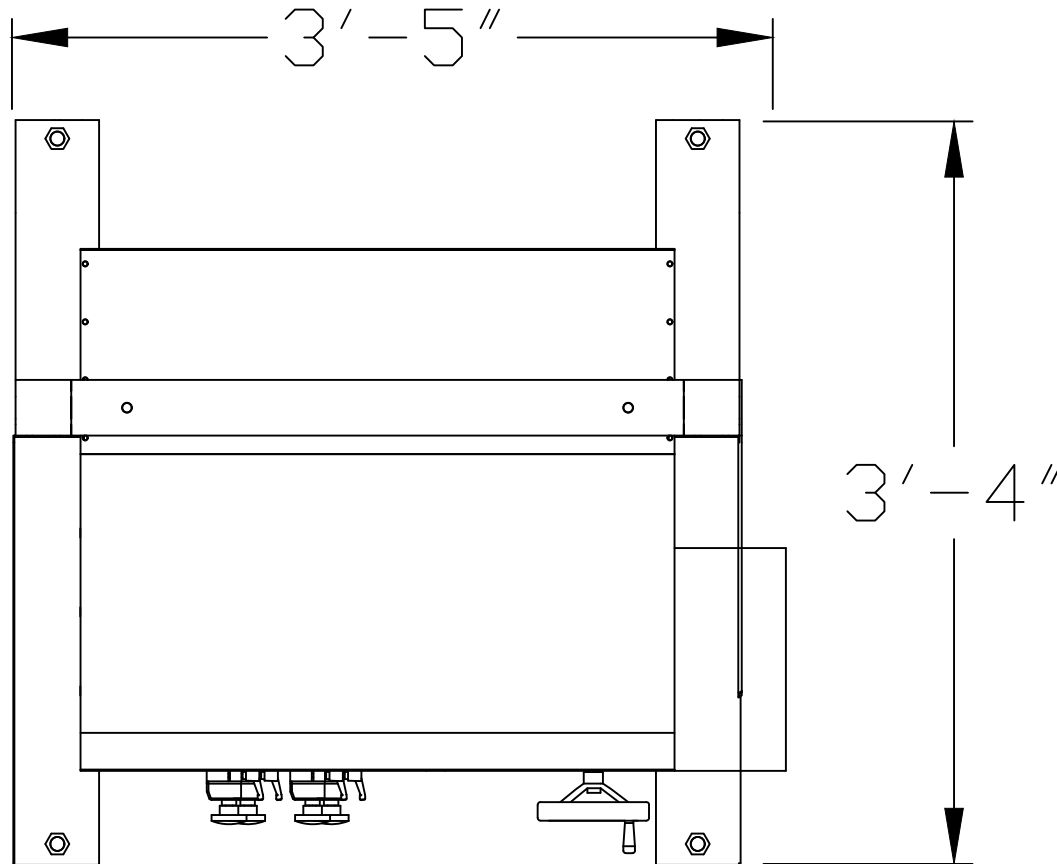


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REVISION DESCRIPTION	DATE	INIT
REV	D/M/YR	INT

DIRECTION LEFT TO RIGHT 




CONVEYOR LINE
HEIGHT: 36" +/-2"

APPROVAL DRAWING

DRAWN BY: JB	DATE: 8/10/2017	CHECKED BY:
DOOR DIM : _____		
ROOM DIM : _____		
CEILING HT: _____		

AUTOMATIC INLINE CAPPER	
SALES ENGINEER	CONTACT #:


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SHEET:
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> RESUBMIT SIGNED _____ DATE _____