



CSMi CONFIDENTIAL
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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. It is important that the completed survey be returned in order for CSMi to process your NORM order. Upon completion, please FAX the completed copy to CSMi at 781-297-2039. If you have any questions, call us at 781-297-2034.

Thank you in advance for your assistance.

IMPORTANT NOTE:

- 1. Please make sure your equipment is delivered to the exact location of its use and the location and access match the answers below. There will be an additional charge if CSMi is required to re-visit the facility or move your equipment to complete the installation*
- 2. A receiving dock is not required as our trucks have a lift-gate.*

FACILITY NAME: _____

DEPARTMENT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTRY: _____

PRIMARY CONTACT: _____ **PHONE:** _____

ALTERNATE CONTACT: _____ **PHONE:** _____

FORM COMPLETED BY: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

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 (inches)? _____

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 narrowest 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 feet of operating space have been allocated for the use of the NORM (Refer to FLOOR SPACE REQUIREMENTS on the last page)? _____ X _____

8. Will an internet connection to the NORM computer be available? Yes No

Note: This is recommended but not required. An internet connection allows CSMi to provide enhanced remote product support.

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 a NEMA number 6-20R hospital grade (Eagle P/N IG8410RN and Bryant P/N 8410-IG recommended); does it match the diagram / photo below?

Yes No

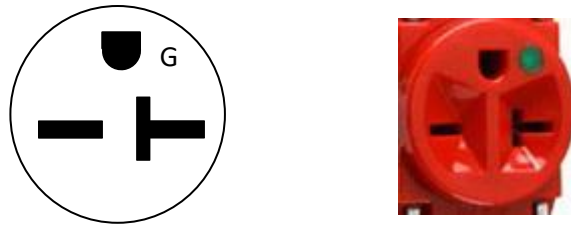
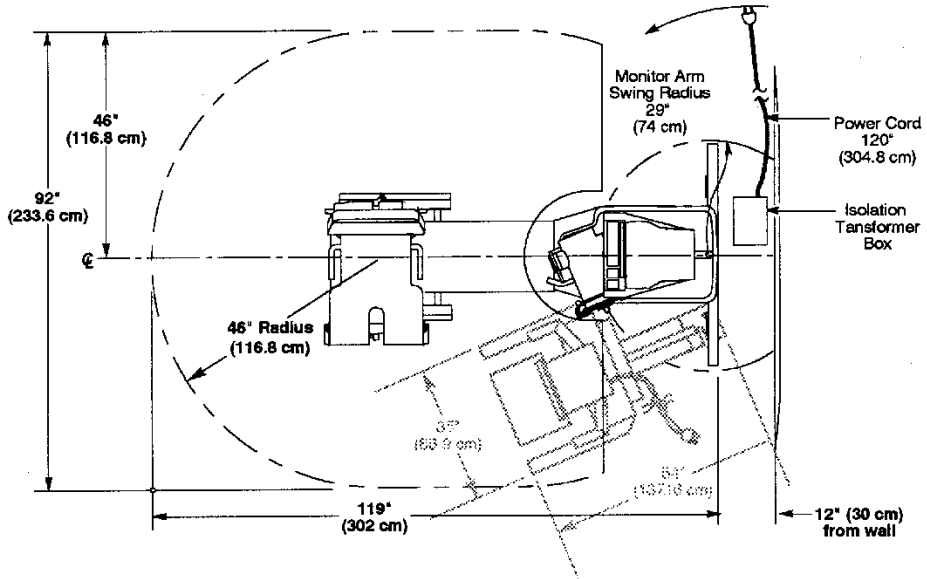


Figure 1 NEMA 6-20R Receptacle – line sketch (left); photo of typical receptacle (right)

Rating:	250Volts, 20 Amps.
Contact:	Solid Brass.
Installation:	The receptacle should be mounted with the <u>ground positioned at the top.</u>
Color:	Orange is recommended but not required. Refer to local building ordinances for specific requirements.

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.