



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

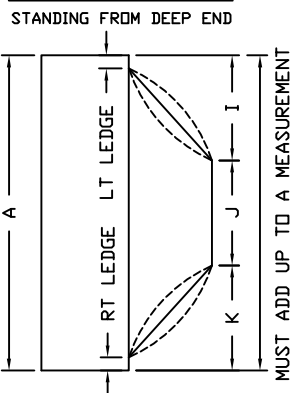
LEFT HAND
 STANDING IN SHALLOW END

MONARCH

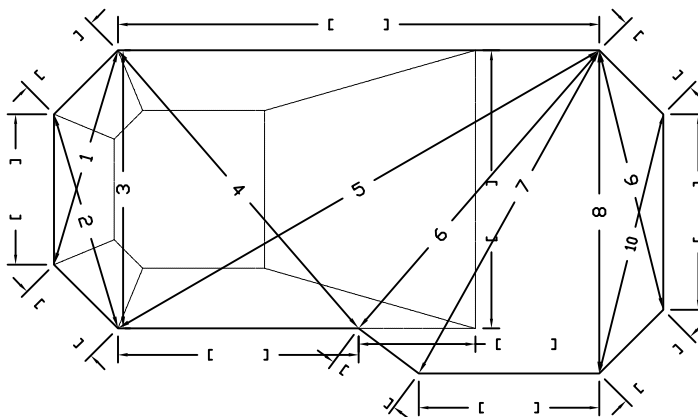
MEASUREMENTS

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

END VIEW



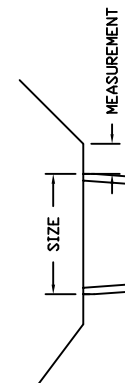
TOP VIEW



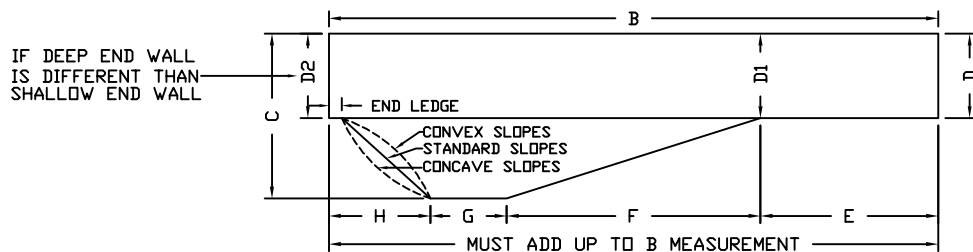
FOX CORNERS

YES
 NO

JUST AN EXAMPLE:
 IF STEP IS RADIUS
 PLEASE INDICATE



SIDE VIEW



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

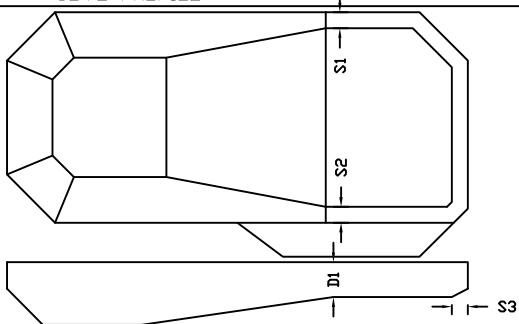
DISTANCE

SLOPES

STANDARD
 CONVEX
 CONCAVE

COVE PROFILE

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



DEEPER BREAK PROFILE

D1= _____
 S1= _____
 S2= _____

