	Computer Sports Medicine, Inc.			
	Title:	HUMAC NORM Site Plan		
	Document #:	300138		
	Rev:	A	Effective Date:	5/11/05
	DCO #:	251		
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Congratulations on your decision to select the **HUMAC NORM Testing & Rehabilitation System** for your facility. We appreciate your business and promise to do our best to make sure that your order, shipment, delivery and installation are handled to the best of our ability.

One of the key elements to our most successful installations is facility planning. This Site Survey has been developed over the years to assist in completing your order with minimum inconvenience and business interruptions.

We feel this is so important to a successful installation that you may, in fact, be asked to complete this survey by more than one CSMI associate. **Please excuse our duplicate efforts if you have already submitted your completed survey.**

Please take a few minutes to fill in this form in its entirety and FAX the completed copy to CSMI at 781-297-2039. If you have any questions, please call CSMI at 781-297-2034.

Thank you in advance for your assistance.

FACILITY NAME: _____

DEPARTMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

CONTACT 1 _____ PHONE: _____

CONTACT 2 _____ PHONE: _____

SITE PLAN COMPLETED BY: _____

TITLE: _____ DATE: _____

IMPORTANT NOTE: Please make sure your equipment is delivered to the exact location of its use. There will be an additional charge to move your equipment once it has been delivered.

FACILITY

1. Is your facility/dept. complete and ready to accept delivery of your NORM? Yes ____ No ____

If not, when would you be ready to accept a delivery? Date _____

2. Has your flooring and /or carpet been installed? Yes ____ No ____

What type of flooring/carpeting do you have? _____

3. What are the dimensions of the room where the NORM will be located?

Height _____ Width _____ Length _____

4. On which floor of the building will the NORM be placed? _____

Is there an elevator? Yes _____ No _____ Width of elevator door? _____

Are there stairs? Yes _____ No _____ How many flights? _____

Are there any unusual or narrow corner ways or entrances? Yes _____ No _____

Please explain. _____

What is the width of the most narrow doorway through which the NORM will be moved? _____.

5. Do you have a receiving dock? Yes _____ No _____

6. Is it standard Tailboard height? Yes _____ No _____

If not, how do you receive equipment? _____

7. How many square feet of operating space have been allocated for the use of the NORM? _____
(Refer to FLOOR SPACE REQUIREMENTS on the last page)

INSTALLATION AND ELECTRICAL REQUIREMENTS

1. Have you installed an independent, dedicated 208VAC (Nominal), 50/60 Hz, Single Phase, 20 AMP line with an isolated ground, no more than 10 feet from the Isolation Transformer?

Yes _____ No _____

NOTE: The HUMAC/NORM System is compatible with:

200/208/220/230/240VAC ~,

50/60 HZ

Single-Phase 1Ø.

2. Is the HUMAC NORM's electrical receptacle is NEMA number 6-20R hospital grade with isolated ground (Eagle P/N IG8410RN and Bryant P/N 8410-IG recommended)? Yes _____ No _____

RECEPTACLE FOR HUMAC NORM SYSTEM

TYPE: Hospital Grade, NEMA 6-20R
Contact, Arrangement, Isolated Ground

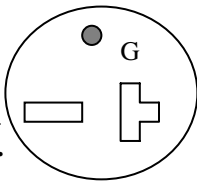
VOLTAGE RATING: 250 Volts, 20 AMPS

COLOR: ORANGE

DIMENSIONS: 2 5/8" L X 1 35/64 " W

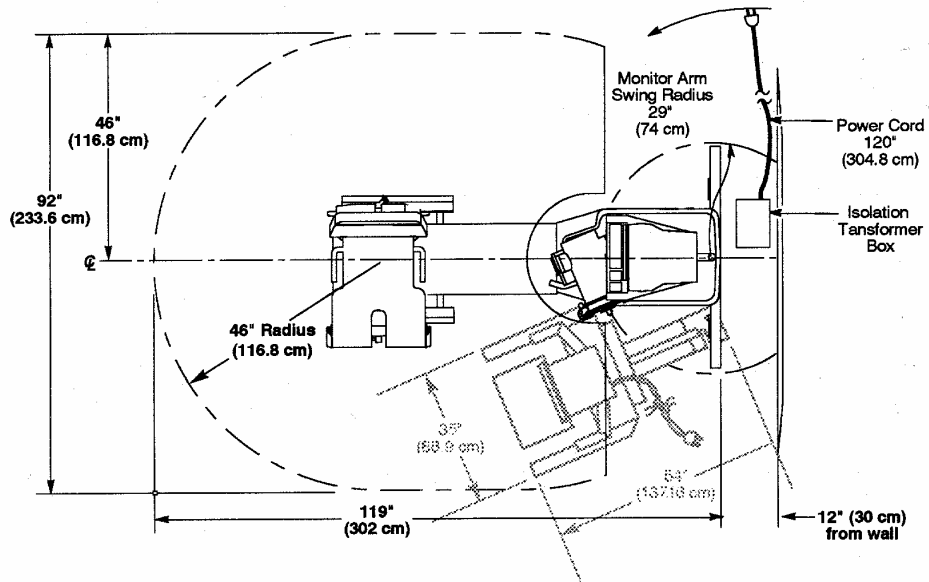
CONTACT MATERIAL: Solid Brass

NOTE:
Ground is
Positioned
At the top.



3. Is all electrical work in compliance with the local building codes and all other agencies having jurisdiction? Yes _____ No _____.

SUGGESTED FLOOR PLAN



063-1

Figure 1. Suggested Floor Plan.