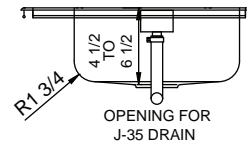
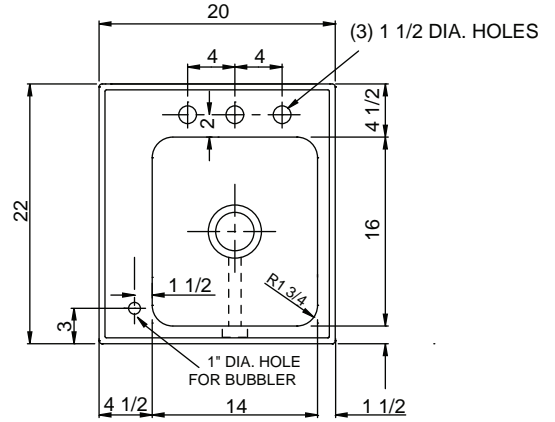




CRCF-ADA-2220-A-GR

ACADEMIC GROUP - ADA COMPLIANT CLASSROOM SINK w/ INTEGRA-FLOW FAUCET LEDGE - REAR / BUBBLER LEDGE- LEFT

SUBMITTAL DATA



SPECIFICATION

Seamless die-drawn construction of Type-304, 18-8 stainless steel. Interior and top surfaces polished to a non-porous Hand-Blended Just Finish with highlighted bowl rim. Fully coated underside insulated for sound and reduces condensation. Straight-sided compartment with radius corners provides greater capacity. Self-rimming top mount Grip-Rim Plus with stainless steel mounting channels. Conforms to ASME/ANSI A112.19.3M. Certified conformance with ASME A112.19.3/CSA B45.4, Canadian Standards (CSA), Uniform Plumbing Code (UPC) and International Plumbing Code (IPC) and Americans with Disabilities Act (ADA)

4.57 Gallon Capacity*

Capacity Matters
Max ID sizing with straight sided bowl configuration (non tapered sides). Tight corner radius design.

*Capacity is based on 6-1/2" Depths

TYPE 316 STAINLESS STEEL(check if applicable)

CUTOUT DIMENSIONS		
Model Number	Front-to-Back	Left-to-Right
CRCF-ADA-2220-A-GR	21-1/4	19-1/4

To Be Specified:				
Faucet Hole Punching:		Bubbler Punching:		
<input type="checkbox"/> (1) Hole Centered	<input type="checkbox"/> (2) Holes on 4" centers	<input type="checkbox"/> (3) Holes on 4" centers (illustrated)	<input type="checkbox"/> (1) Hole - Right front (illustrated)	
<input type="checkbox"/> Alternate Punching: Faucet Model: _____		Punching required: _____		
DEPTH - MUST BE SPECIFIED:				
<input type="checkbox"/> 4-1/2" DEEP	<input type="checkbox"/> 5" DEEP	<input type="checkbox"/> 5-1/2" DEEP	<input type="checkbox"/> 6" DEEP	<input type="checkbox"/> 6-1/2" DEEP
OVERFLOW LOCATION - MUST BE SPECIFIED:				
<input type="checkbox"/> FRONT (SHOWN)	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	
DRAIN LOCATION - MUST BE SPECIFIED:				
<input type="checkbox"/> CENTER	<input type="checkbox"/> CENTER REAR	<input type="checkbox"/> LEFT REAR	<input type="checkbox"/> RIGHT REAR	

APPROVED FOR MANUFACTURING

MODEL NO.: _____ QTY: _____

JOB NAME: _____

TAG/ITEM: _____

CUSTOMER: _____

SIGNATURE: _____



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REVISED-6/2007

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