

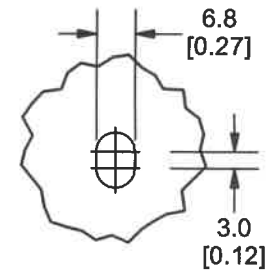
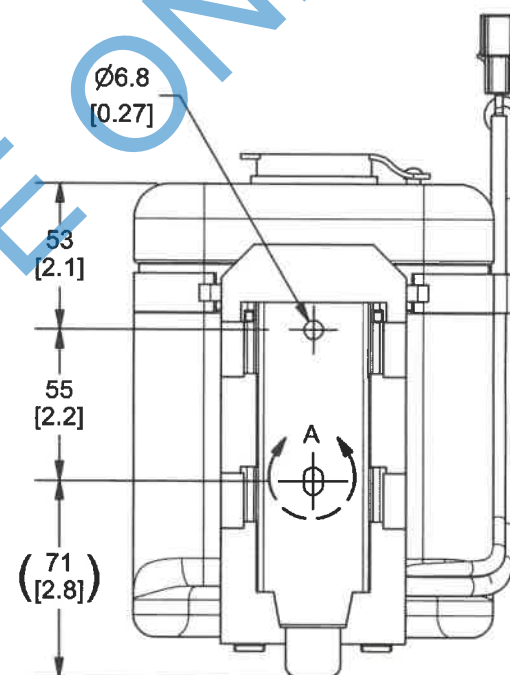
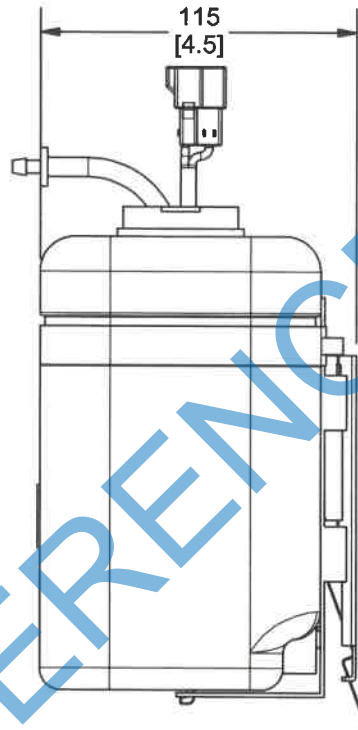
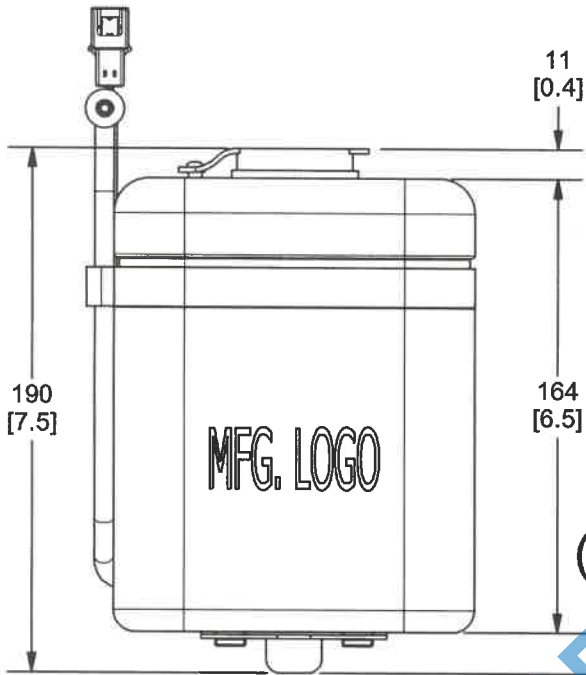
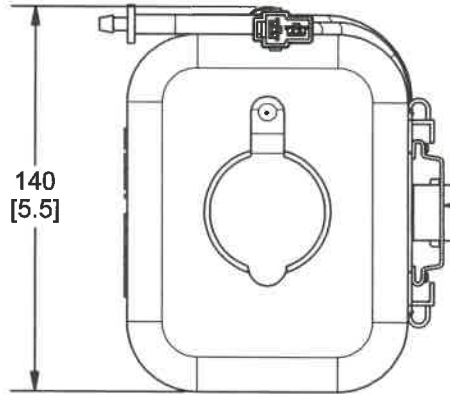
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VERIFY PUMP HAS WIRING HARNESS AND HOSE FITTING EXTENSION ATTACHED

INCOMING INSPECTION:
DRY MOTOR RUNNING CURRENT (A) @ 12.0v: 0.7 - 1.0A

ALL MOUNTING BRACKETS AND HARDWARE SHALL COMPLY WITH FINISH SPECIFICATION BELOW



Dimensions are in:
MM [INCHES]

Project N/A	Drafted by GS 9/30/2013	Revised by AS 3/25/2020	Checked by AS 3/25/2020	Approved by AS 3/25/2020	Material Specification N/A	Finish Specification CLEAR ZINC PLATE PER GB/T 9799-Fe/Zn-5/A ASTM B633 Fe/Zn-5, TYPE III, NO Cr6+
OVALS ARE FOR INCOMING INSPECTION CHECKING PROCESSES	UNLESS OTHERWISE SPECIFIED				 <p>AM EQUIPMENT Jefferson, Oregon 97352 www.amequipment.com</p> <p>THIS DRAWING IS THE SOLE PROPERTY OF AM EQUIPMENT AND CANNOT BE REPRODUCED IN ANY WAY WITHOUT THE EXPRESS WRITTEN PERMISSION OF AM EQUIPMENT</p>	Title/Name Assy, Washer Bottle, 1.5L, 12v
	<p>TOLERANCES IN INCHES MM</p> <p>1 PLACE DEC. = N/A ±0.25</p> <p>2 PLACE DEC. = ±0.01 ±0.13</p> <p>3 PLACE DEC. = ±0.005 ±0.08</p> <p>4 PLACE DEC. = ±0.0025 N/A</p> <p>ANGULAR DIM. = ±1° ±1°</p> <p>DO NOT SCALE DRAWING WORK TO GIVEN DIMENSIONS</p>					Part Number 312-1045

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Change Request

Date: _____	Effective Date: 3/25/20	Ctrl #:	Reason:
AS Initiator:		Part Number : 312-1045	Department:
Old Rev Level: 5		New Rev Level: 6	<input type="checkbox"/> New Part/Document # Request <input checked="" type="checkbox"/> Design/Document Change Notification <input type="checkbox"/> Internal Revision Change Only <input type="checkbox"/> Vendor Change for Existing Part
Part Description: Assy, Washer Bottle, 1.5L, 12v			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Detailed description of change: Added zinc plating specification to call out clear/white Cr3 plating in place of current yellow zinc plating			
Reason for change: RoHS compliance			Tooling Changes Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Affected Tooling #: _____ Estimated Cost: _____
Project Information (If Applicable) Details of how this affects the project			Project # _____ Change in Budget: _____ Change in Testing: _____ Change in Schedule: _____

Vendor Information (if applicable)

Vendor Name (Quote Attached): LEILI	Est. of Annual Usage:	Replaces P/N: (See Inventory Disposition Plan)
Country of Origin: <input type="checkbox"/> United States <input type="checkbox"/> China <input type="checkbox"/> South Korea <input type="checkbox"/> _____	Quantity Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	MOQ: _____ Unit Cost: _____
Unit of Purchase:	Unit of Usage:	

Vendor/Customer Approval (Please return to AM Equipment)

Vendor/Customer Signature:	Date:
Print Name:	Title:
	Company Name:

AM Equipment use only:

<input checked="" type="checkbox"/> Enter/Update to master List of Numbers (Document 831-1038)	<input checked="" type="checkbox"/> Add to Website (Notify Web Admin) <i>NA</i>
<input checked="" type="checkbox"/> Engineering models saved in Inventor part folders	<input type="checkbox"/> Training/Notification Needed / Due Date: <i>NA</i>
<input checked="" type="checkbox"/> New/Update to inventory control in Assist	<input type="checkbox"/> Training Provided by: <i>NA</i>
<input type="checkbox"/> New/Update to bill of materials in Assist <i>N/A</i>	Train Whom:
<input type="checkbox"/> Existing Inventory Disposition Plan Completed & Attached (if applicable) <i>N/A</i>	<input type="checkbox"/> Training Completed <i>NA</i>
<input checked="" type="checkbox"/> Signed engineering prints completed and attached (if applicable)	<input type="checkbox"/> File Password Protected <i>NA</i>
<input type="checkbox"/> Print/Document scanned and saved in PDF print file	<input type="checkbox"/> Update to PDS Required <i>NA</i>
Customer Notification/Approval Needed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Does Change Affect Regulatory Compliance? <i>NA</i>
Engineering:	Date: 3-25-20
Customer Assurance/Quality Manager:	Date: 3-26-20
Manufacturing Manager:	Date: 3-27-20
Initiator/Customer Representative: _____	Date:
Procurement (Purchasing):	Date: 3-27-20
Controller	Date:
Assignee	Date: