



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

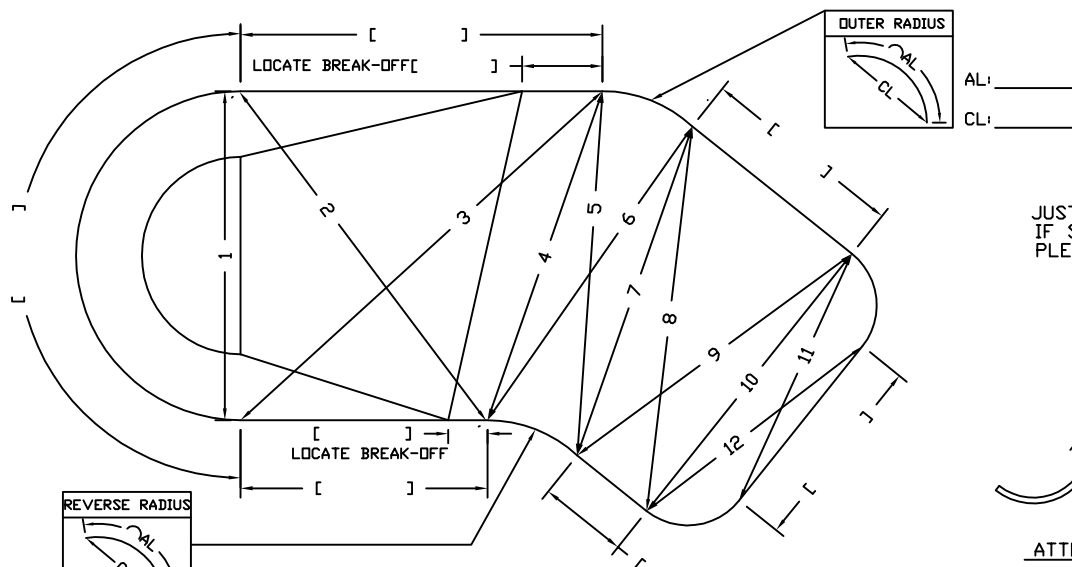
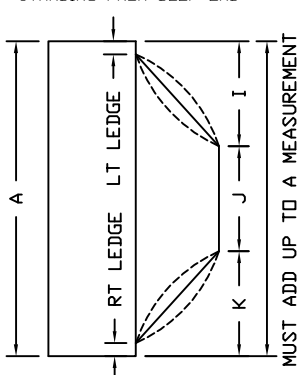
OVAL-LAZY L

SLOPES
 STANDARD
 CONVEX
 CONCAVE

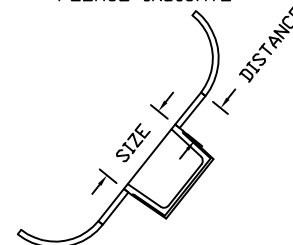
MEASUREMENTS

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

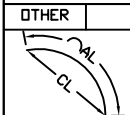
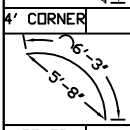
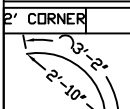
END VIEW
 STANDING FROM DEEP END



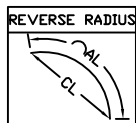
JUST AN EXAMPLE:
 IF STEP IS RADIUS
 PLEASE INDICATE



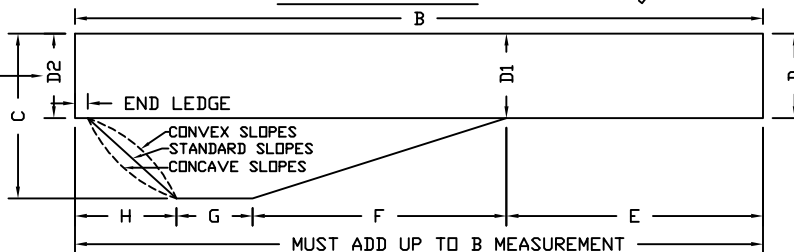
INDICATE CORNER TYPE



AL: _____
 CL: _____



IF DEEP END WALL
 IS DIFFERENT THAN
 SHALLOW END WALL



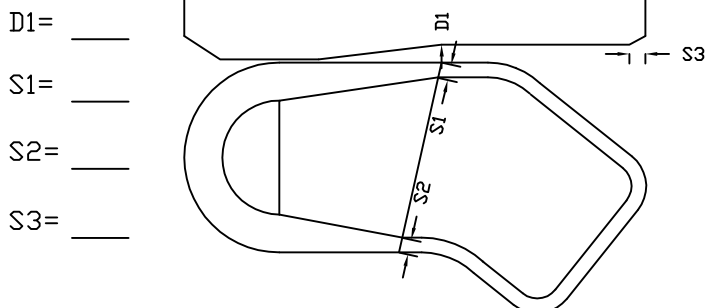
ATTENTION

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

COVE PROFILE



DEEPER BREAK PROFILE

