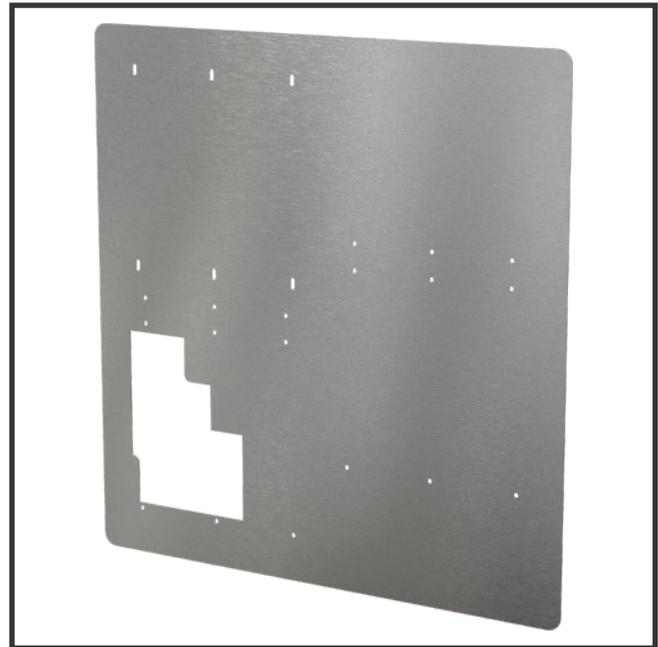


-WB3-BF WALL PANEL

WALL PANEL FOR WALL MOUNTED ADA
UNIVERSAL BI-LEVEL HANDICAPPED UNIT LEFT
LOW WITH FOUNTAIN/COOLER BOTTLE FILLER
(BF11/12 & BF11S/12S)

STANDARD FEATURES

- 18 gage, 304 stainless steel
- Intended For Use With A172-UG-BF Series
and A172.8-UG-BF Series Alternate Mounting
- Offered in Finishes to Match Selected Fixture



MODEL:

(Must Specify)

- A000G000-WB3-BF Gray Powder Coat
- A0004000-WB3-BF Stainless Steel w/ Satin Finish
- A0002200-WB3-BF Matte Black Powder Coat (EG22)

SUGGESTED SPECIFICATIONS

A0004000-WB3-BF is a wall panel made from 18 gauge, type 304 stainless steel polished to a #4 satin finish for A172-UG Universal Bi-Level Water Coolers or Drinking Fountain with BF11, BF12, BF11S or BF12S Bottle Filler. The Wall Panel with handicapped unit left low Bi-Level shall be designed to cover the wall surface imperfections that remain due to replacing other Water Cooler or Drinking Fountain models.



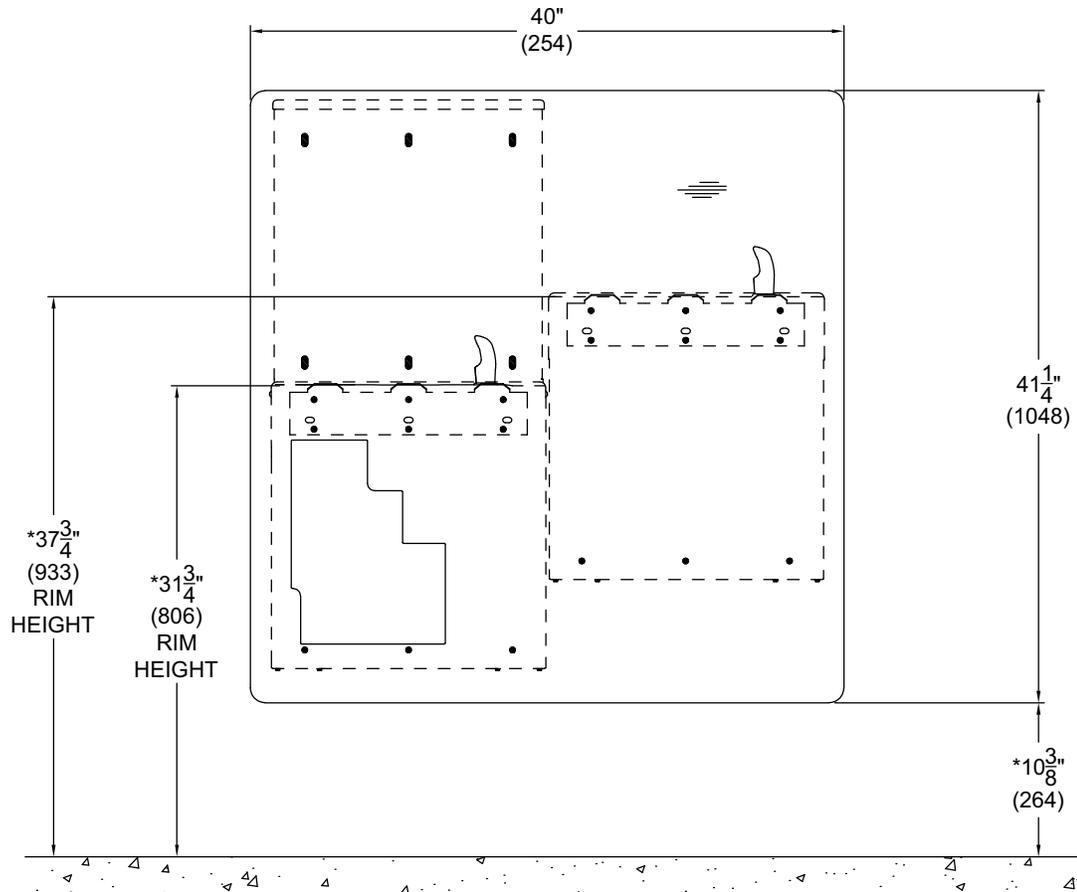
⚠ WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov

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ACCESSORIES -WB3-BF

WALL PANEL FOR WALL MOUNTED ADA
UNIVERSAL BI-LEVEL HANDICAPPED UNIT LEFT
LOW WITH FOUNTAIN/COOLER BOTTLE FILLER
(BF11/12 & BF11S/12S)



GENERAL NOTES:

1. ALL DIMENSIONS ARE INCHES (MM).
2. REFER TO FIXTURE ROUGH-INS FOR MOUNTING LOCATIONS OF FIXTURE.
3. FIXTURE MOUNTING BRACKET MOUNTS OVER WALL PANEL.
4. *DIMENSIONS SHOWN ARE FOR RECOMMENDED ADULT HEIGHT. ADJUST VERTICAL DIMENSIONS AS NECESSARY TO COMPLY WITH FEDERAL, STATE, & LOCAL CODES.

SELECTION SUMMARY & APPROVAL FOR MANUFACTURING	Model Number & Options _____	Quantity _____	<i>All dimensions are subject to manufactures tolerance of plus or minus 1/4" nominal and subject to change without notice. Murdock[®] assumes no responsibility for use of void or superseded data. Dimensions may change with the addition of optional accessories. Murdock[®] Mfg., Member of Morris Group International[®]. Please visit www.murdockmfg.com for most current specifications.</i>
	Company _____		
	Contact _____	Title _____	
	Signature (Approval for Manufacturing) _____	Date _____	