



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: \_\_\_\_\_

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

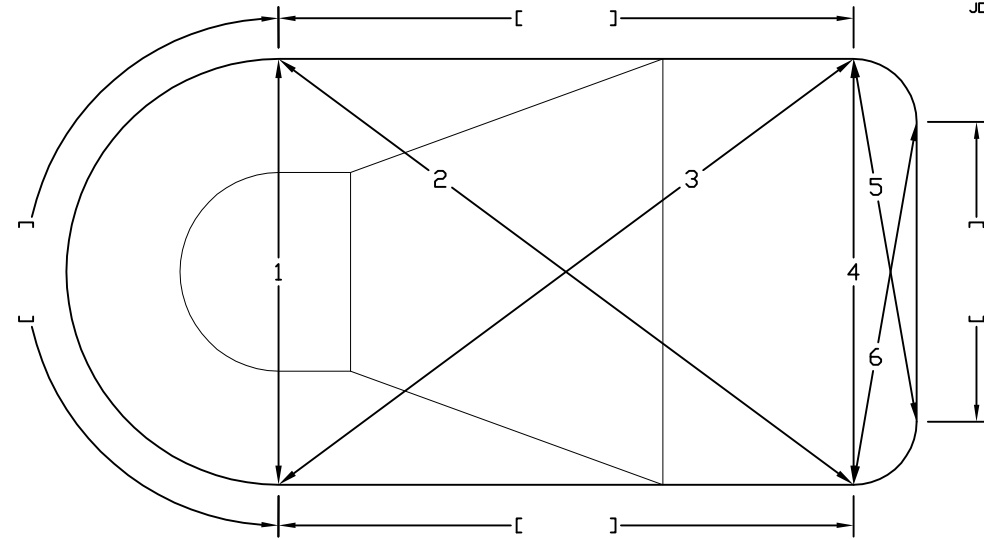
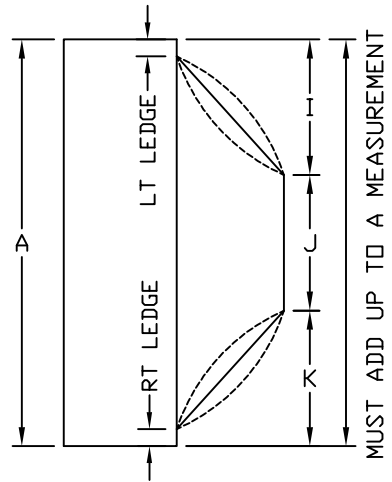
**CHECK OFF SLOPE TYPE**  
 STANDARD  
 CONVEX  
 CONCAVE

TOTAL: \_\_\_\_\_

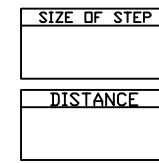
MUSKOKA

END PROFILE

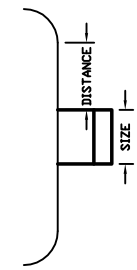
STANDING FROM DEEP END



**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.



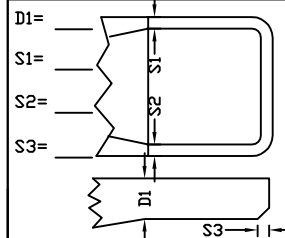
JUST AN EXAMPLE:  
 IF STEP IS RADIUS  
 PLEASE INDICATE



MEASUREMENTS

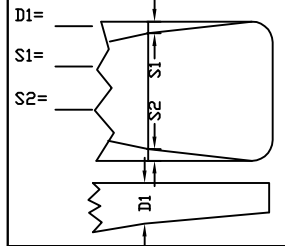
A	
B	
C	
D	
D1	
D2	
E	
F	
G	
H	
I	
J	
K	
1	
2	
3	
4	
5	
6	

SHALLOW END PROFILE  
COVE PROFILE

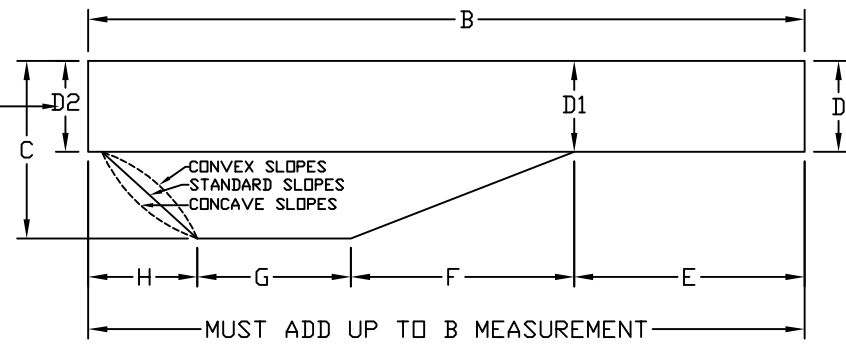


IF DEEP END WALL IS DIFFERENT THEN SHALLOW END WALL

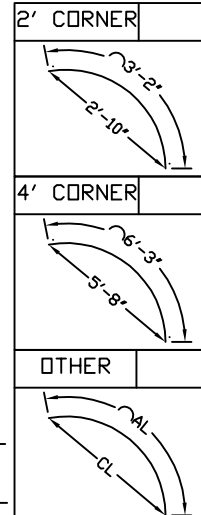
DEEPER BREAK-OFF



SIDE PROFILE



CORNER TYPE



AL: \_\_\_\_\_

CL: \_\_\_\_\_