



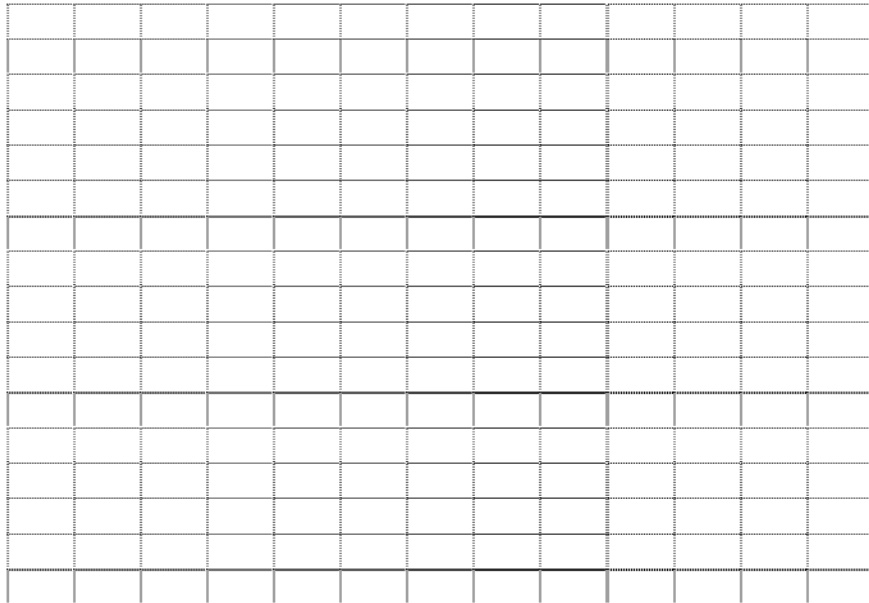
Wing Name.: \_\_\_\_\_

Room # (s): \_\_\_\_\_

\* Indicate (M) next to room number when room is a mirror image

Scale                  Inches                  cm

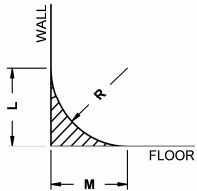
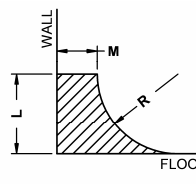
Dimensions as drawing#



**Please indicate on drawing the following and check box**

- Room Dimensions
- Door width and location
- Windows dimension and location
- Transfer zone(s) (T)
- Charging Station(s) (C)
- Electrical (E) Existing
- Supplied Vendor
- Supplied by customer
- Sprinkler head (S) Obstacle
- Light(s) (L) Obstacle
- Fire detector (F) Obstacle
- Vent (V) - H/AC Duct H Obstacle
- Fixed obstacles on walls
- Non fixed obstacles on walls Obstacle
- movable
- Radiant Panels (RP) Obstacle
- Curtains Obstacle
- Managed by Vendor
- Manage by customer
- Infection Control Level Obstacle
- Managed by Vendor
- Manage by customer

indicate footer type & measurements (unit of measure)    IN    CM

	
<b>Footer type 1</b>	<b>Footer type 2</b>
Floor to wall radius dimension: L: ____ M: ____ <span style="background-color: yellow;">None</span>	Floor to wall radius dimension: L: ____ M: ____ <span style="background-color: yellow;">None</span>
Rubber base to be cut	Rubber base to be cut

**Primary Material**

**Secondary Structure Material**

Drywall	Concrete block
Plaster	Brick
Ceramic tile	Poured concrete
Terra cotta (clay tile)	Wood studs: center to center dimension:
Poured concrete	Steel studs: center to center dimension:
Concrete block	OTHER:

Product quantities SAME for all rooms:		YES, apply to following drawings		No	
Sales	Demo	CARRY BAR			
V4 i	2 functions	4 functions	2 point	4 point	DPS
V3	V10	Reacher 24 or 36"	YES	NO	
Trolleys for each tracks					
Slings model numbers:				Qty.:	
OTHER:				Qty.:	

Comments :

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## PACE OF INSTALLATION

Indicate any restrictions regarding room availabilities i.e. noise restriction times that will slow the install pace, care or procedure schedules that will restrict room access.

# of rooms available at all times

# of rooms available for installation per day

facility restrictions exist as detailed below

Hours of installation

Week-end installation


Comments

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## APPROVAL

For the facility:

I have reviewed the enclosed data record and agree with both its content and accuracy. I understand that additional rooms, later identified as potential installation sites requiring a subsequent assessment visit, may result in an additional cost to this facility.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Assessor: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name: \_\_\_\_\_

## FINAL CHECKLIST FOR SUBMISSION:

Ensure your package is complete and contains all the necessary documentation.

Photos are mandatory for the following:

- Facility exterior
- Receiving area
- Entrance with room number
- Finished ceiling type (ceiling mounted rooms)
- Wall type & footer (wall mounted rooms)
- Area above beds (obstruction zone) where track will be installed
- Above ceiling structure

Number of pictures taken : \_\_\_\_\_

Number of pages for the assessment : \_\_\_\_\_

**IMPORTANT: THIS DOCUMENT MUST BE FULLY COMPLETED. MISSING INFORMATION WILL RESULT IN A DELAY IN THE QUOTE, DRAWINGS & INSTALLATION.**

### Section 1

Customer: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Assessor: \_\_\_\_\_  
\_\_\_\_\_ IFIS Facility #: \_\_\_\_\_  
\_\_\_\_\_

**INSTALLATION SITE:** same as above Or:

Facility: \_\_\_\_\_ # of Lifts approved \_\_\_\_\_  
Address: \_\_\_\_\_ # of tracks approved \_\_\_\_\_  
\_\_\_\_\_ Wing: \_\_\_\_\_

### Facility staff present during assessment:

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Ext: \_\_\_\_\_  
Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Ext: \_\_\_\_\_  
Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Ext: \_\_\_\_\_  
Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Ext: \_\_\_\_\_

### **BUILDING USE:** Hospital Nursing Home

Is construction or renovation being carried out in this facility at present? Y N  
Is construction or renovation planned for this facility? Y When: \_\_\_\_\_  
Is a structural drawing of the actual building available to confirm information not visually verifiable? Y No  
If yes, are any of the following being sent with this assessment? CAD Blueprint

### **GENERAL FACILITY INFORMATION & LOGISTICS**

Y N **The cost of these "turn-key" services are the responsibility of the facility**

Loading dock  
If no loading dock, able to receive tailgate truck?  
If not able to receive tailgate truck, flat bed truck is necessary  
Fork lift or pallet jack on-site & available  
Manpower available on-site for unloading assistance  
Storage available on site? Size of area: \_\_\_\_\_ Where: \_\_\_\_\_  
Storage available off-site? Size of area: \_\_\_\_\_ Location: \_\_\_\_\_  
Storage required, provide quote  
Freight elevators available? Dimensions: \_\_\_\_\_  
Parking available on-site; if not where: \_\_\_\_\_  
Stairway restrictions; (details & photos) \_\_\_\_\_  
Hallways restrictions; (details & photos): \_\_\_\_\_  
Unionized installers required  
Is a municipal building permit required  
Does facility policy require architect approved track layout drawings  
Does facility policy require a structural engineer to approve track load testing methods  
Is there an Infection Control policy in place: (details) \_\_\_\_\_