



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

CHECK OFF BEAD TYPE

TOTAL: _____

[] NO [] YES
 RIGHT LEDGE _____ IN. LEFT LEDGE _____ IN.
 END LEDGE _____ IN.

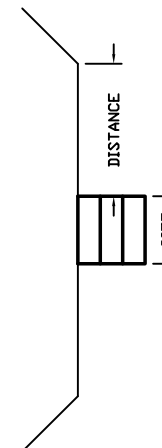
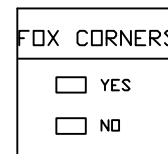
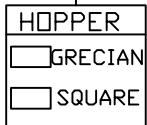
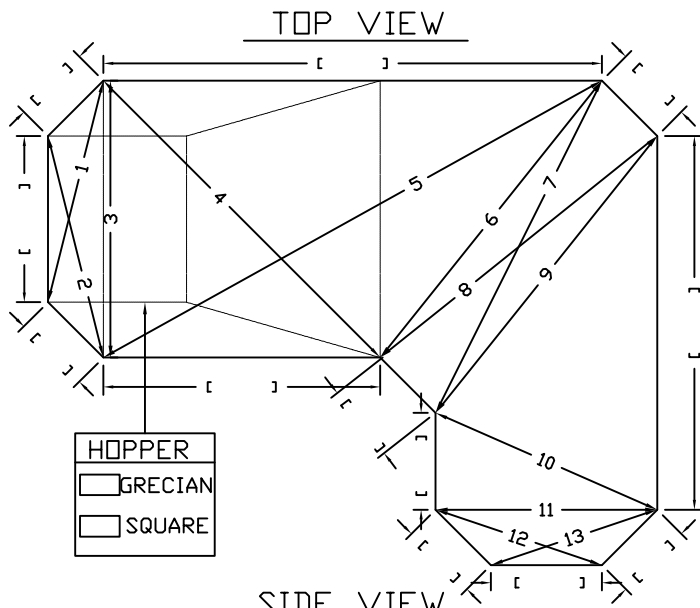
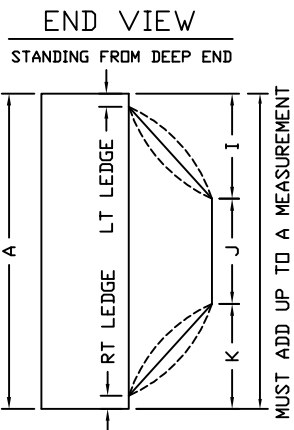
[] STANDARD
 [] OTHER _____
 [] NO BEAD _____ IN. OVERLAP

LEFT HAND
 STANDING IN SHALLOW END

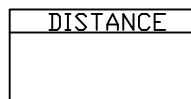
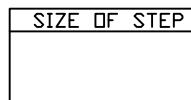
FULL-CUT-OFF

MEASUREMENTS

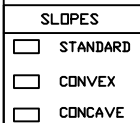
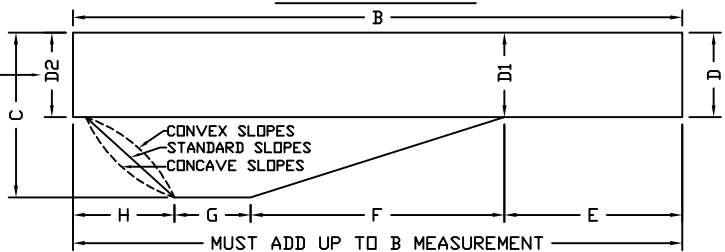
A
B
C
D
D2
E
F
G
H
I
J
K
1
2
3
4
5
6
7
9
10
11
12
13



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.



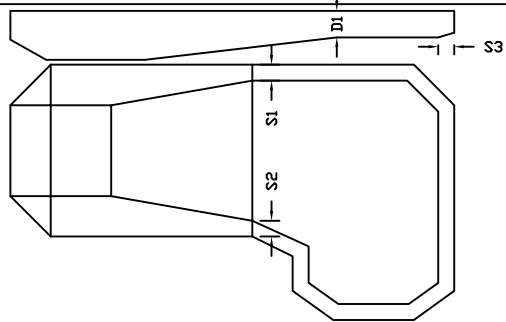
IF DEEP END WALL
 IS DIFFERENT THEN
 SHALLOW END WALL



COVE PROFILE

DEEPER BREAK PROFILE

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



D1= _____
 S1= _____
 S2= _____

