



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: _____

LEFT HAND
 STANDING FROM S.E

MUST PROVIDE PERIMETER
 TOTAL: _____

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

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

SUTTON
 TOP VIEW

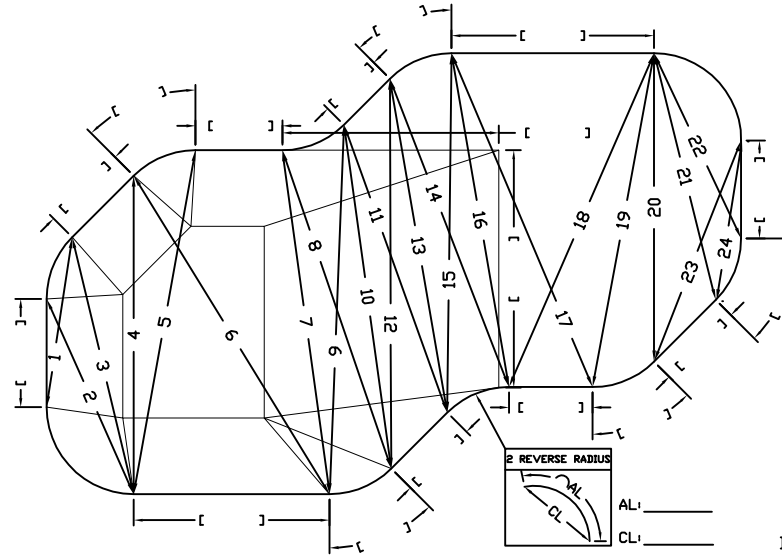
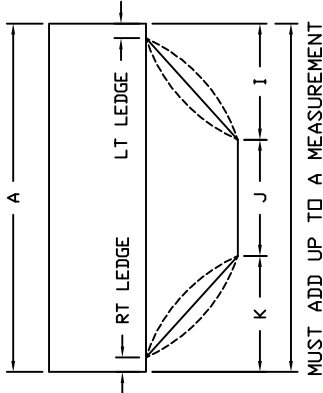
SLOPES
 STANDARD
 CONVEX
 CONCAVE

MEASUREMENTS

A
B
C
D
D2
E
F
G
H
I
J
K
1
2
3
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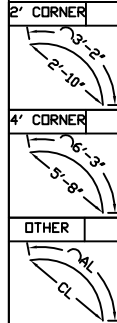
END VIEW

STANDING FROM DEEP END



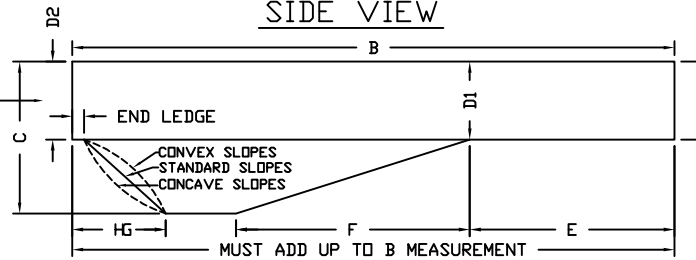
JUST AN EXAMPLE!
 IF STEP IS RADIUS
 PLEASE INDICATE

INDICATE CORNER TYPE



IF DEEP END WALL
 IS DIFFERENT THAN
 SHALLOW END WALL

SIDE VIEW



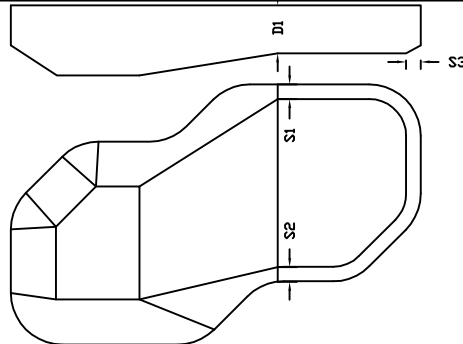
ATTENTION
 INDICATE WHERE THE STEP IS LOCATED.
 PROVIDE THE SIZE OF STEP AND A
 MEASUREMENT FROM THE CLOSEST PANEL
 JOINT, AS SHOWN IN THE EXAMPLE.

SIZE OF STEP

DISTANCE

COVE PROFILE

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



DEEPER BREAK PROFILE

D1= _____
 S1= _____
 S2= _____

