GORMAN INDUSTRIES INC
INDOOR COMFORT SOLUTIONS

COMPANY NAME _____

JOB NAME _____ SHEET # _____ OF _____

JOB ADDRESS _____

ORDERED BY _____ PHONE _____

SPECIAL INSTRUCTIONS _____

PP	
P0#	
J0B#	
DATE	DATE REQ.

SMACNA ❑ YES ❑ NO WG +_____ — _____ LINER _____ SEAL _____

FITTING #	QTY	TAG # SHOP #	END 1	END 2	END 3 OR DEGREE	LENGTH RADIUS	OFFSET	ELEV	ST1	ST2	ST3	COMMENTS
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							
F			X	X	X							