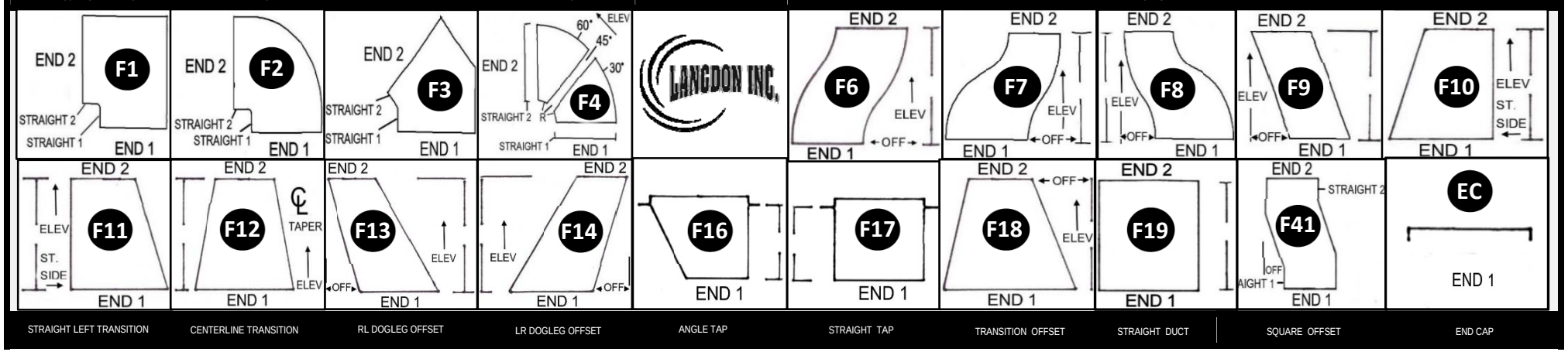
DATE _____ JOB NO.: _____ JOB NAME: _____ PAGE ___ OF ___

STATIC PRESSURE: ____ MATERIAL: _____ SEAL CLASS: _____ DATE REQ.: _____ NOTES: _____

					END 1				END 2									
FITTING	TAG	QTY.	LINER	VANES	WIDTH	DEPTH	STRAIGHT	CONNECT	WIDTH	DEPTH	STRAIGHT	CONNECT	LENGTH	DEGREE	RADIUS	OFFSET	ELEVATION	REMARKS