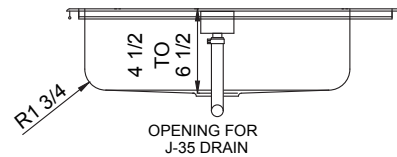
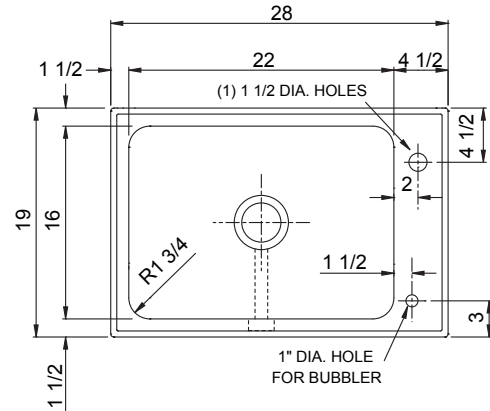




CRSF-ADA-1928-A-GR-R - 18ga.



STYLIST GROUP ADA COMPLIANT CLASSROOM SINK w/ INTEGRA-FLOW FAUCET / BUBBLER LEDGE- RIGHT



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. Stright-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)

TYPE 316 STAINLESS STEEL(check if applicable)

| CUTOUT DIMENSIONS | | |
|----------------------|---------------|---------------|
| Model Number | Front-to-Back | Left-to-Right |
| CRSF-ADA-1928-A-GR-R | 18-1/4 | 27-1/4 |

7.26 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

| | | | | |
|---|--|---|-------------------------------------|--------------------------------------|
| To Be Specified: | | | | |
| Faucet Hole Punching: | | Bubbler Punching: | | |
| <input type="checkbox"/> (1) Hole Centered (illustrated) | <input type="checkbox"/> (2) Holes on 4" centers | <input type="checkbox"/> (1) Hole - Right front (illustrated) | | |
| <input type="checkbox"/> (3) Holes on 4" centers | | | | |
| <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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