

DATE: \_\_\_\_\_ BY: \_\_\_\_\_  
 PLAN NO. \_\_\_\_\_  
 CHECKED: \_\_\_\_\_  
 ALIGNED: \_\_\_\_\_  
 PLOTTED: \_\_\_\_\_  
 CAD FILE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_  
 PROFIL NO. \_\_\_\_\_  
 CHECKED: \_\_\_\_\_  
 GRADES: \_\_\_\_\_  
 PLOTTED: \_\_\_\_\_  
 S.M. NOTED: \_\_\_\_\_  
 PROCEDURE: AIRWAYS OFFHD

