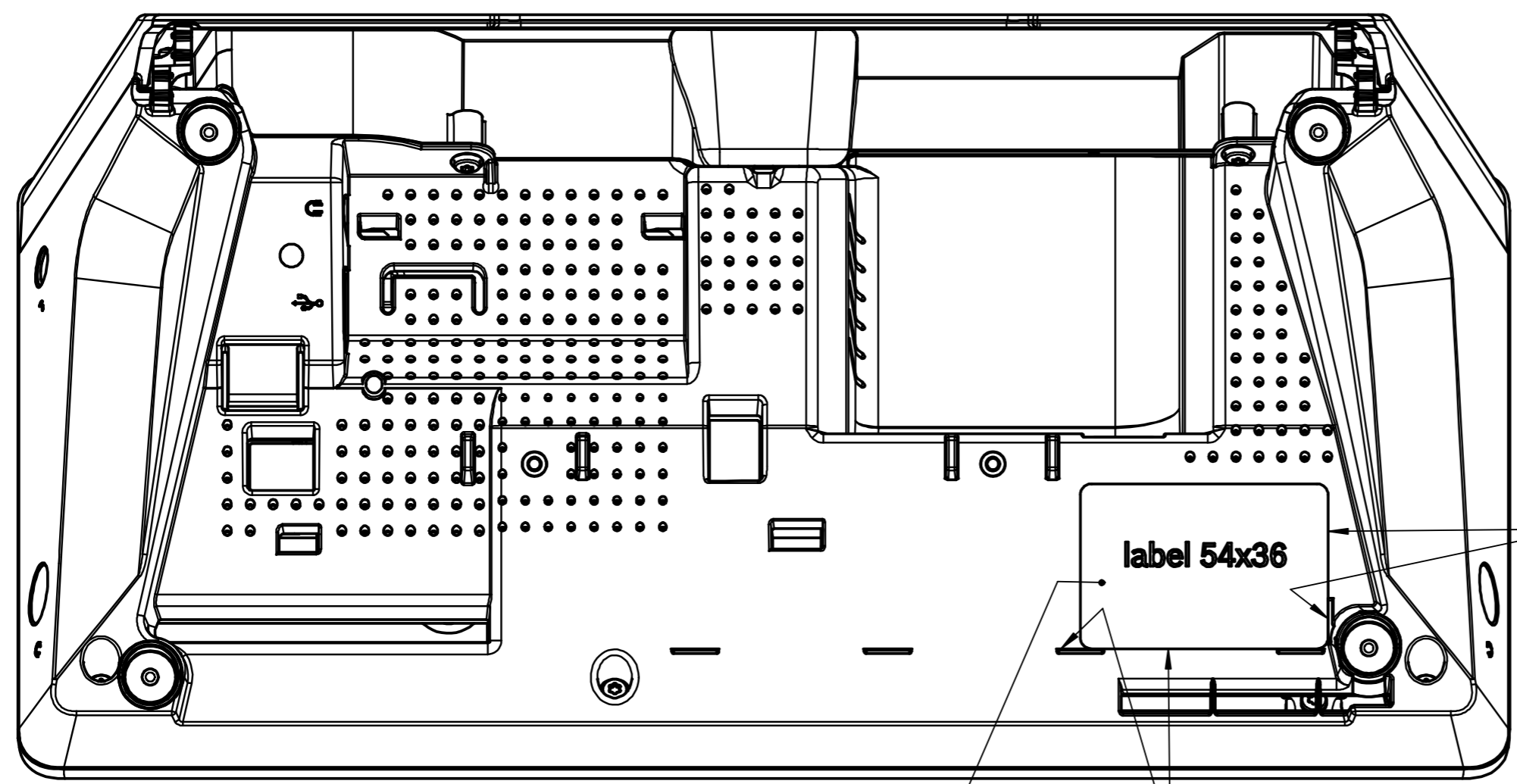
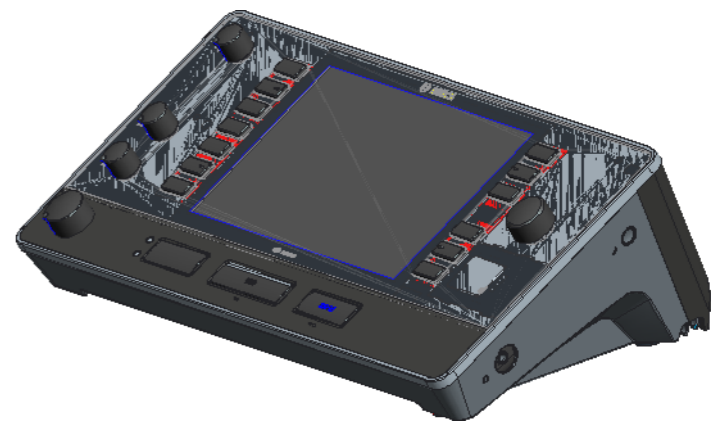


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SCALE 3:10

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Ind./Change/Aend.	YYYYMMDD	Drawn/Gez.	Checked/Gepr.	Releas./Freig.	BWN	Resp. dept./Verantw. Abt.	Add. info./Zus. Info.			
Treatment/Behandlung							Missed details/Fehlende Angaben		Size/Gst. ---	
Mat./Stoff							From/Aus			
Lang./Spr. en/de	Wght./Gew.		<b>BOSCH</b>		LABEL INSTRUCTION DCM-IDEK INTERPRETER DESK				Sheet/Bl. 1/1	
	Crit. P.	Scale/M.stab 1:1			Mat.meets/Stoffe s	Syst. PE	Doc.type DRW	F01U314659		DP/TD 002
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