

IMPRESA TILE SHOWERS

METRO AND METRO STAINLESS SHOWER CUSTOM WORKSHEET

CLIENT NAME:

EMAIL:

PHONE:

BUILDER NAME:

EMAIL:

PHONE:

SITE / DELIVERY ADDRESS:

Provide information below for only one shower per worksheet. If possible, send a bathroom floor plan or a simple hand-drawn bathroom layout. Impresa will provide a 3D model of the required shower and send to the client for confirmation prior to manufacture. Contact Impresa for assistance if required -- Phone 09 273 4545

BATHROOM NAME / NO:

SHOWER BRAND: (Tick option)

METRO

METRO STAINLESS

SELECT SHOWER DESIGN (Tick option)

CORNER TRAY C1

C2

C3

C4

C5

C6

ALCOVE TRAY A1

A2

A3

SELECT TRAY INSTALLATION (Tick option)

'ON-FLOOR' TRAY (INSTALLED ON TOP OF FLOOR)

'LEVEL-ENTRY' TRAY (INSTALLED INTO RECESSED FLOOR WITH 15mm STEP-DOWN)

'WHEELCHAIR' TRAY (INSTALLED FLUSH WITH FLOOR / NO STEP-DOWN)

SUB-FLOOR MATERIAL (Tick option)

CONCRETE

PLYWOOD / PARTICLE BOARD

T&G

COMPRESSED SHEET / SECURA

FIBRE CEMENT BOARD UNDERLAY 6mm

UNDERFLOOR HEATING 4mm approx.

BATHROOM FLOOR FINISH MATERIAL / THICKNESS (Tick option)

TILE

STONE

ORIGINAL T&G

OVERLAID T&G

OTHER

SHOWER WALL LINING (Tick option)

VILLABOARD 9mm

PLASTERBOARD 10mm

PLASTERBOARD 13mm

OTHER

SHOWER WALL FINISH MATERIAL / THICKNESS (Tick option)

TILE

PORCELAIN SHEET

SERATONE / AQUAPANEL / HARDIGLAZE

ACRYLIC LINER

CUSTOM SHOWER WORKSHEET

METRO AND METRO STAINLESS SHOWER TRAYS

CHANNEL-DRAIN POSITION: Draw channel-drain position on Plan-View drawing attached

WASTE-OUTLET HOLE POSITION

STANDARD POSITION: 100mm to centre off side-wall framing (Tick to confirm) _____

or Centre-point along proposed channel (Tick to confirm) _____

CUSTOM POSITION: Measurement along proposed channel from side wall or rear wall framing _____

NOTE: Check for joists and obstructions under floor

METRO CHANNEL COVER OPTIONS

(Tick option required)

SOLID STAINLESS-STEEL _____ SLOTTED STAINLESS-STEEL _____ 'BLACK' POWDER-COATED _____

TILEABLE _____ WEDGE-WIRE _____

GLASS ENCLOSURE DETAILS

From website, choose the tray and glass enclosure configuration from 'Tray and Glass Options' pdf.

Write glass enclosure option 'A' thru 'Z' here _____

GLASS SIDELITES / DOOR POSITION: State approximate size of sidelite onto which the door is to be hung _____ mm
(Ensure door arc is clear of adjacent towel rail, toilet, vanity, bath, etc)

GLASS HEIGHT: (Tick option) -- Standard 2000mm off tray _____ Optional Height (tile joint, door, mirror, etc) _____ mm

GLASS TYPE: (Tick option) Standard Clear-Float _____ Low iron / Ultra Clear _____

GLAZING CHANNEL FINISH: (Tick option) **STANDARD:** MATTE 'NATURAL' ALUMINIUM _____

OPTIONAL: BRIGHT 'CHROME' _____ BLACK _____ GUNMETAL _____

HANDLE TYPE / FINISH

STANDARD HANDLE: ROUND 'D' (Tick if required) _____

OPTIONAL HANDLE: (Tick option) SQUARE D _____ ROUND H _____ SQUARE H _____ SQUARE PULL _____

HANDLE FINISH: (Tick option) POLISHED STAINLESS _____ BRUSHED STAINLESS _____ BLACK _____ GUNMETAL _____

HANDLE ORIENTATION: (Tick option) VERTICAL (Standard) _____ HORIZONTAL (Optional) _____

HINGE FINISH

STANDARD HINGE: CHROME ON BRASS (Tick if required) _____

OPTIONAL HINGE: (Tick option) BRUSHED SATIN _____ BLACK _____ GUNMETAL _____

CUSTOM SHOWER WORKSHEET

ALCOVE TRAY / ON-FLOOR

Complete this section only if the shower tray is to be installed ONTO a bathroom floor /alcove area. If framing is in-situ prior to completing this form, provide measurements as requested below. See Tray 'Plan View' drawings at end of Worksheet for assistance. See Tray Plan at end of Worksheet for assistance to determine the required measurements. Contact Impresa for assistance if required.

REAR WIDTH FRAME TO FRAME _____ FRONT WIDTH FRAME TO FRAME _____

REAR FRAME TO FRONT OF TRAY THRESHOLD _____ REAR FRAME TO GLASS POSITION (OUTSIDE) _____

REAR FRAME TO GLASS POSITION (OUTSIDE) _____

FOUR-WALL ALCOVE SHOWER ONLY

REAR FRAME TO FOURTH WALL _____

FOURTH WALL LENGTH _____

FOURTH WALL THICKNESS _____

ALCOVE TRAY / RECESSED-FLOOR

Complete this section only if shower is to be installed INTO a recessed floor /alcove area. If framing is in-situ and the recessed / rebated shower floor has been created prior to completing this form, provide measurements as requested below. See Tray 'Plan View' drawings at end of Worksheet for assistance. If recessed floor has not been created, contact Impresa for required shower-floor depth.

BATHROOM FLOOR TO SHOWER FLOOR DEPTH (i.e. PLY TO PLY / CONCRETE TO CONCRETE) _____

REAR WIDTH FRAME TO FRAME _____ FRONT WIDTH FRAME TO FRAME _____

REAR FRAME TO RECESSED-FLOOR FRONT EDGE (if recess is formed) _____

REAR FRAME TO GLASS POSITION (OUTSIDE) _____

FOUR-WALL ALCOVE SHOWER ONLY

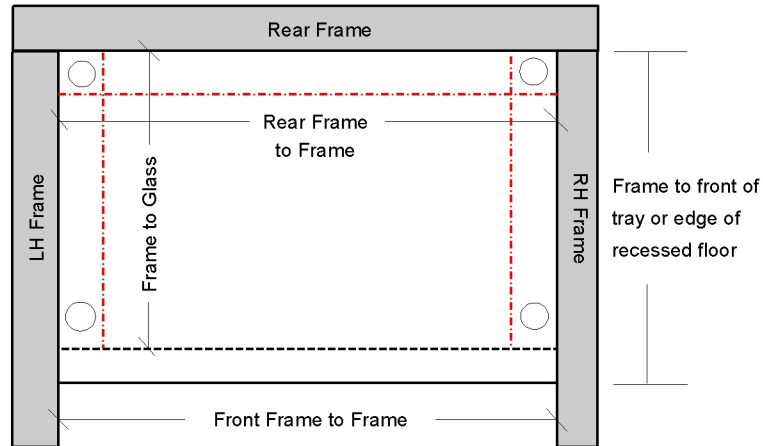
REAR FRAME TO FOURTH WALL _____

FOURTH WALL LENGTH _____

FOURTH WALL THICKNESS _____

CUSTOM SHOWER: 3-SIDED AND 4-SIDED ALCOVE
ON-FLOOR OR RECESSED-FLOOR INSTALLATION

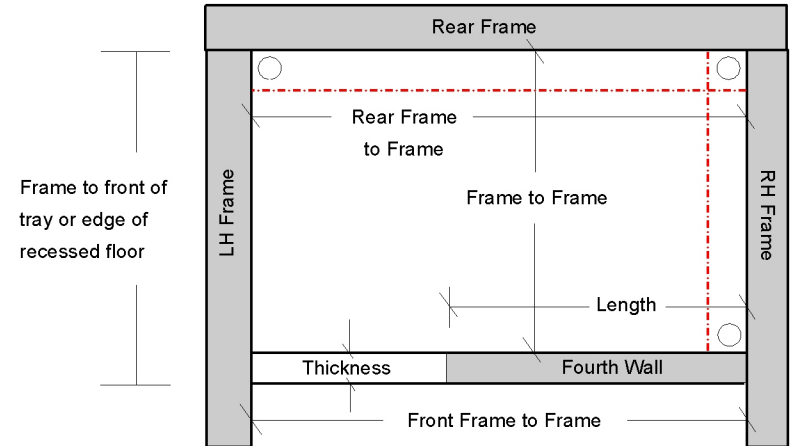
SHOWER A1



--- CHANNEL-DRAIN POSITION

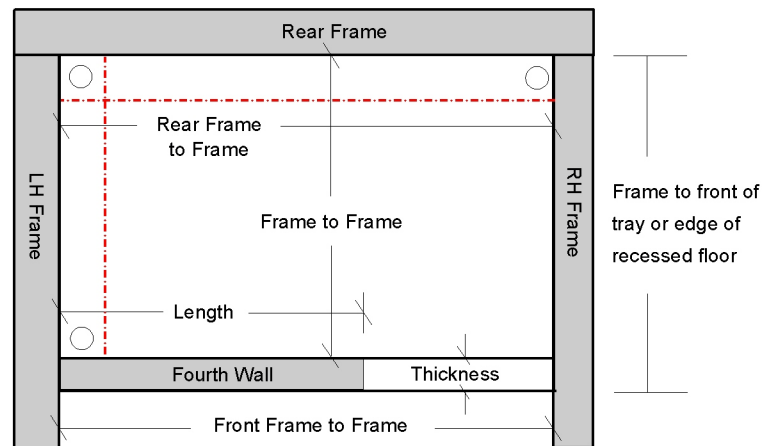
--- GLASS POSITION

SHOWER A2



FRONT CHANNEL-DRAIN AVAILABLE BUT NOT SHOWN

SHOWER A3



RECESSED TRAY

If a recessed floor has been formed prior to filling-out the custom worksheet, write down the Frame to Front Edge measurement of formed floor recess on page 2. If recess is not formed, contact Impresa for required dimensions and rebated floor depth.

ON-FLOOR TRAY

Write down the shower tray size required on Worksheet page 2. The tray size stated / requested for manufacture should be the overall size including the 'threshold / hob' of the tray.
NOTE: METRO standard threshold width 35mm / METRO STAINLESS 50mm. The glass is positioned at the inside of the threshold.

CUSTOM SHOWER WORKSHEET

CORNER TRAY / ON-FLOOR

Complete this section only if the shower tray is to be installed ONTO a bathroom floor /alcove area. If framing is in-situ prior to completing this form, provide measurements as requested below. See Tray 'Plan View' drawings at end of Worksheet for assistance. See Tray Plan at end of Worksheet for assistance to determine the required measurements. Contact Impresa for assistance if required.

REAR FRAME TO FRONT OF TRAY THRESHOLD _____ REAR FRAME TO GLASS POSITION (OUTSIDE) _____

SIDE FRAME TO FRONT OF TRAY THRESHOLD _____ SIDE FRAME TO GLASS POSITION (OUTSIDE) _____

THREE-WALL CORNER SHOWER ONLY

REAR FRAME TO THIRD WALL _____

THIRD WALL LENGTH _____

THIRD WALL THICKNESS _____

CORNER TRAY / RECESSED-FLOOR

Complete this section only if shower is to be installed INTO a recessed floor /alcove area. If framing is in-situ and the recessed / rebated shower floor has been created prior to completing this form, provide measurements as requested below. See Tray 'Plan View' drawings at end of Worksheet for assistance. If recessed floor has not been created, contact Impresa for required shower-floor depth.

BATHROOM FLOOR TO SHOWER FLOOR DEPTH (i.e. PLY TO PLY / CONCRETE TO CONCRETE) _____

REAR FRAME TO RECESSED-FLOOR FRONT EDGE (if floor recess is formed) _____

SIDE FRAME TO RECESSED-FLOOR FRONT EDGE (if floor recess is formed) _____

REAR FRAME TO GLASS POSITION (OUTSIDE) _____

SIDE FRAME TO GLASS POSITION (OUTSIDE) _____

THREE-WALL CORNER SHOWER ONLY

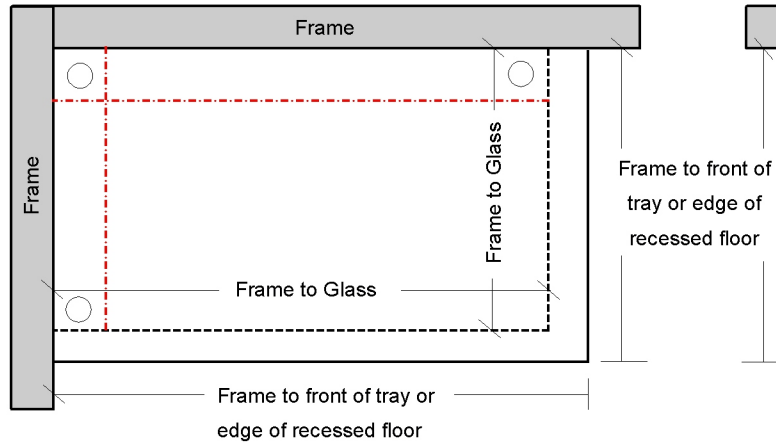
REAR FRAME TO THIRD WALL _____

THIRD WALL LENGTH _____

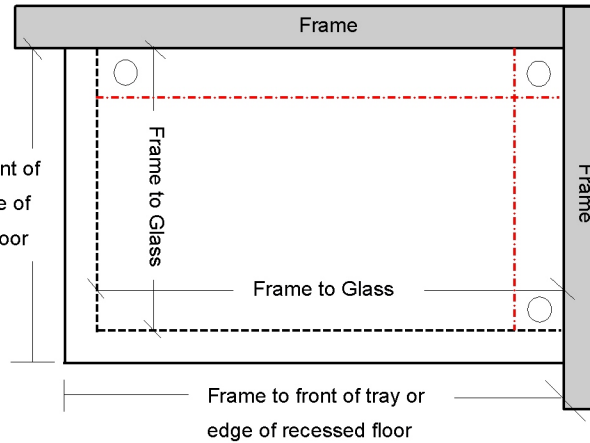
THIRD WALL THICKNESS _____

CUSTOM SHOWER: 2-SIDED AND 3-SIDED CORNER
ON-FLOOR OR RECESSED FLOOR INSTALLATION

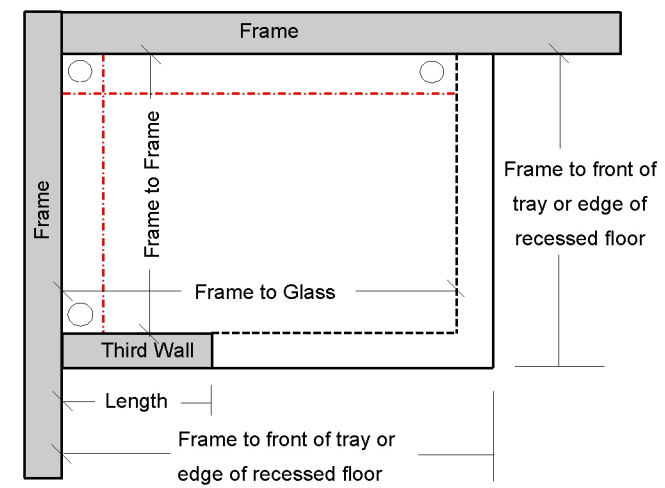
SHOWER C1



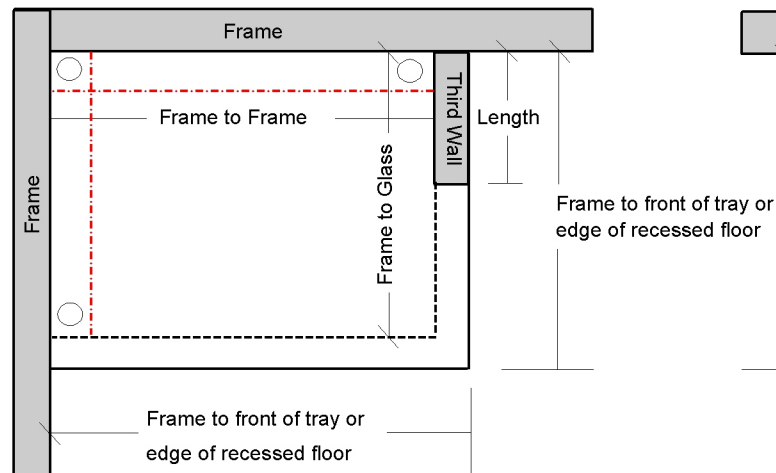
SHOWER C2



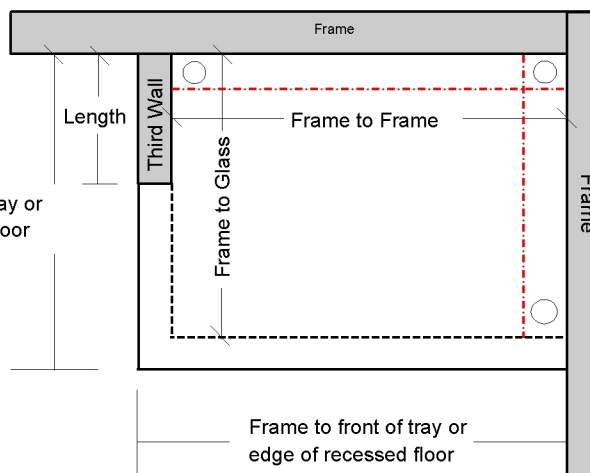
SHOWER C3



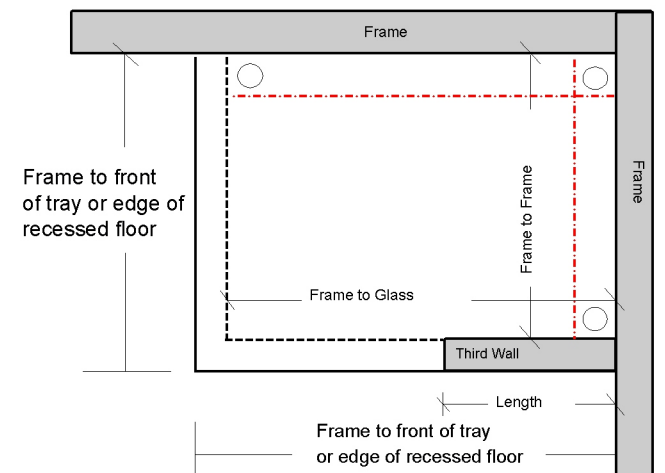
SHOWER C4



SHOWER C5



SHOWER C6



--- GLASS POSITION

-.-.- CHANNEL-DRAIN POSITION

FRONTAL CHANNEL-DRAIN POSITION AVAILABLE (NOT SHOWN)