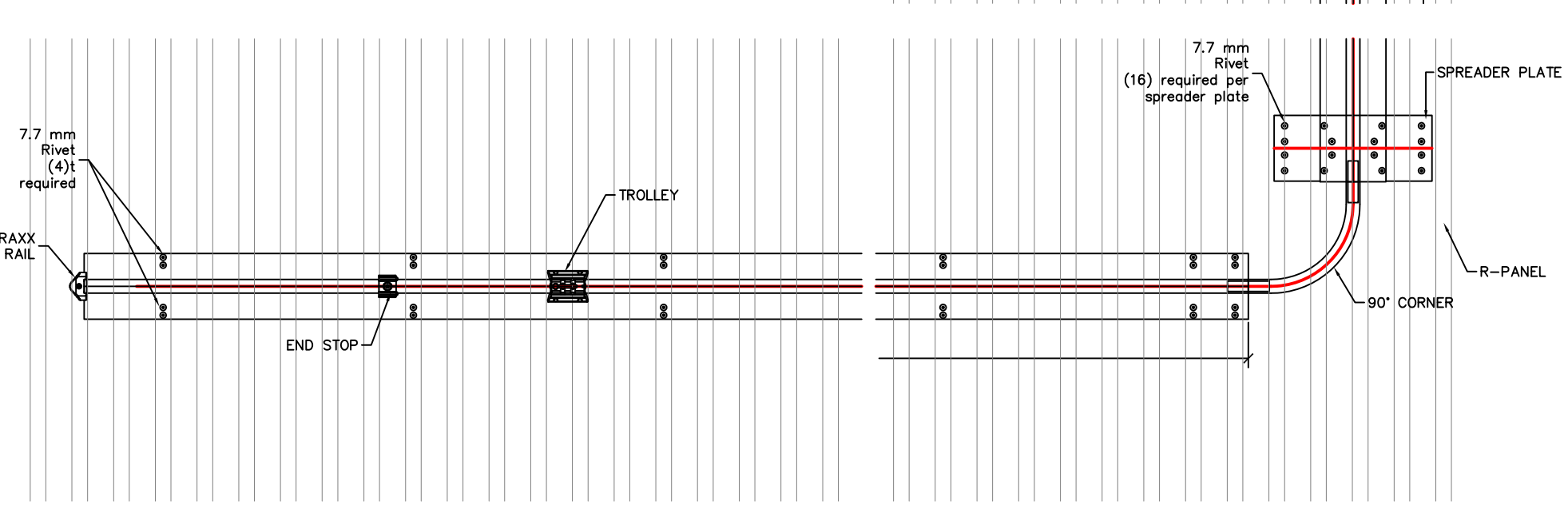

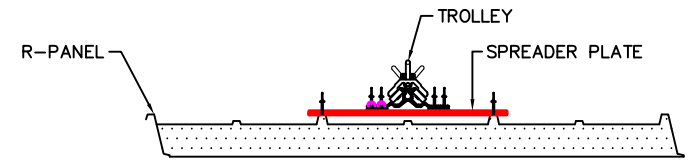

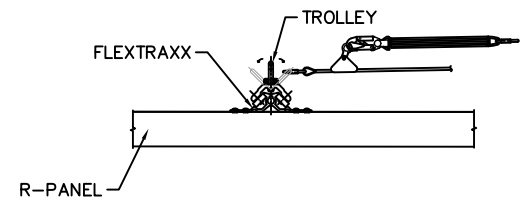

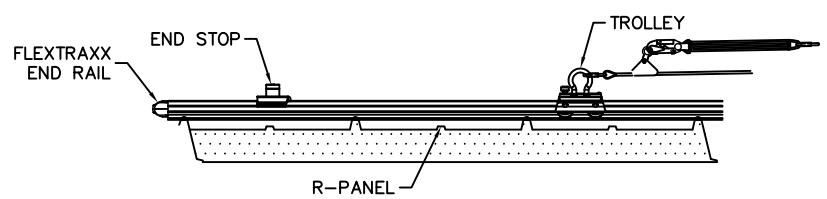

FLEXTRAXX HORIZONTAL FALL PROTECTION SYSTEM ON R-PANEL

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USER MUST SUPPLY A WRITTEN WORK PLAN SHOWING HOW ALL SUPPORT LINES AND LIFELINES ARE TO BE ATTACHED TO THE CORRECT ANCHORS

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REVISIONS

NO.	DATE	DESCRIPTION	BY	APPR
0	XX/XX/XX	FOR APPROVAL – NOT FOR CONSTR.	XXX	XXX

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APPROVAL	
Drawn By	XXX
Date	XX/XX/XX
Checked By	XXX
Date	XX/XX/XX
Designed By	XXX
Date	XX/XX/XX

BUILDING OR FACILITY NAME
PROJECT LOCATION
PROJECT DESCRIPTION FOR CUSTOMER

JOB NO. XXXX	SCALE:	DWG. NO.	REV. 0