

DRAWING APPROVAL

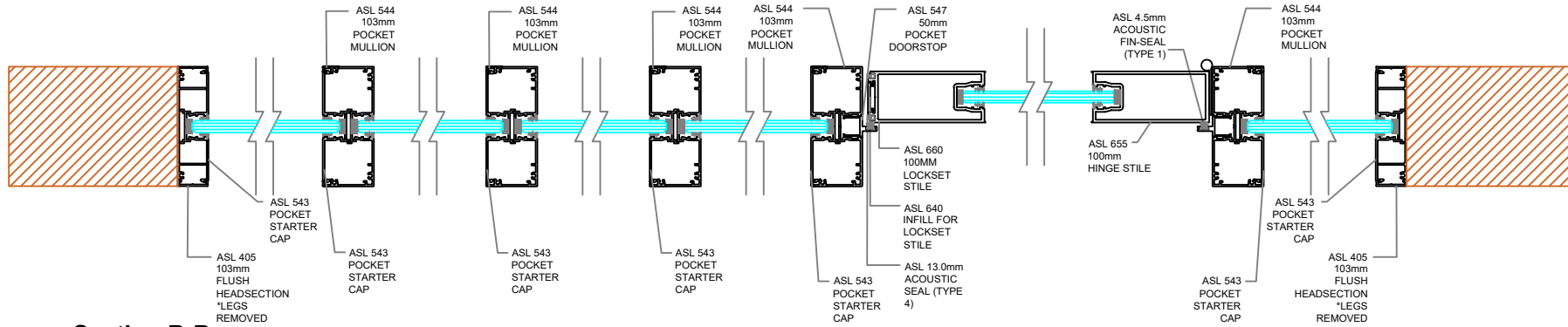
PLEASE CHECK THE APPROPRIATE BOXES
SIGN AND PRINT NAME

FINISHES	
CRITICAL DIMENSIONS (Red)	
HEIGHT	
WIDTH	
SIGNED BY	
PRINT NAME	
DATE	

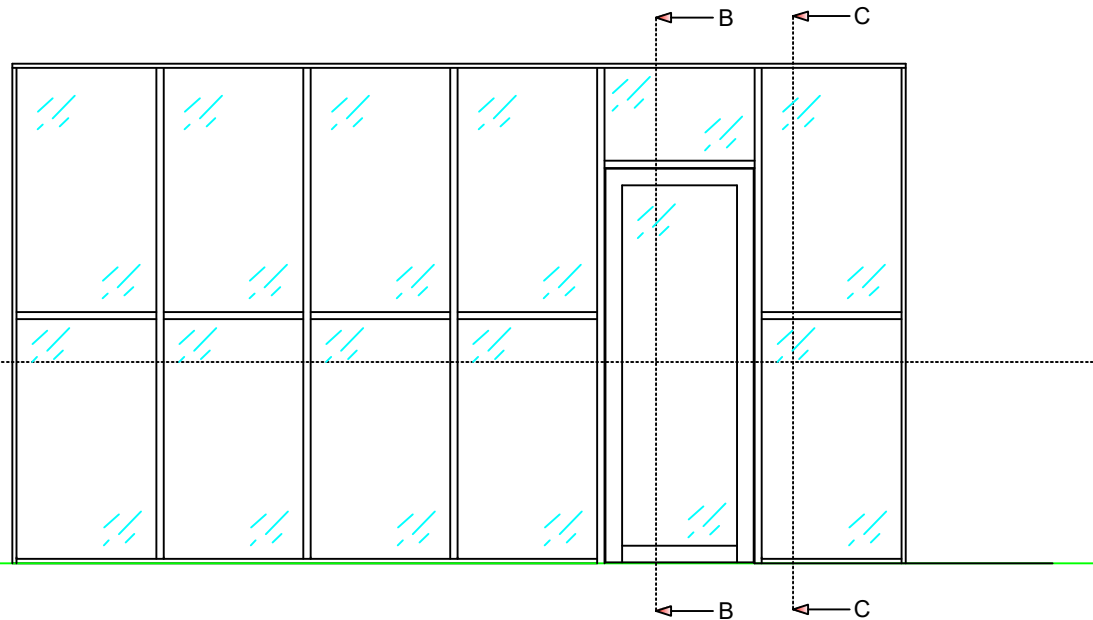
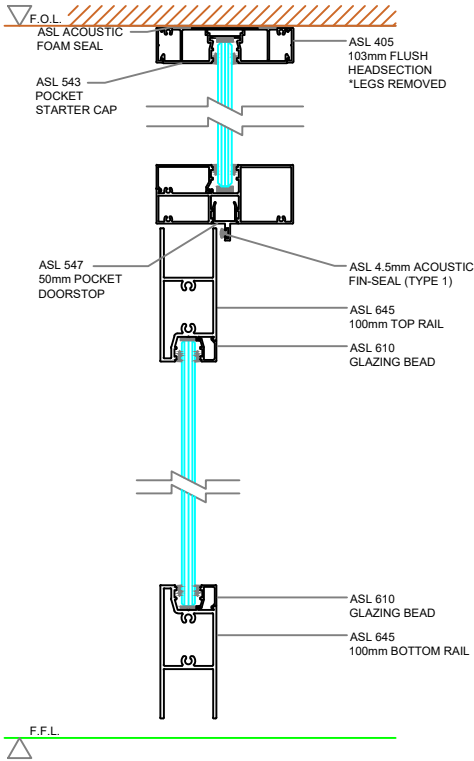
Section A-A

Please Note:-

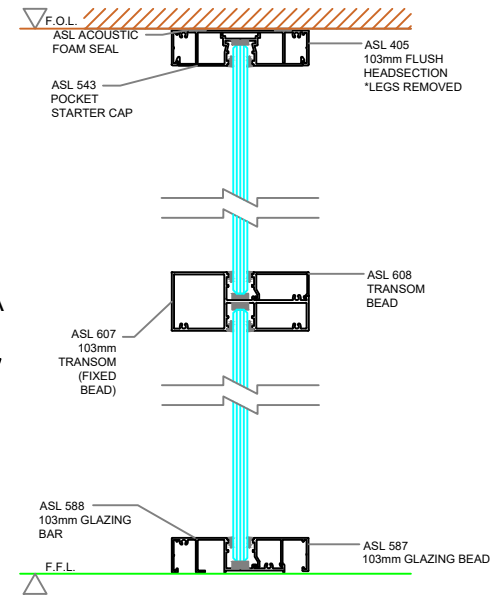
1. Any queries dont hesitate to contact ASL.
2. All openings are approximate.
3. Door openings must be square.
4. Glass coverage must be 9mm minimum.
5. We recommend putting all beads to the inside of the room.



Section B-B



Section C-C



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Rev	Date	Change	Name

GENERAL TOLERANCES UNLESS OTHERWISE SPECIFIED	THIRD ANGLE PROJECTION
0 = +/- 0.5 0.0 = +/- 0.1 0.00 = +/- 0.05	
0.1 UNLESS OTHERWISE SPECIFIED	DIMENSIONS IN MILLIMETRES
MACHINED SURFACE FINISH UNLESS OTHERWISE SPECIFIED $\sqrt{1.6}$	CONTRACTOR

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

	PROJECT DESCRIPTION
64 Series	CONFIGURATION
	JOB NUMBER