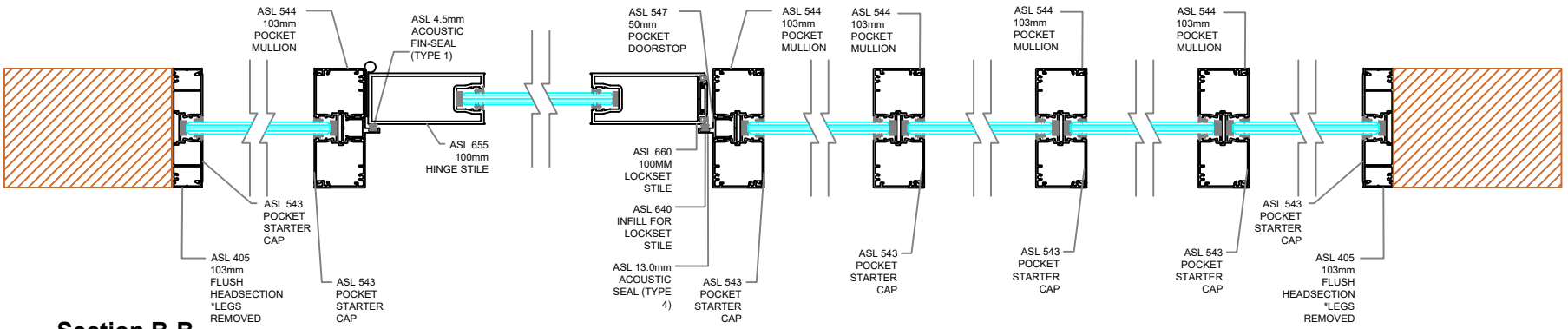
PLEASE CHECK THE APPROPRIATE BOXES
SIGN AND PRINT NAME

| | |
|---|---|
| FINISHES | |
| CRITICAL DIMENSIONS (Red) | |
| HEIGHT | |
| WIDTH | |

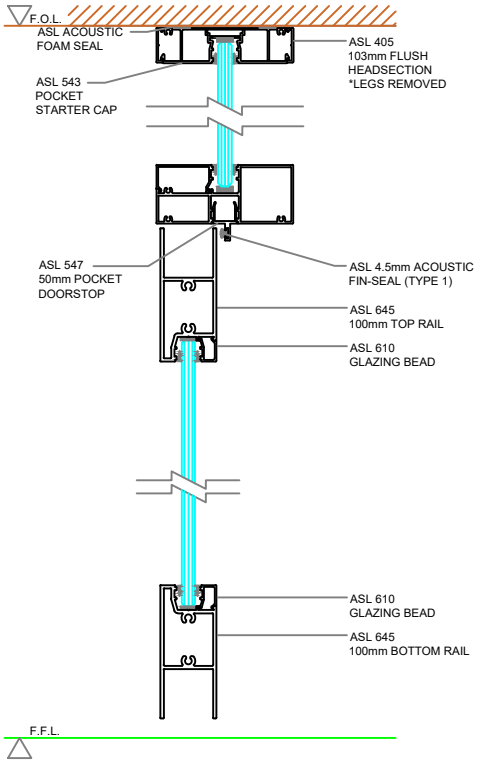
SIGNED BY
PRINT NAME
DATE

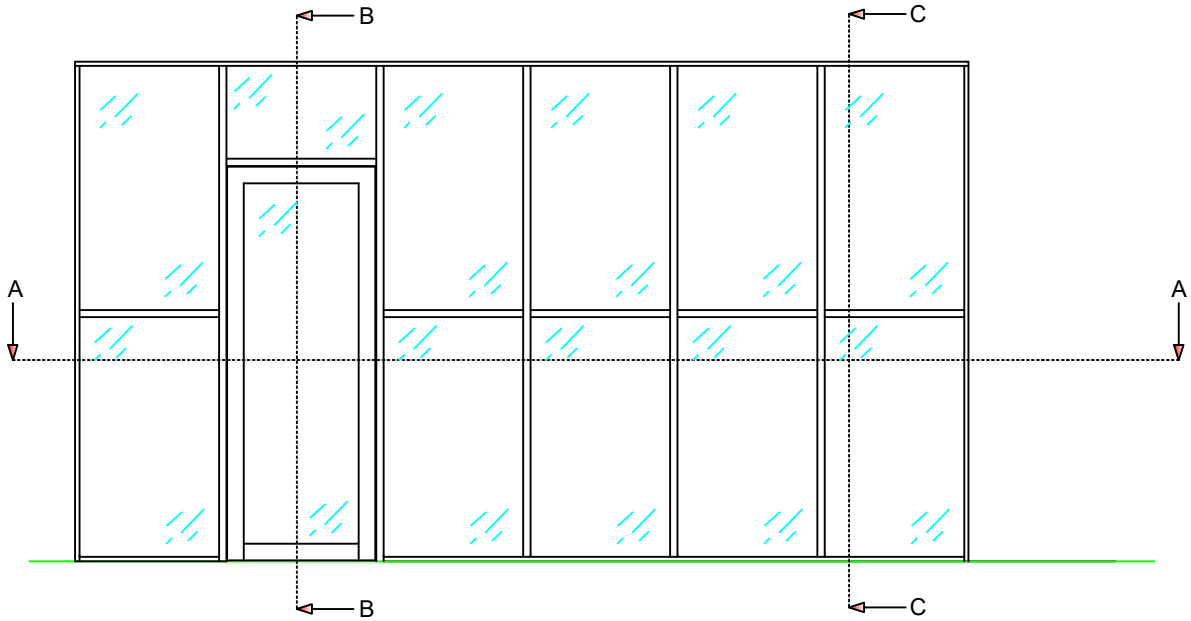
Please Note:-
1. Any queries dont hesitate to contact ASL.
2. All openings are approximate.
3. Door openings must be square.
4. Glass coverage must be 9mm minimum.
5. We recommend putting all beads to the inside of the room.

# Section A-A

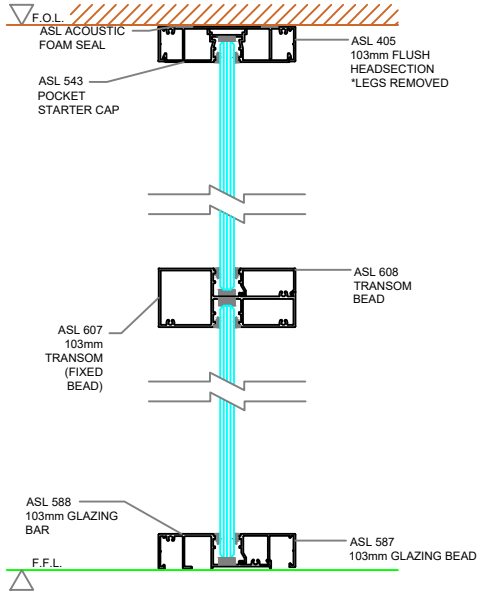



## Section B-B




## Section C-C




COPYRIGHT ASL THESE DRAWINGS AND PRODUCTS MADE THEREFROM ARE SUBJECT TO COPYRIGHT UNDER THE NEW ZEALAND COPYRIGHT ACT 1994 AND NEITHER THE DRAWINGSOR PRODUCTS MADE THEREFROM MAY BE REPRODUCED IN ANY MATERIAL FORM OR MODIFIED IN ANYWAY WITHOUT THE WRITTEN APPROVAL OF ASL.

| Rev | Date | Change | Name |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

GENERAL TOLERANCES UNLESS OTHERWISE SPECIFIED
0 = +/- 0.5
0.0 = +/- 0.1
0.00 = +/- 0.05

UNLESS OTHERWISE SPECIFIED

MACHINED SURFACE FINISH UNLESS OTHERWISE SPECIFIED 1.6

THIRD ANGLE PROJECTION

DIMENSIONS IN MILLIMETRES

CONTRACTOR

| | | |
|---|---|---|
| DESIGNER | | REV 1 |
| DRAWN | Josh G | A3 |
| CHECKED | | SHEET 1 |
| DATE | | SCALE NTS |

Aluminate Solutions Ltd

PROJECT DESCRIPTION

CONFIGURATION 64 Series

JOB NUMBER