



821 BROCK RD. UNIT 1
 PICKERING, ONT
 L1W 3L6
 TEL: (905) 837-1115
 FAX: (905) 837-7588

SOLD TO:

WALL PATTERN: _____

TAG NAME: _____

FLOOR PATTERN: _____

DATE: _____

MIL: _____

P.O: _____

MUST PROVIDE PERIMETER

SAFETY LEDGE
 IF LEDGE VARIES PLEASE INDICATE
 NO YES
 RIGHT LEDGE _____ IN. LEFT LEDGE _____
 END LEDGE _____ IN.

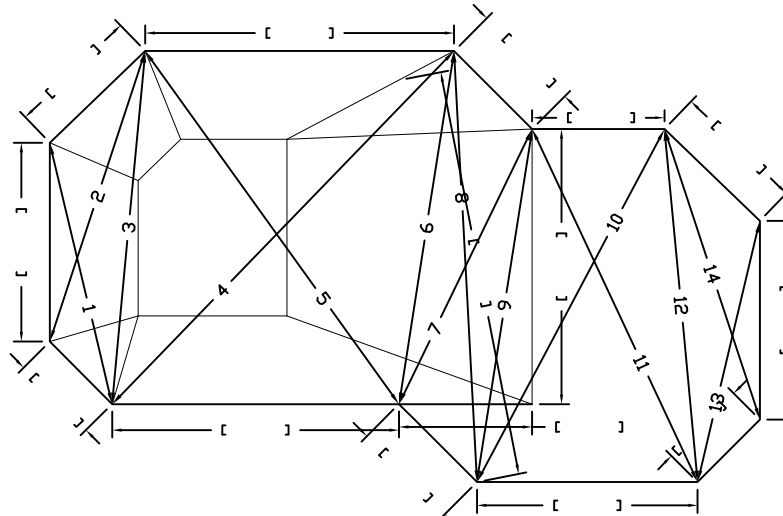
CHECK OFF BEAD TYPE
 STANDARD
 OTHER _____
 NO BEAD _____ IN. OVERLAP

CHECK OFF SLOPE TYPE
 STANDARD
 CONVEX
 CONCAVE

TOTAL: _____

BAFFIN(RIGHT)

TOP VIEW

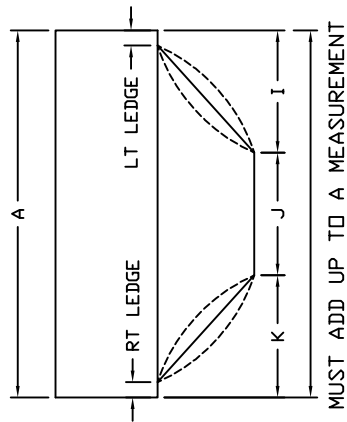


MEASUREMENTS

A
B
C
D
D2
E
F
G
H
I
J
K
1
2
3
4
5
6
7
8
9
10
11
12
13
14

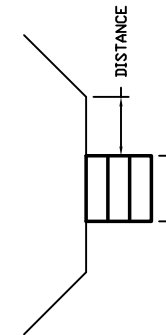
END VIEW

STANDING FROM DEEP END

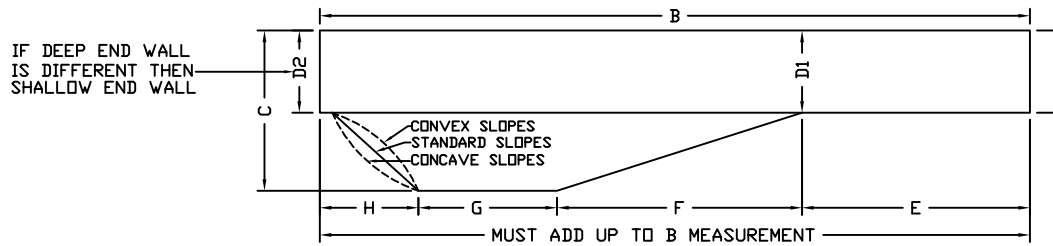


MUST ADD UP TO A MEASUREMENT

JUST AN EXAMPLE:
 IF STEP IS RADIUS
 PLEASE INDICATE



SIDE VIEW



IF DEEP END WALL
 IS DIFFERENT THEN
 SHALLOW END WALL

CONVEX SLOPES
 STANDARD SLOPES
 CONCAVE SLOPES

MUST ADD UP TO B MEASUREMENT

ATTENTION
 INDICATE WHERE THE STEP IS LOCATED.
 PROVIDE THE SIZE OF STEP AND A
 MEASUREMENT FROM THE CLOSEST PANEL
 JOINT, AS SHOWN IN THE EXAMPLE.

SIZE OF STEP

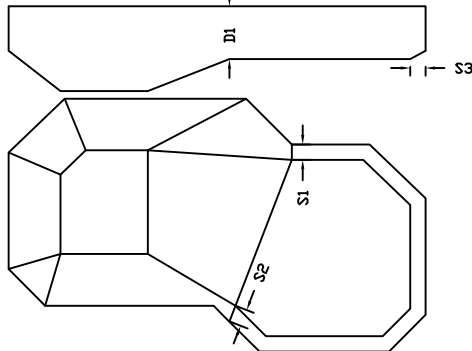
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DISTANCE

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COVE PROFILE

D1= _____
 S1= _____
 S2= _____
 S3= _____



DEEPER BREAK PROFILE

D1= _____
 S1= _____
 S2= _____

