

16-4 Shielded Local Law #5/73 Fire Alarm

ETL listed for guaranteed performance
Made in New York

Part No.: NY164CSH

Applications:

This document establishes the specifications for a four conductor twisted shielded cable used for Local Law #5/73 fire alarm installations.

Construction Details:

Number of Conductors: 4/C
 Conductor: 16AWG Solid Bare Copper.
 Insulation Material: ECTFE.
 Nominal Insulation Thickness: 0.016"
 Nominal Insulation Diameter: 0.082"
 Color Code: Black, Red, Green, White
 Shield: Aluminum/Polyester Tape (100% Coverage)
 Drain: Tinned Copper
 Jacket Material: ECTFE.
 Jacket Color: Red
 Nominal Jacket Thickness: 0.026"
 Nominal Diameter: 0.255"
 Surface Print: REMEE PRODUCTS CORP. TYPE
 FPLP 16AWG SHIELDED 150°C
 (ETL)US ALSO CLASSIFIED NYC
 CERT. FIRE ALARM CABLE +
 Sequential Footage Marking

Electricals:

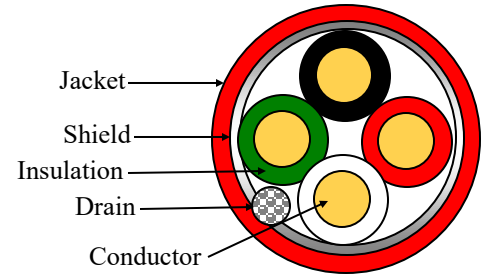
Suggested Working Voltage: 300 Volts, rms.

Technical Details:

Temperature Rating

Operation -20°C to 150°C

Nominal Weight: 63 lbs. / 1,000 ft.



Standards:

- National Electric Code—Article 760 Type FPLP
- Building Code City of New York
- Certified For Use In New York City
- Complies With City of New York Technical Policy & Procedure Notice #2/95

Codes & Listings:

- UL Subject 1424
- (ETL)US FPLP

Preparation for Shipment:

The cable shall be packaged to preclude the inducement of damage due to handling and transportation, and shall be in accordance with the best commercial practices available. Shipping containers shall be constructed as to eliminate any possible damage to the cables due to shipment.



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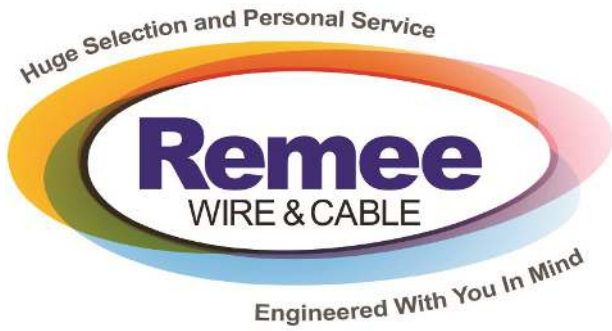


Issue Date: 06/15
Revision: 3

All warranty information can be viewed at WWW.REMEE.COM.

This product is RoHS compliant to directive 2002/95/EC .

1751 State RTE. 17A STE #1 Florida, NY 10921
 Customer Service: 800-431-3864 Fax: 845-651-4160 Website: www.remee.com



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Your signature constitutes that you have read and agreed to this specification sheet and upon confirmation of your order; this item may be non-cancelable and non-returnable.

Signature: _____

Company: _____

Date: _____



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