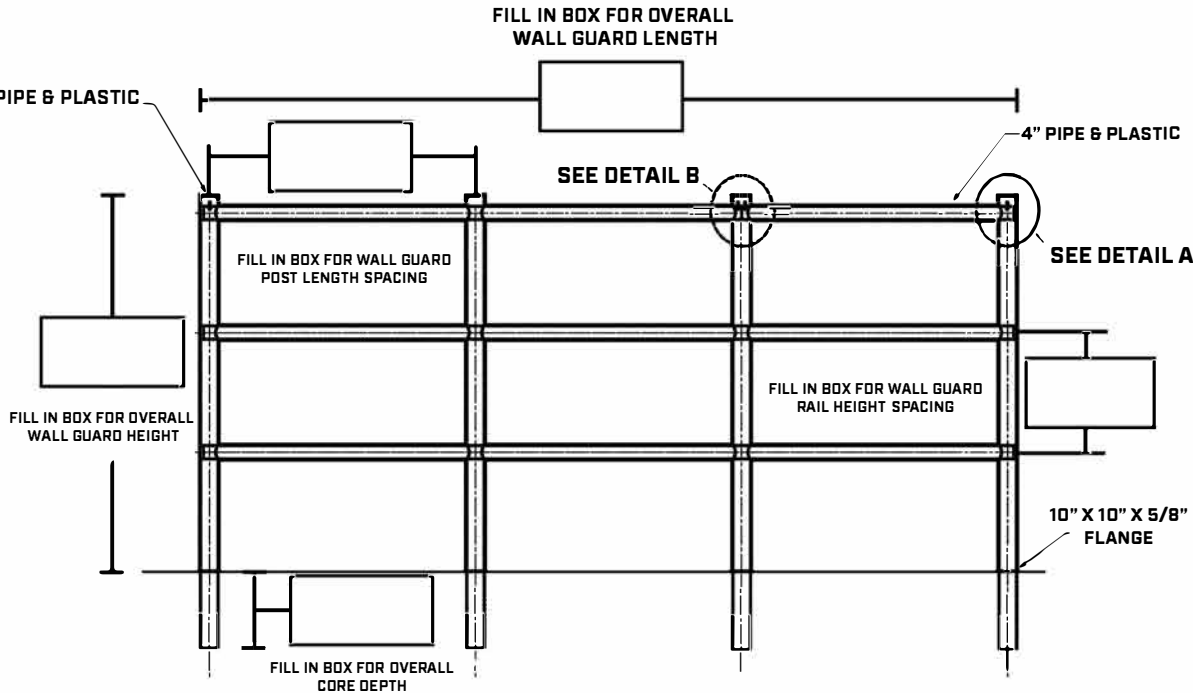




# SAFETY WALL SYSTEM



**INSTALLATION TYPE:** PLATE-MOUNT    CORE-IN (CIRCLE ONE)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

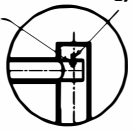
**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

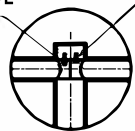
**QUANTITY:** \_\_\_\_\_

**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**

**DESCRIPTION**  
**SAFETY WALL SYSTEM**

DRAWN BY	APPROVED BY	DATE
<b>PROJECT NO.</b>		<b>SCALE</b>
<b>DRAWING NO.</b>		
<b>SHEET</b>		<b>OF</b>