

Location: _____

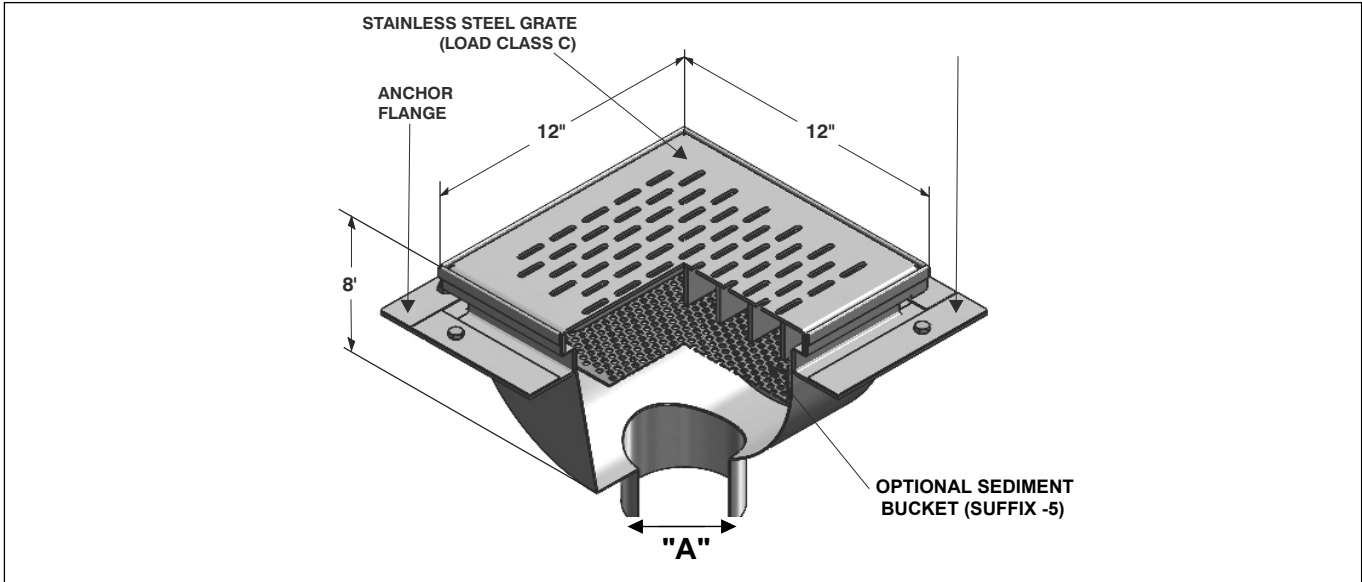


FS1930-FL

12" X 12" X 8" STAINLESS STEEL FLOOR AREA & INDIRECT SANITARY WASTE DRAIN WITH FLANGE

Specification: MIFAB Series FS1930-FL, 12" x 12" x 8" deep 16 gauge, All Type 304 (CF8) stainless steel sanitary floor area and indirect waste drain complete with cast stainless steel secured rim and grate with allen key vandal proof stainless steel screws, stainless steel anchor flange with weepholes and anti-splash dome strainer.

Function: Used in kitchens, restaurants, breweries, dairies, creameries, food processing locations, nuclear, gas and coal fired power stations, chemical plants, laboratories and other areas where the corrosion resistance of Type 304 stainless steel is required for superior sanitation. The anchor flange is designed to receive water proofing membrane. A membrane clamp (Suffix -C) is recommended to secure the water proofing membrane to the anchor flange.



| Suffix | "A" |
|-----------|-----|
| FS1932-FL | 2" |
| FS1933-FL | 3" |
| FS1934-FL | 4" |

FLOOR SINK STANDARD FUNNEL OPTIONAL VARIATIONS

| Suffix | Description |
|--------|--|
| -F4 | 4" round funnel |
| -F6 | 6" round funnel |
| -G | 4" x 9" oval funnel |
| -J | 3" x 1" oval funnel |
| -21 | Secondary flat strainer (FD-9600 Series) |

FLOOR SINK STANDARD OPTIONAL VARIATIONS

| Suffix | Description |
|--------|---|
| -5 | Sediment bucket (FS1700-PB-3) |
| -6 | Security screws (H-1039A, 4 pcs) (-1, -3 only) |
| -7 | Trap seal primer connection |
| -8 | Backwater Valve (BV1250 Series) (2", 3", 4") |
| -21 | Secondary flat strainer (FD-9600 Series) |
| -22 | Less grate |
| -32 | Deep seal trap (2", 3", 4" no hub) (MI-950 Series) |
| -51 | 2 1/2" round center grate opening |
| -83 | Stainless steel mesh screen over sediment bucket (add to S.S. Bucket) |
| -150 | Half grate |
| -175 | 3/4" grate |
| -C | Membrane clamp |
| -Z | Extended wide flange on body (20" x 20" x 1/4" thick) |

CALIFORNIA PROPOSITION 65 WARNING. This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.

Job Name: _____ Page No: _____
 Section No: _____ Contractor: _____
 Schedule No: _____ Purchase Order No: _____