

REV.	ZONE	DESCRIPTION	DATE	APPROVED																				
APPLIED MODEL : 5310-710K																								
REMARK : * 2SC2669 or Equivalent																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM</th> <th style="width: 15%;">PART NUMBER</th> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 10%;">REQ. QTY.</th> <th style="width: 15%;">MATERIAL</th> <th style="width: 10%;">REMARK</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 100px; vertical-align: top;"> UNLESS OTHERWISE SPECIFIED DIMENSION ARE IN MM TOLERANCE DECIMALS ANGULAR .X ± 0.1 ±0.1° .XX ± 0.05 DO NOT SCALE DRAWING RELEASED TOOLING: _____ WORKING: _____ PRODUCTION: _____ SAYS TITLE SCHEMATIC DIAGRAM FOR TRANSMITTER BOARD (FOR REMOTE CONTROL LANTERN) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SCALE N.T.S.</td> <td style="width: 25%;">MATERIAL -----</td> <td style="width: 25%;">DRAWN BY C.K.C.</td> <td style="width: 25%;">DATE JULY 24, 2000</td> </tr> <tr> <td>MODEL NUMBER 5310-710K</td> <td>DRAWING NUMBER ----</td> <td>APPROVED BY </td> <td>NO. OF CAVITY ____</td> </tr> </table> </td> </tr> </tbody> </table>					ITEM	PART NUMBER	DESCRIPTION	REQ. QTY.	MATERIAL	REMARK	UNLESS OTHERWISE SPECIFIED DIMENSION ARE IN MM TOLERANCE DECIMALS ANGULAR .X ± 0.1 ±0.1° .XX ± 0.05 DO NOT SCALE DRAWING RELEASED TOOLING: _____ WORKING: _____ PRODUCTION: _____ SAYS TITLE SCHEMATIC DIAGRAM FOR TRANSMITTER BOARD (FOR REMOTE CONTROL LANTERN) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SCALE N.T.S.</td> <td style="width: 25%;">MATERIAL -----</td> <td style="width: 25%;">DRAWN BY C.K.C.</td> <td style="width: 25%;">DATE JULY 24, 2000</td> </tr> <tr> <td>MODEL NUMBER 5310-710K</td> <td>DRAWING NUMBER ----</td> <td>APPROVED BY </td> <td>NO. OF CAVITY ____</td> </tr> </table>						SCALE N.T.S.	MATERIAL -----	DRAWN BY C.K.C.	DATE JULY 24, 2000	MODEL NUMBER 5310-710K	DRAWING NUMBER ----	APPROVED BY 	NO. OF CAVITY ____
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