



SHAPE #4

N°	QTY.	R1	R2	R3	R4	REMARK	FINISH:	MATERIAL	HOLES:	BOLT:	PAINT:	SCALENT'S
1												
2												
3												
4												



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Customer Information

NAME:

COMPANY:

ADDRESS:

TEL / FAX:

Project:

Date:

Drawing Title:

BURN PROFILE

Drawn *DR* Check Ref. Drg.

PO

Job. No.

Dwg. Nb-06-26-004 Rev.