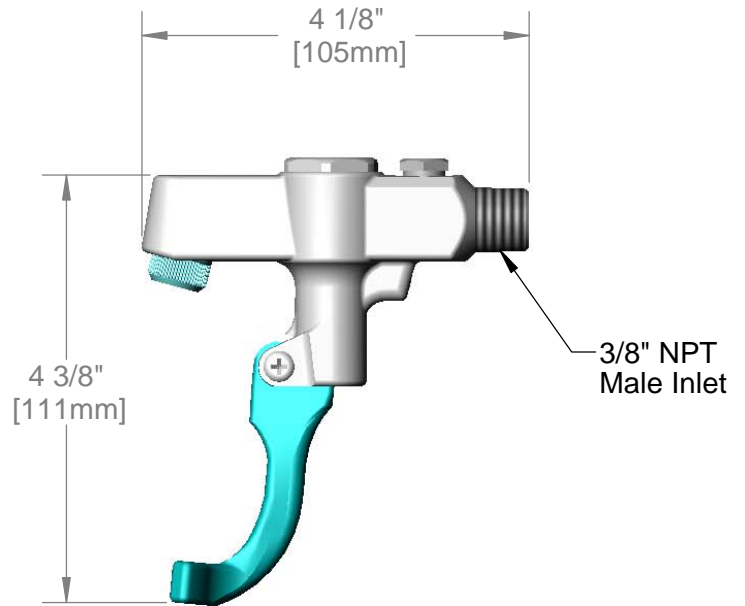
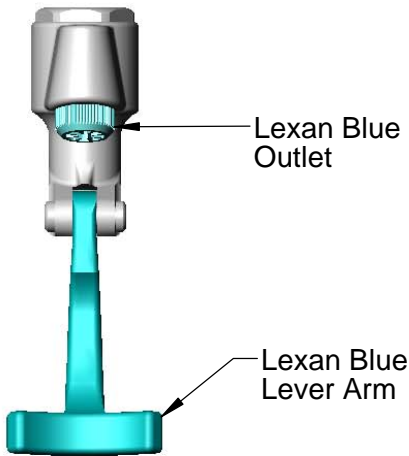
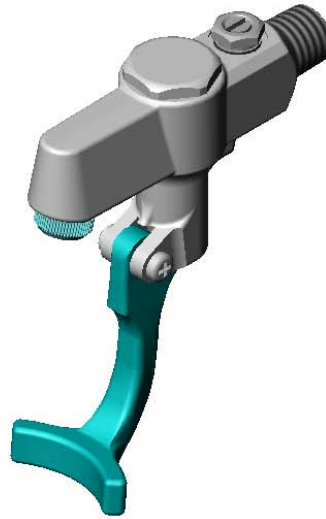
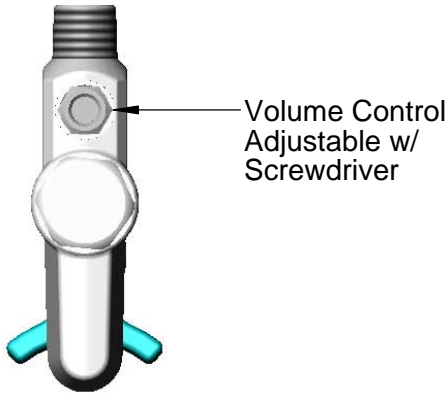


This Space for Architect/Engineer Approval

Job Name _____ Date _____
 Model Specified _____ Quantity _____
 Customer/Wholesaler _____
 Contractor _____
 Architect/Engineer _____



Model Number 5GF-W	Date 02/04/14	Scale 1:2	Drawn DHL	Checked DMH	Approved JHB
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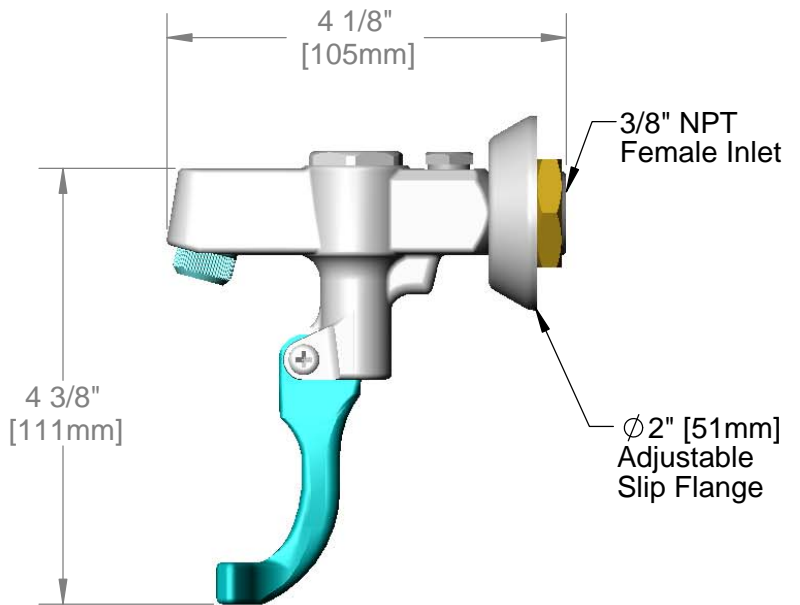
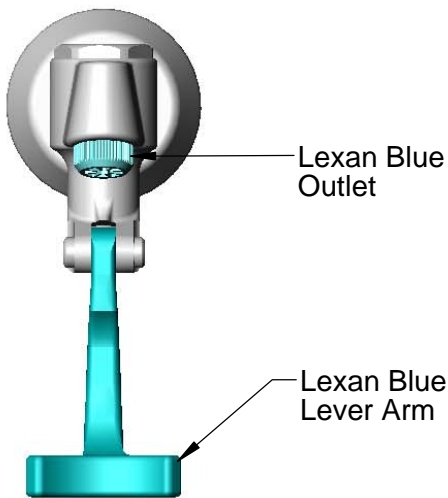
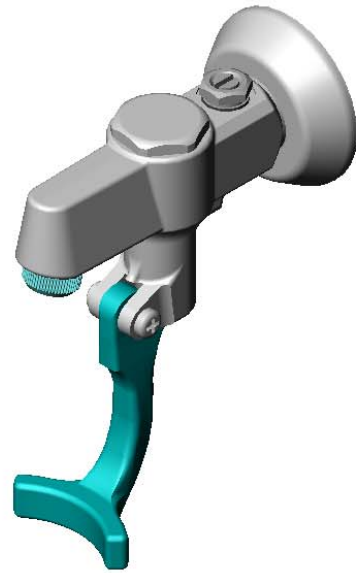
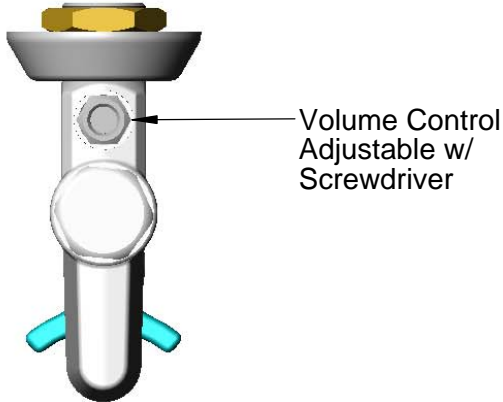
Product Specifications:

Wall Mounted Glass Filler, Push Back Design, 3/8" NPT Male Inlet, Blue Self-Closing Lexan Arm

equip Foodservice Accessories
 2 Saddleback Cove, P.O. Box 1088
 Travelers Rest, South Carolina 29690
 Phone: 800.891.4808 Fax: 800.868.0084

This Space for Architect/Engineer Approval

Job Name _____ Date _____
 Model Specified _____ Quantity _____
 Customer/Wholesaler _____
 Contractor _____
 Architect/Engineer _____



Model Number 5GF-W-F	Date 02/04/14	Scale 1:2	Drawn DHL	Checked DMH	Approved JHB
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Product Specifications:

Wall Mounted Glass Filler, Push Back Design, 3/8" NPT Female Inlet, Adjustable Flange, Blue Self-Closing Lexan Arm

equip Foodservice Accessories
 2 Saddleback Cove, P.O. Box 1088
 Travelers Rest, South Carolina 29690
 Phone: 800.891.4808 Fax: 800.868.0084