

|                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| F004                     |                          | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| 1601                     |                          | 1                        | 1 |
| X                        | X                        | X                        | X |