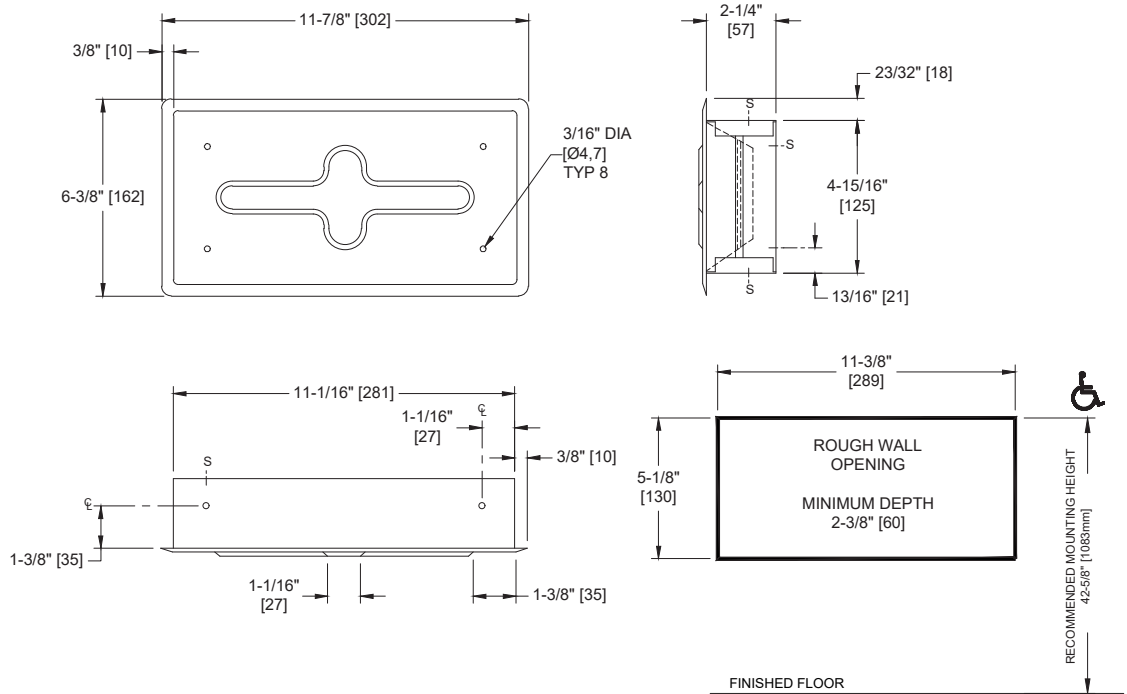
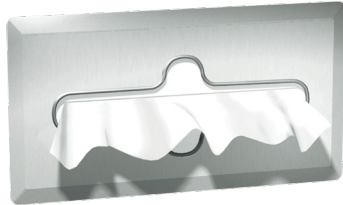


**Facial Tissue Dispenser, Bright Polished – Recessed**

Specialty Accessories

MasterFormat Section 10 28 13



Scan for Information



**SUSTAINABILITY/LEED**

MR 4.1 (1) MR 6 (1) EQ 4.2 (1)  
MR 4.2 (1) EQ 4.1 (1) EQ 4.4 (1)

**NOTE:**  
ALL DIM'S INCH [MM]  
ILLUSTRATION FOR REF ONLY AND NTS

**PRODUCT OVERVIEW**

Dispenses 300 single-ply or 150 double-ply tissue. Face-plate is bright polished stainless steel. Cover shall be fabricated of alloy 18-8 type 304 stainless steel, 22 gauge with bright polished finish and shall be protected during shipment with a PVC film easily removable after installation. Cover shall be held closed by concealed hooks located on each side that fit into clips inside cabinet. Cabinet shall be fabricated of 26 gauge corrosion resistant steel.

**KEY FEATURES & SPECIFICATIONS**

- Smooth Dispensing slot
- Type 304 Stainless Steel- Polished Bright Finish
- Recessed
- 300 single-ply or 150 double-ply Tissue Capacity

**OPERATION & MAINTENANCE**

Tissues are manually retrieved through the tissue dispensing slot. To refill the dispenser, remove the cover by disengaging the hooks from the side wall clips and reload with fresh supply box. Fit the first sheet through the slot to start, then replace the cover. Supply is replenished on a cycle determined by maintenance needs.

**TECHNICAL INFORMATION / PRODUCT PROPERTIES**

Property	Value
Dimensions	11-11/16" [300] x 6-3/8" [160]
Construction	Type 304 Stainless Steel- Polished Bright Finish
Mounting	Recessed
Capacity	300 single-ply or 150 double-ply Tissue Capacity

**INSTALLATION**

For general utility mount dispenser 48" [1219] to 60" [1524] Above Finished Floor (AFF) from top of dispenser. Secure dispenser with screws (by others) through mounting holes in rear of cabinet. For compliance with 2010 ADA Accessibility Standards, install unit so that centerline of tissue dispensing slot is 48" [1219] maximum Above Finished Floor. Rough Wall Opening (RWO) required is 11-3/8" [289] W x 5-1/8" [130] H x 2-1/8" [54] D minimum

**ADDITIONAL INFORMATION**

N/A

**WARRANTY**

One (1) Year from date of Invoice