

DRAWING APPROVAL

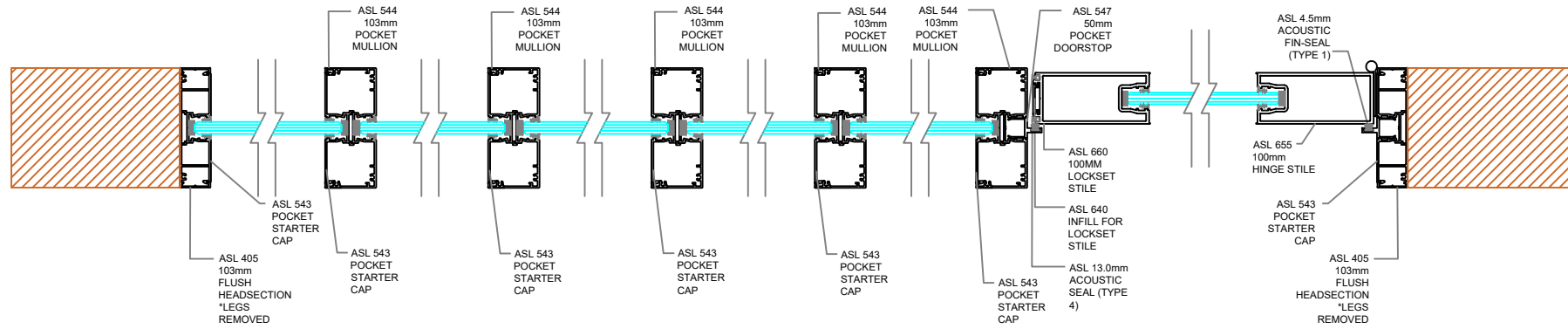
PLEASE CHECK THE APPROPRIATE BOXES
SIGN AND PRINT NAME

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

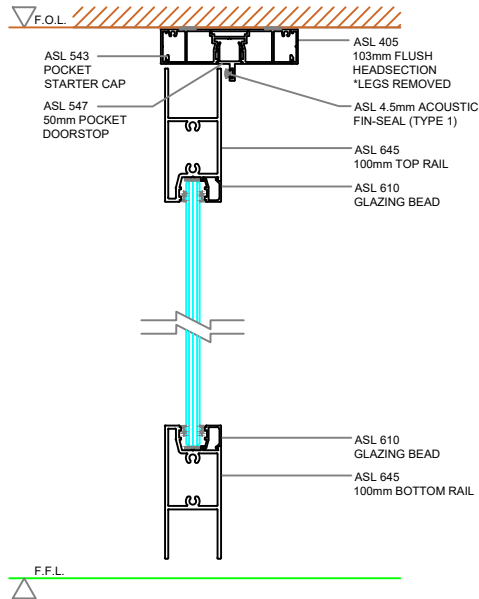
Section A-A

Please Note:-

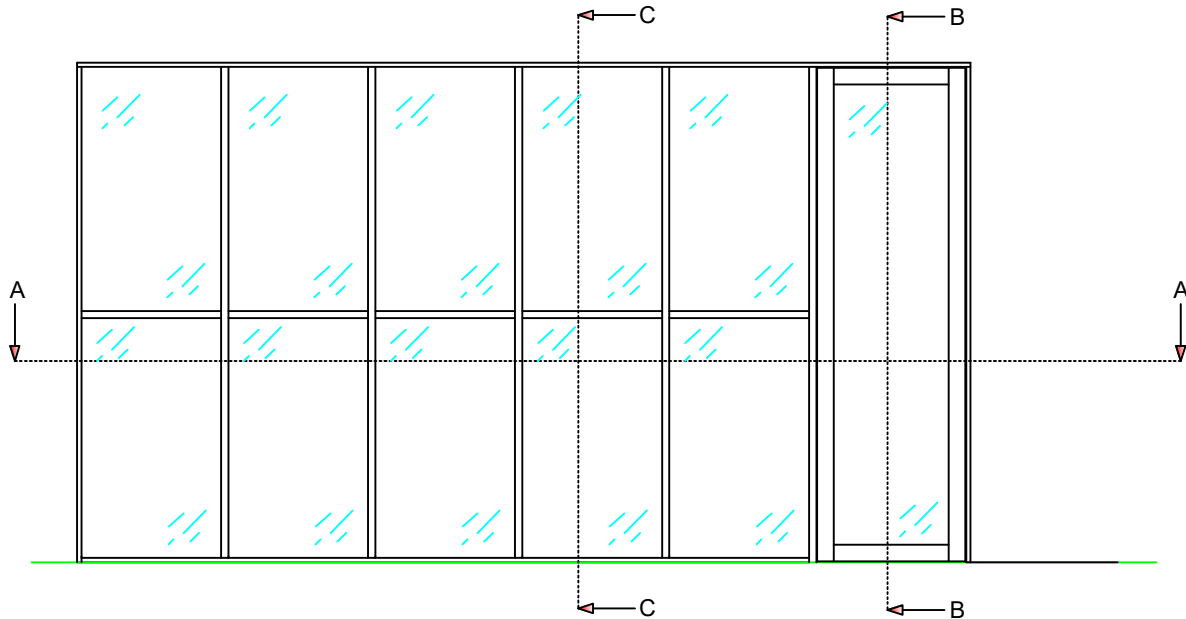
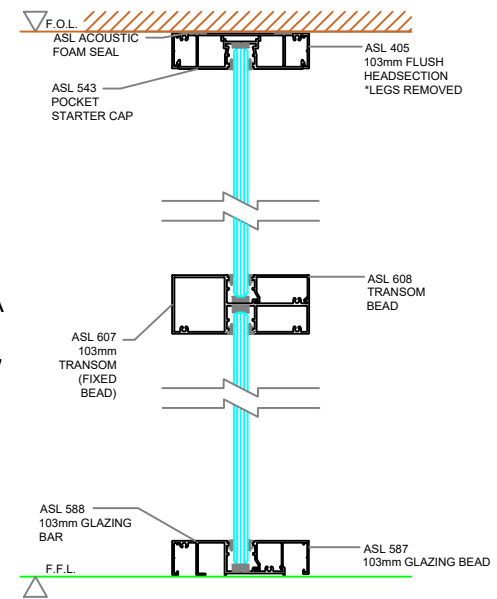
1. Any queries dont hesitate to contact ASL.
2. All openings are approximate.
3. Door openings must be square.
4. Glass coverage must be 9mm minimum.
5. We recommend putting all beads to the inside of the room.



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 | DIMENSIONS IN MILLIMETRES |

| | |
|---|------------|
| MACHINED SURFACE FINISH UNLESS OTHERWISE SPECIFIED | CONTRACTOR |
| 1.6 | |

| | |
|--------------|-------------------------|
| DESIGNER | REV |
| DRAWN Josh G | 1 |
| CHECKED | A3 |
| DATE | SHEET 1 |
| | SCALE NTS |
| | PROJECT DESCRIPTION |
| | CONFIGURATION 64 Series |
| | JOB NUMBER |

