



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.D: _____

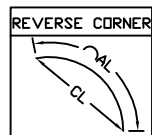
RIGHT HAND
 STANDING FROM S.E

MUST PROVIDE PERIMETER
 TOTAL: _____

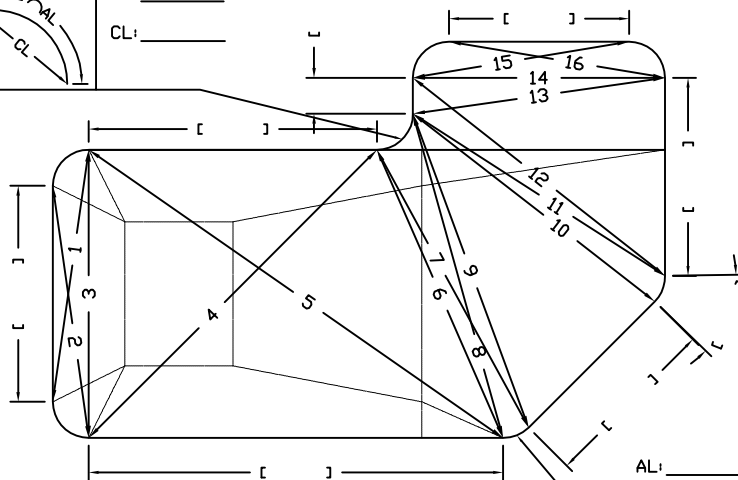
SAFETY LEDGE
 IF LEDGE VARIES PLEASE INDICATE
 NO YES
 RIGHT LEDGE _____ IN. LEFT LEDGE _____ IN.
 END LEDGE _____ IN.

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

CONT. FULL-L
 TOP VIEW



AL: _____
 CL: _____



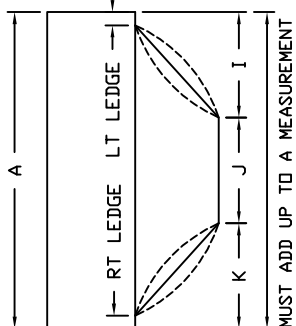
SLOPES
 STANDARD
 CONVEX
 CONCAVE

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
- 15
- 16

END VIEW

STANDING FROM DEEP END



ATTENTION

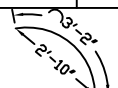
INDICATE WHERE THE STEP IS LOCATED.
 PROVIDE THE SIZE OF STEP AND A
 MEASUREMENT FROM THE CLOSEST PANEL
 JOINT, AS SHOWN IN THE EXAMPLE.

SIZE OF STEP

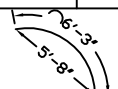
DISTANCE

INDICATE CORNER TYPE

2' CORNER



4' CORNER



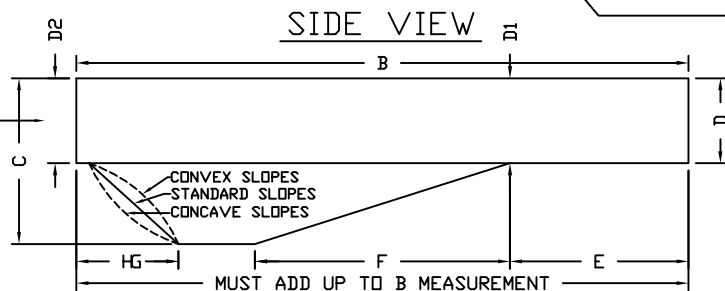
OTHER



AL: _____
 CL: _____

IF DEEP END WALL
 IS DIFFERENT THAN
 SHALLOW END WALL

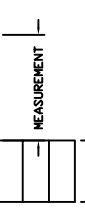
SIDE VIEW



OUTER RADIUS

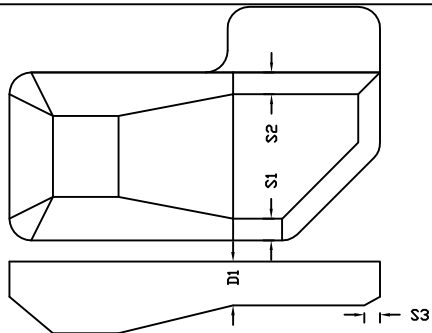


AL: _____
 CL: _____



COVE PROFILE

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



DEEPER BREAK PROFILE

D1= _____
 S1= _____
 S2= _____

