


Installation dimensions

RevNo	Revision note	Date	Signature	Checked
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	Order Name: _____ Quantity: _____ Designed by: _____ Checked by: _____ Approved by - date: _____ Release: _____ Date: 05/13/2016 Scale: _____	TM/Date Isotherm Ice Maker Project number: IM230 Order No./Purchase: _____ Date: _____ Scale: _____
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