

<b>SUPERIOR</b> Duct Fabrication	Tel: 909-620-8565	<b>Misc Fittings</b>	Date Detailed: _____	Sheet _____	
	Fax: 909-620-6374	Detail Sheet	Date Required: _____	Of _____	
<b>Customer:</b>	<b>Pressure:</b> Pos <input type="checkbox"/> Neg <input type="checkbox"/>	<b>SMACNA</b> <input type="checkbox"/>	<b>SPOTweld</b> <input type="checkbox"/>	<b>PITTSburgh</b> <input type="checkbox"/>	<b>TIGweld</b> <input type="checkbox"/>
<b>Project:</b>	1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> 6" <input type="checkbox"/> 10" <input type="checkbox"/>	<b>UMC</b> <input type="checkbox"/>	<b>SEAMweld</b> <input type="checkbox"/>	<b>SNAPlock</b> <input type="checkbox"/>	<b>MIGweld</b> <input type="checkbox"/>
<b>Material:</b>	<b>Liner Density:</b>	<b>EXPOSED</b> : Y <input type="checkbox"/> N <input type="checkbox"/>	<b>SEAL</b> : Y <input type="checkbox"/> N <input type="checkbox"/>	<b>X-Panel</b> <input type="checkbox"/> <b>Bead</b> <input type="checkbox"/>	<b>Assemble</b> <input type="checkbox"/> <b>K.D.</b> <input type="checkbox"/>

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