

Form # 482-0651- 0720114B

## Through wall/floor penetrations matrix 4B

| For details and | l systems that <sup>,</sup> | were actually | used in the | project |
|-----------------|-----------------------------|---------------|-------------|---------|
|-----------------|-----------------------------|---------------|-------------|---------|

| IDPH number |
|-------------|
|-------------|

Page

| Penetration type                                | Rating                  | UL assembly number        | Manufacturer                | Product                       |  |  |  |
|-------------------------------------------------|-------------------------|---------------------------|-----------------------------|-------------------------------|--|--|--|
|                                                 |                         |                           |                             |                               |  |  |  |
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|                                                 |                         |                           |                             |                               |  |  |  |
|                                                 |                         |                           |                             |                               |  |  |  |
| *Include cut sheets or copy of assembly from UL |                         |                           |                             |                               |  |  |  |
| I certify the above through specifications.     | wall/floor penetrations | and fire stop systems hav | ve been installed in accord | lance with the manufacturer's |  |  |  |
| Signature                                       |                         |                           |                             |                               |  |  |  |
| Typed name and title                            |                         |                           |                             |                               |  |  |  |
| Date                                            |                         |                           |                             |                               |  |  |  |