



821 BROCK RD. UNIT 1
 PICKERING, ONT
 L1W 3L6
 TEL:(905)837-1115
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SOLD TO:

WALL PATTERN: _____
 FLOOR PATTERN: _____
 MIL: _____

TAG NAME: _____
 DATE: _____
 P.O: _____

MUST PROVIDE PERIMETER

SAFETY LEDGE
 IF LEDGE VARIES PLEASE INDICATE
 NO YES
 RIGHT LEDGE _____ IN. LEFT LEDGE _____
 END LEDGE _____ IN.

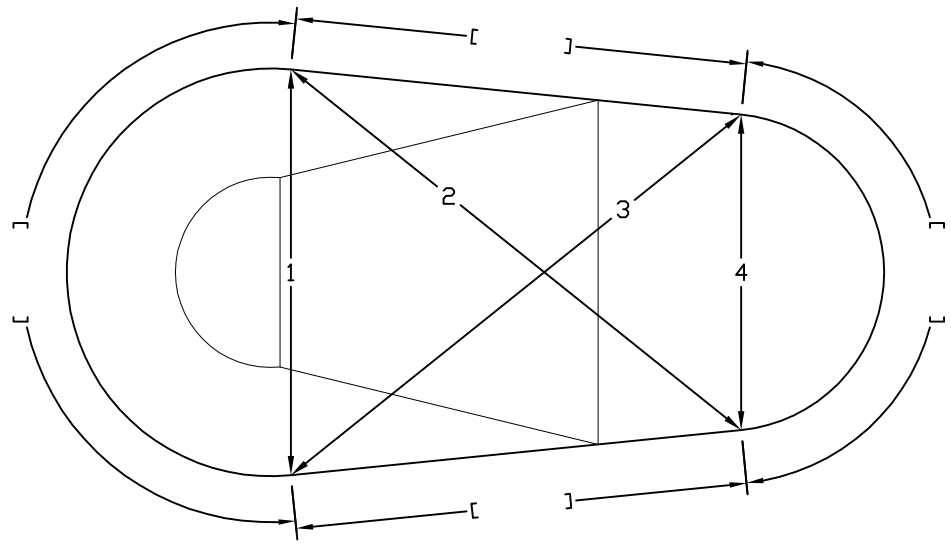
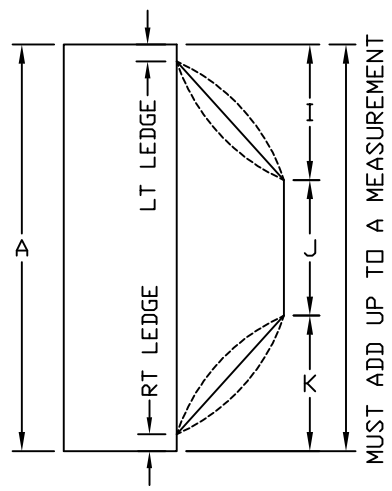
CHECK OFF BEAD TYPE
 STANDARD
 OTHER _____
 NO BEAD IN. OVERLAP

CHECK OFF SLOPE TYPE
 STANDARD
 CONVEX
 CONCAVE

TOTAL: _____

PEAR

END PROFILE
 STANDING FROM DEEP END

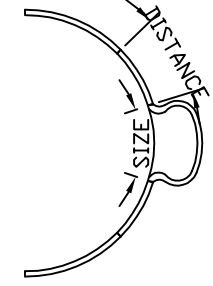


ATTENTION
 INDICATE WHERE THE STEP IS LOCATED.
 PROVIDE THE SIZE OF STEP AND A
 MEASUREMENT FROM THE CLOSEST PANEL
 JOINT, AS SHOWN IN THE EXAMPLE.

SIZE OF STEP

 DISTANCE

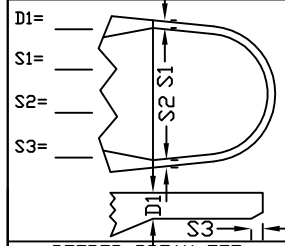
JUST AN EXAMPLE!
 IF STEP IS STRAIGHT
 PLEASE INDICATE



MEASUREMENTS

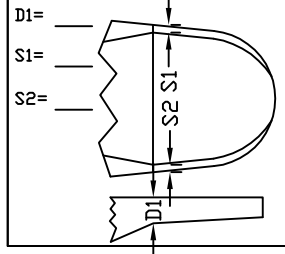
A	
B	
C	
D	
D1	
D2	
E	
F	
G	
H	
I	
J	
K	
1	
2	
3	
4	

SHALLOW END PROFILE
 COVE PROFILE



IF DEEP END WALL
 IS DIFFERENT THAN
 SHALLOW END WALL

DEEPER BREAK-OFF



SIDE PROFILE

