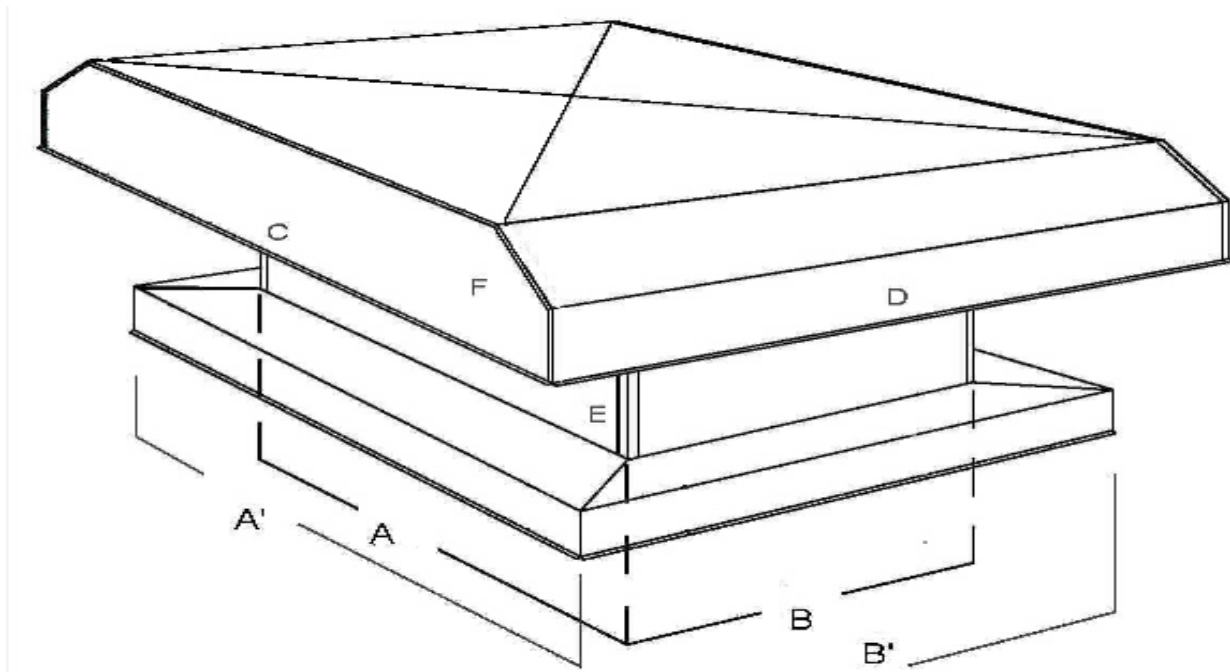




GRAVITY VENTILATOR



Quantity	Ref. #	Throat Dimension (A X B)	Curb Cap Dimension (A' x B')	Hood Dimension (C X D)	Hood Height F	Accessories
PROJECT NAME:					ENGINEER:	
CONTRACTOR:					SUBMITTAL DATE:	