

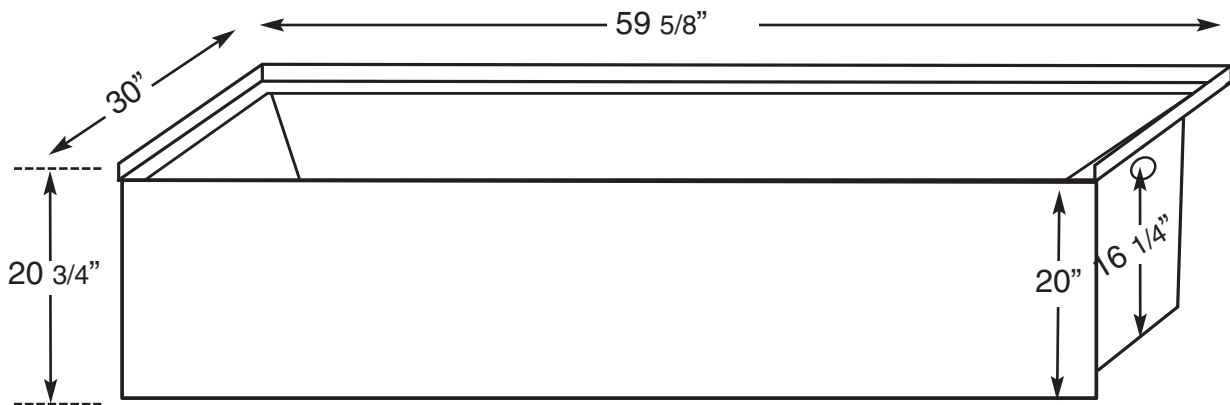
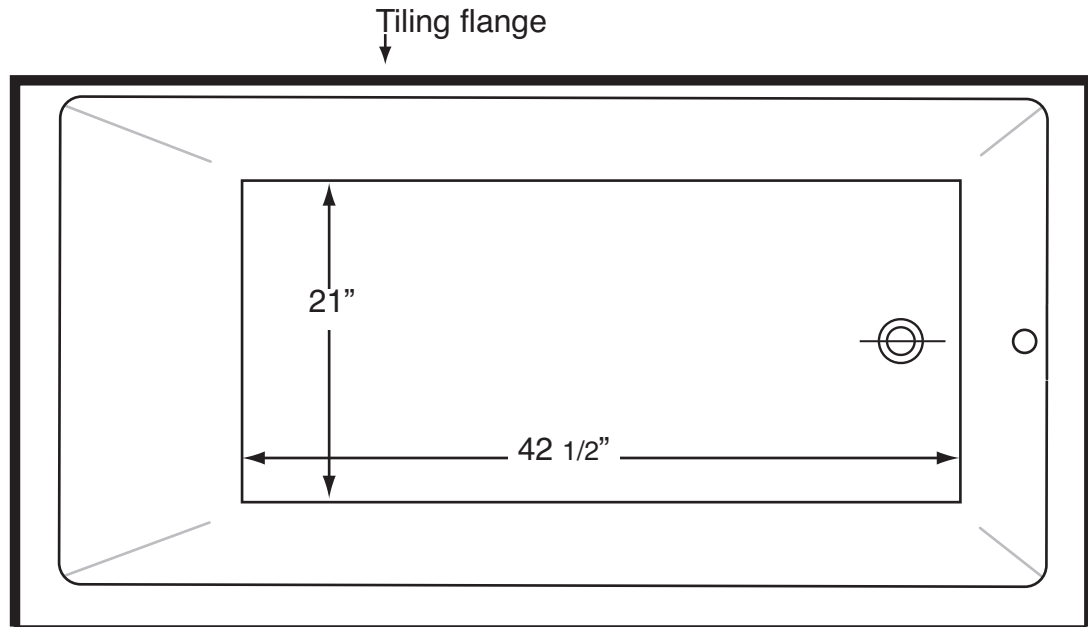
# ***ACCENT I***

***Right Hand shown***



# ACCENT I

R/H & L/H available



This bath has full MDF base with steel frame and adjustable leg support system.

# Accent I

## Classic Collection Technical Specification

SYSTEMS AVAILABLE
<b>Soaker</b>
<b>True Drain Channel</b> 57 Air Portals

STATISTICS
<b>Size:</b> 59 5/8" L X 30"W X 20"H
<b>US Gallons:</b> 52 <b>Liters:</b> 200
<b>No. of Bathers:</b> 1
<b>Lumbar Support(s) :</b> 1
<b>Water Depth :</b> 16 1/4"

CONFIGURATIONS
<b>Heated Head/Neck rest(s):</b> 1 w/ system
<b>Armrests :</b> 0
<b>Raised Seats :</b> 0
<b>Reveal Choices:</b> N/A Fixed Integral Skirt
<b>Applications:</b> Recessed,

STANDARD FEATURES
Standard Colors : White or Biscuit
Fixed Integral Skirt
Integrally Molded Tiling Flange
Self supporting steel frame & adjustable (leveling) cadmium Legs
<b>Below features standard with True Drain Channel System</b>
1 Hp heated blower motor with silencer
3 speed electronic Control (not installed)
Auto Dry Cycle

OPTIONAL FEATURES	
<b>Chromotherapy Light:</b> 1 LED (with electronic control)	
<b>Grab Bars:</b> Qty: 1 or 2	Size 8"
<b>Tiling Flange:</b> Integrally Molded; choice of R/H or L/H drain.	
<b>Skirt:</b> Fixed Integral Skirt; choice of R/H or L/H drain.	
<b>Relocation Kits / Extension Wires:</b> Up to 12'	
<b>Control:</b> Multifunction Electronic Control (not installed)	
<b>Turnstyle Drain:</b> Available in White, Biscuit, Bone, Chrome, Brushed Nickel or Gold.	

**STANDARDS**  
ANSI Z124.1 / CSA B45.5-02, CSA B45.0-02  
UL1795 Third Edition, Rev. Sept.2006 CSA C22.2 No.218.2-93 (R2004)ASME A112.19.7

**Electrical Requirements**

-True Drain system baths require a dedicated 15A. 120V, circuit protected by a ground fault circuit interrupter. (GFCI) If ordered with an optional chromotherapy light, the light can be added to the same circuit . **Always consult local electrical code for requirements.**

-Soaking baths, if ordered with a light system will require a dedicated 15A. 120V, circuit protected by a ground fault circuit interrupter. (GFCI)

**Notes**

All published dimmensions are for reference only. Acryline accepts a 1/4"(0.64 cm) variance. Technical specifications are subject to change when product improvements are performed. All critical dimmensions required for installation should be taken directly on the unit being installed.

**\*Warranty**

**Acrylic : 10 Years / Blower motor(s) : 5 Years / Control(s) : 1 Year**

\* Some restrictions apply, Copy available upon request.

# Accent I Classic Collection Order Form

Right hand tiling flange / STANDARD POSITIONING

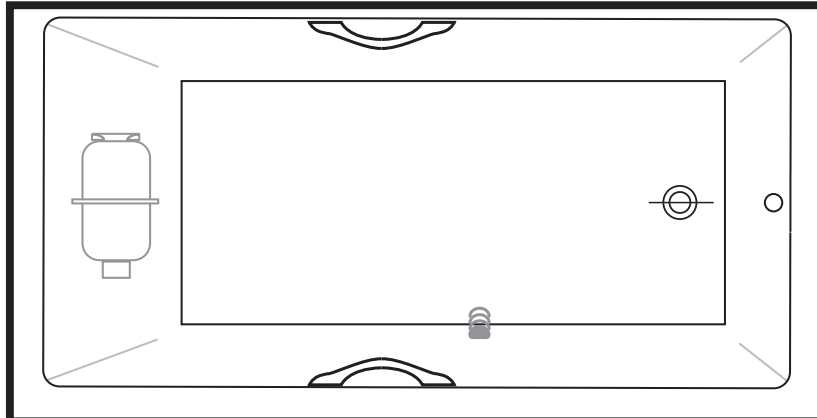
P.O.# \_\_\_\_\_

Quantity: \_\_\_\_\_

Cust. ref.# \_\_\_\_\_

**Application:**

■ Recessed



	<b>Color of bath</b>	<input type="checkbox"/> White or <input type="checkbox"/> Biscuit (Control requires field installation, instructions provided with bath and available in library section of website).	
	<b>System</b>	<input type="checkbox"/> True Drain Channel or <input type="checkbox"/> Soaker	
	<b>Control</b>	<input type="checkbox"/> 3 Speed Electronic Ctrl (std.) or <input type="checkbox"/> Multi-Function Ctrl (optional)	
	<b>Chromotherapy (optional)</b>	<input type="checkbox"/> Single light with separate control	
	<b>Acrylic Grab Bar(s) (optional)</b>	<input type="checkbox"/> 1* or <input type="checkbox"/> 2 <input type="checkbox"/> 8" or <input type="checkbox"/> N/A 12"	Specify color _____ *If 1, indicate location on drawing
	<b>Waterfall Fill Spout (optional)</b>	<input type="checkbox"/> A <input type="checkbox"/> B (see drawing)	<b>NOT APPLICABLE FOR THIS MODEL</b>
	<b>Overflow side</b>	<input type="checkbox"/> A <input type="checkbox"/> B (see drawing)	<b>NOT APPLICABLE FOR THIS MODEL</b>
	<b>Turnstyle Drain (optional)</b>	Specify color _____ (Field installation required)	
	<b>Tiling Flange (optional)</b>	<input type="checkbox"/> Fiberglass (Factory installed, specify color) <input type="checkbox"/> PVC (Field installation required)	
	<b>Acrylic Skirt (optional)</b>	(Factory installed) : <input type="checkbox"/> Easy access skirt or <input type="checkbox"/> Easy step skirt <input type="checkbox"/> P or <input type="checkbox"/> L (Field installation required) : <input type="checkbox"/> Standard rectangular skirt or <input type="checkbox"/> Corner skirt	
	<b>Blower Relocation Kit</b>	<input type="checkbox"/> 12' Relocation kit (includes flexible air hose, extension wires and necessary hardware) <input type="checkbox"/> Extension Wire(s), specify application _____	

	Indicates location of blower motor		Indicates location of overflow hole.
	Field installed electronic control		Indicates location of tiling flange
	Indicates location of light in bath.		Indicates location of skirt
	Indicates location of grab bar(s) in bath.		
	Indicates location of Waterfall fill spout.		

Final approval: \_\_\_\_\_ (signature) Printed name: \_\_\_\_\_ Date: (dd-mm-yy)

# Accent I Classic Collection Order Form

Left hand tiling flange / STANDARD POSITIONING

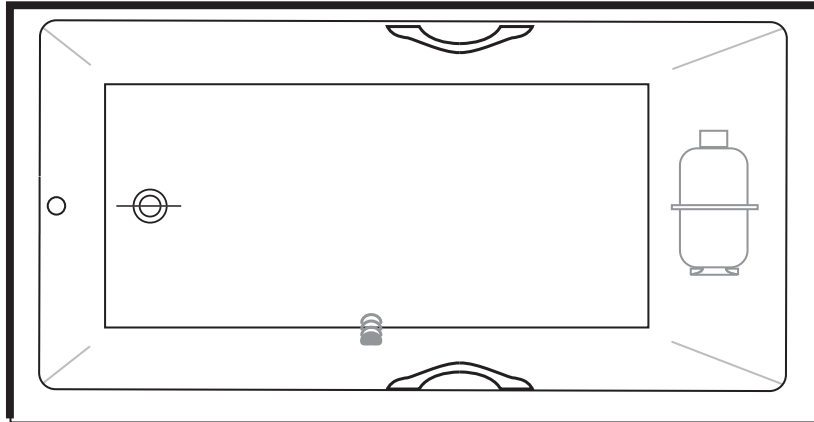
P.O.# \_\_\_\_\_

Quantity: \_\_\_\_\_

Cust. ref.# \_\_\_\_\_

**Application:**

■ Recessed



	<b>Color of bath</b>	<input type="checkbox"/> White or <input type="checkbox"/> Biscuit (Control requires field installation, instructions provided with bath and available in library section of website).	
	<b>System</b>	<input type="checkbox"/> True Drain Channel or <input type="checkbox"/> Soaker	
	<b>Control</b>	<input type="checkbox"/> 3 Speed Electronic Ctrl (std.) or <input type="checkbox"/> Multi-Function Ctrl (optional)	
	<b>Chromotherapy (optional)</b>	<input type="checkbox"/> Single light with separate control	
	<b>Acrylic Grab Bar(s) (optional)</b>	<input type="checkbox"/> 1* or <input type="checkbox"/> 2 <input type="checkbox"/> 8" or <b>N/A2"</b>	Specify color _____ *If 1, indicate location on drawing
	<b>Waterfall Fill Spout (optional)</b>	<input type="checkbox"/> A <input type="checkbox"/> B (see drawing) <b>NOT APPLICABLE FOR THIS MODEL</b>	
	<b>Overflow side</b>	<input type="checkbox"/> A <input type="checkbox"/> B (see drawing) <b>NOT APPLICABLE FOR THIS MODEL</b>	
	<b>Turnstyle Drain (optional)</b>	Specify color _____ (Field installation required)	
	<b>Tiling Flange (optional)</b>	<input type="checkbox"/> Fiberglass (Factory installed, specify color) <b>INTEGRAL TILING FLANGE</b>	
	<b>Acrylic Skirt (optional)</b>	(Factory installed) : <input type="checkbox"/> Easy access skirt or <input type="checkbox"/> Easy step skirt <input type="checkbox"/> B or L (Field installation required) : <input type="checkbox"/> Standard rectangular skirt or <input type="checkbox"/> Corner skirt <b>FIXED INTEGRAL SKIRT</b>	
	<b>Blower Relocation Kit</b>	<input type="checkbox"/> 12' Relocation kit (includes flexible air hose, extension wires and necessary hardware) <input type="checkbox"/> Extension Wire(s), specify application _____	

	Indicates location of blower motor		Indicates location of overflow hole.
	Field installed electronic control		Indicates location of tiling flange
	Indicates location of light in bath.		Indicates location of skirt
	Indicates location of grab bar(s) in bath.		
	Indicates location of Waterfall fill spout.		

Final approval: \_\_\_\_\_ (signature) Printed name: \_\_\_\_\_ Date: (dd-mm-yy)