

# EQUIPMENT SCHEDULE X 2

2

Item No	Qty	Equipment Category
101	1	COOLER, FREEZER
102	2	Shelving, Wire
107	1	Shelving, Wire
108	1	Shelving, Wire
110	2	Hand Sink, Wall Mount
111	1	Oven, Microwave
112	1	Shelf, Microwave
113	1	Drawer
114	1	Shelf, Wall Mount
115	1	Table, Work, 16 gauge, Back Splash w/ Undershelf
116	1	Table, Work, 16 gauge, With Prep Sink
117	3	Shelf, Wall Mount
118	1	HOOD SYSTEM, CLASS ONE
119	1	Range, Restaurant, Gas
120	1	Table, Work, 16 gauge, Flat Top w/ Undershelf
121	1	Drawer
122	1	Ice Maker w/ Bin
128	1	Washer, Undercounter
130	1	Sink, NSF, 3 comp, 16 gauge
131	1	Table, Work, 16 gauge, Back Splash w/ Undershelf

1	DD	6-18-15
1	MEP	08/27/15
2	HEALTH COMMENTS	09/29/15
NO.	REVISIONS/ISSUES	DATE:

A New Facility For:  
**OPTIMUM PERSONAL CARE**  
**SUGAR LAND, TX**



DESIGNED BY:	WCM
DRAWN BY:	WCM
CHECKED BY:	HMB
SCALE:	NA
SHEET TITLE SCHEDULE	

SHEET NO.  
**FS-2**