



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

SLOPES

TOTAL: _____

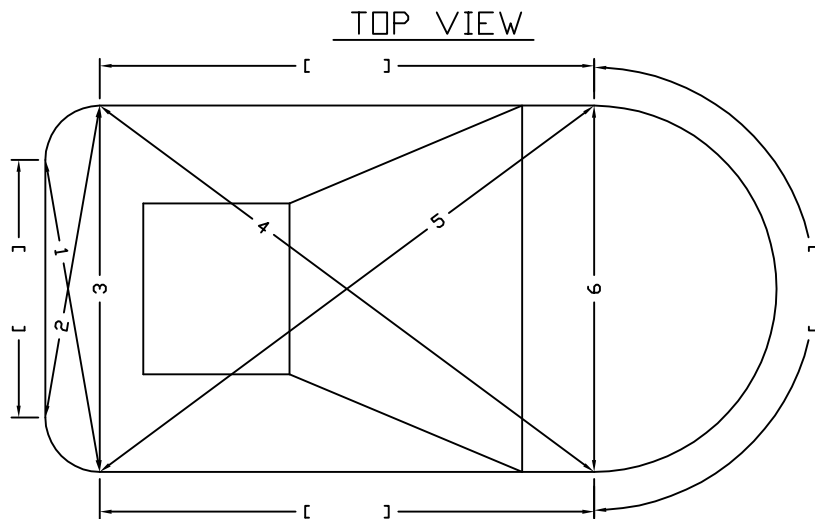
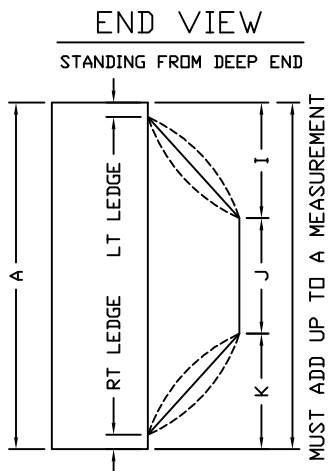
[] NO [] YES
 RIGHT LEDGE _____ IN. LEFT LEDGE _____ IN.
 END LEDGE _____ IN.

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

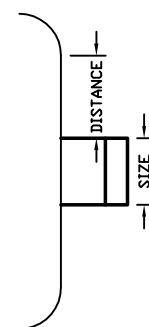
[] STANDARD
 [] OTHER
 [] NO BEAD

MUSKOKA (REV. END)

MEASUREMENTS

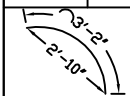


JUST AN EXAMPLE:
 IF STEP IS RADIUS
 PLEASE INDICATE

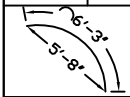


INDICATE CORNER TYPE

2' CORNER



4' CORNER

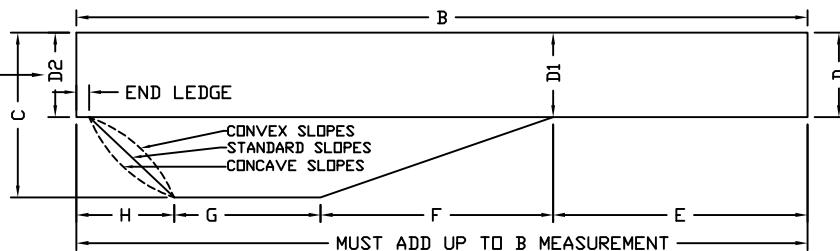


OTHER



AL: _____
 CL: _____

IF DEEP END WALL
 IS DIFFERENT THEN
 SHALLOW END WALL



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.

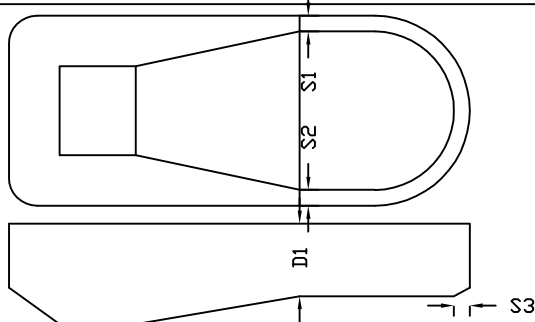
SIZE OF STEP

DISTANCE

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

COVE PROFILE

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



DEEPER BREAK PROFILE

D1= _____
 S1= _____
 S2= _____

