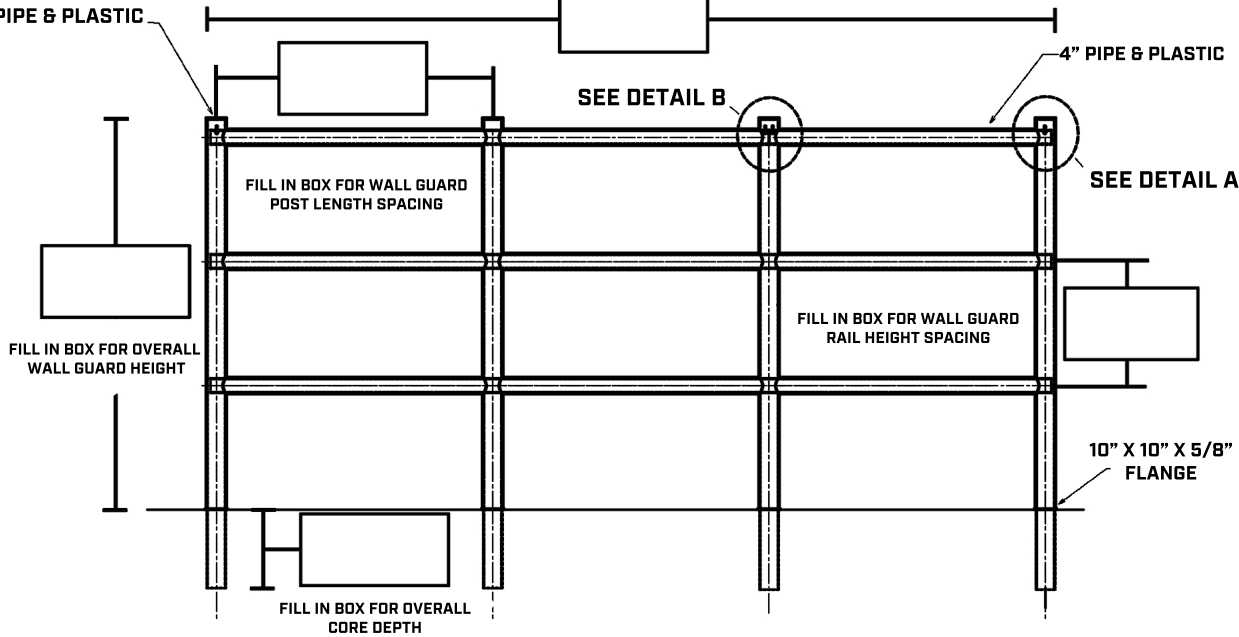




SAFETY WALL SYSTEM

FILL IN BOX FOR OVERALL WALL GUARD LENGTH



NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

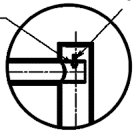
QUANTITY _____

CHECK INSTALLATION TYPE -

PLATE-MOUNT

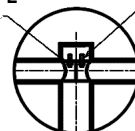
CORE-IN

BOLT WELDED TO PIPE 5/8" BOLT



DETAIL A

BOLT WELDED TO PIPE 5/8" BOLT



DETAIL B

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NO.	REVISIONS	DATE	APPROVED

IDEAL SHIELD
2525 Clark St.
Detroit, MI 48209

PROJECT _____

CUSTOMER
APPROVED BY: _____

DESCRIPTION
SAFETY WALL SYSTEM

DRAWN BY:	APPROVED BY:	DATE:
PROJECT NO.:		SCALE:
MATERIAL:		DRAWING NO.:
		SHEET OF

***SIGNATURE REQUIRED FOR SUBMITTAL**