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|-------------------------------------|--|--|---|--|---|
| <b>SUPERIOR</b><br>Duct Fabrication | Tel: 909-620-8565  | <b>Misc Fitting</b><br>Detail Sheet                                    | Date Detailed: _____  | Sheet _____  |   |
|                                     | Fax: 909-620-6374  |  | 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"/> |

QTY:            TAG:            GA.: