

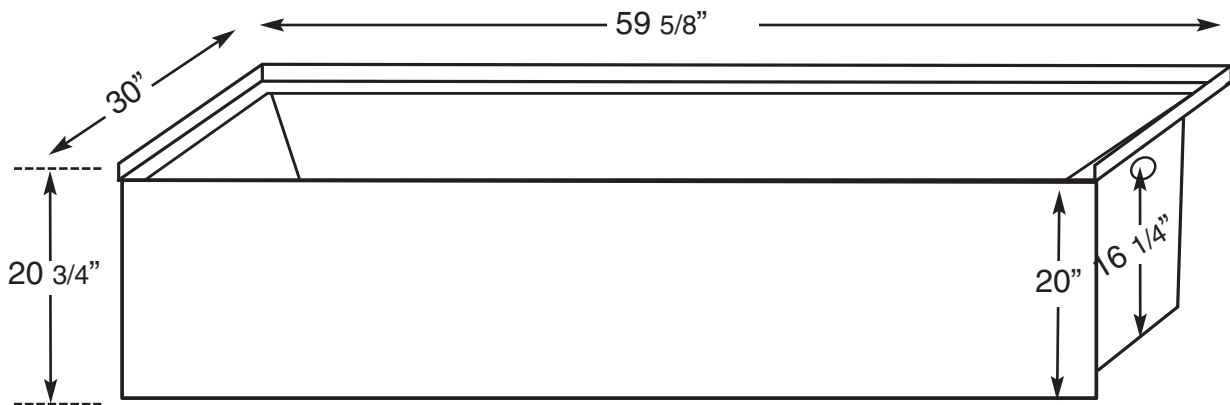
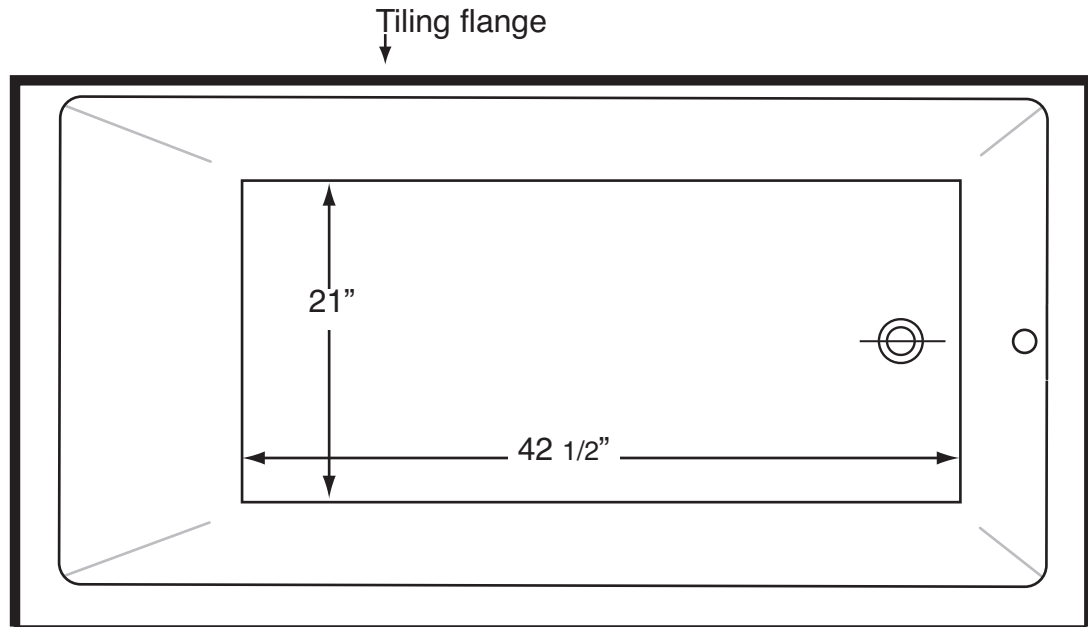
# ***ACCENT I***

***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

## Encore Collection Technical Specification

SYSTEMS AVAILABLE
<b>True Drain Channel</b> 57 Air Portals (Intermediate to Highly Vigourous Massage)
<b>Injection Air</b> 18 Injectors (Light to Intermediate Massage)
<b>Ultimate Combination</b> N/A

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
<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, Bone or Biscuit
Fixed Integral Skirt
Integrally Molded Tiling Flange
1Hp heated blower motor(s) with silencer (1 per system)
Multifunction electronic control(s)
Heat management system
3 Preprogrammed therapeutic massages (per system)
Programmable auto dry cycles
Self supporting steel frame & adjustable (levelling) cadmium Legs

OPTIONAL FEATURES	
<b>Chromotherapy Lights:</b> 2 LED	
<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>Non-Standard Colors:</b> Consult Factory for availability.	
<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
-Single system baths require a dedicated 15A. 120V, circuit protected by a ground fault circuit interrupter. (GFCI)
-Ultimate Combination system baths require 2 dedicated 15A. 120V, circuits protected by a ground fault circuit interrupter. (GFCI)
<b>Always consult local electrical code for requirements</b>

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
<b>Acrylic : 30 Years / Blower motor(s) : 20 Years / Control(s) : 5 Years</b>
* Some restrictions apply, Copy available upon request.

# Accent I Encore Collection Order Form

Right hand tiling flange / STANDARD POSITIONING

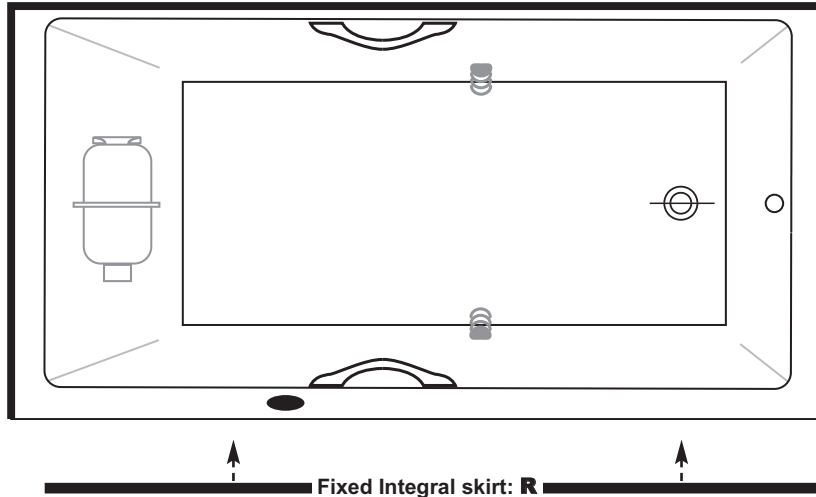
P.O.# \_\_\_\_\_

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

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

**Application:**

■ Recessed



	<b>Color of bath</b>	<input type="checkbox"/> White or <input type="checkbox"/> Biscuit or <input type="checkbox"/> Bone or <input type="checkbox"/> other* (specify color) _____ <small>*Contact customer service to verify availability of non std. colors.</small>	
	<b>System</b>	<input type="checkbox"/> True Drain Channel or <input type="checkbox"/> Injection air or <input type="checkbox"/> Ultimate Combination <b>N/A</b>	
	<b>Control</b>	Trim Color: <input type="checkbox"/> White or <input type="checkbox"/> Biscuit or <input type="checkbox"/> Chrome or <input type="checkbox"/> Brushed Nickel or <input type="checkbox"/> Gold <b>Note: indicate control location on above drawing and return with order form.</b>	
	<b>Chromotherapy (optional)</b>	<input type="checkbox"/> Two (2) Lights	
	<b>Acrylic Grab Bar(s) (optional)</b>	<input type="checkbox"/> 1* or <input type="checkbox"/> 2 <input type="checkbox"/> 8" or <b>N/A</b> 2" Specify color _____	*If 1, indicate location on drawing
	<b>Injectors</b>	Select type: <input type="checkbox"/> Standard (Specify Color) _____ OR <input type="checkbox"/> Mini (specify colors) Trim _____ Center cap _____	
	<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>Turnstyl 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"/> R or <input type="checkbox"/> 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>	<b>12' Relocation kit</b> (includes air hose, wires and necessary hardware) <input type="checkbox"/> 1 or <b>N/A</b> <input type="checkbox"/> Extension Wire(s), specify application _____	

	Indicates location of blower motor(s)		Indicates location of overflow hole.
	Indicates location of control(s).		Indicates location of tiling flange
	Indicates location of lights in bath.		Indicates location of skirt
	Indicates location of grab bar(s) in bath.		Indicates location of injectors in bath.
	Indicates location of Waterfall fill spout.		

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

# Accent I Encore Collection Order Form

Left hand tiling flange / STANDARD POSITIONING

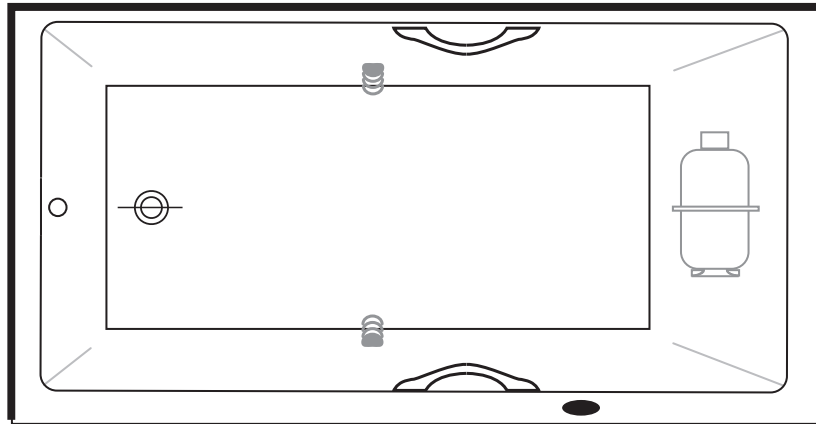
P.O.# \_\_\_\_\_

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

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

**Application:**

■ Recessed



Fixed Integral skirt: L

	<b>Color of bath</b>	<input type="checkbox"/> White or <input type="checkbox"/> Biscuit or <input type="checkbox"/> Bone or <input type="checkbox"/> other* (specify color) _____ <small>*Contact customer service to verify availability of non std. colors.</small>	
	<b>System</b>	<input type="checkbox"/> True Drain Channel or <input type="checkbox"/> Injection air or <input type="checkbox"/> Ultimate Combination <b>N/A</b>	
	<b>Control</b>	Trim Color: <input type="checkbox"/> White or <input type="checkbox"/> Biscuit or <input type="checkbox"/> Chrome or <input type="checkbox"/> Brushed Nickel or <input type="checkbox"/> Gold <b>Note: indicate control location on above drawing and return with order form.</b>	
	<b>Chromotherapy (optional)</b>	<input type="checkbox"/> Two (2) Lights	
	<b>Acrylic Grab Bar(s) (optional)</b>	<input type="checkbox"/> 1* or <input type="checkbox"/> 2 <input type="checkbox"/> 8" or <b>N/A/2"</b>	Specify color _____ *If 1, indicate location on drawing
	<b>Injectors</b>	Select type: <input type="checkbox"/> Standard (Specify Color) _____ OR <input type="checkbox"/> Mini (specify colors) Trim _____ Center cap _____	
	<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>Turnstyl 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 (Factory installed) <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 or <input type="checkbox"/> R or <input type="checkbox"/> 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>	<b>12' Relocation kit</b> (includes air hose, wires and necessary hardware) <input type="checkbox"/> 1 or <b>N/A</b> <input type="checkbox"/> Extension Wire(s), specify application _____	

	Indicates location of blower motor(s)		Indicates location of overflow hole.
	Indicates location of control(s).		Indicates location of tiling flange
	Indicates location of lights in bath.		Indicates location of skirt
	Indicates location of grab bar(s) in bath.		Indicates location of injectors in bath.
	Indicates location of Waterfall fill spout.		

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