



**Pre-Installation Check List
 CardiAssist Model 4000/4500**

Account Name: _____

Address: _____

Phone Number: _____ Direct Number: _____ Fax#: _____

Contact(s):

Manager: _____ ECP Tech: _____

Scheduled Delivery Date: _____ **Device Serial Number:** _____

The following are Cardiomedics recommendations for successful installation and operation of your new CardiAssist device. The lines marked with an * are requirements. The lines marked with ** are recommendations based on Cardiomedics experience.

Please review this list and make arrangements for any necessary modifications prior to the scheduled delivery date. If you have any questions, contact your Cardiomedics Representative.

ROOM	
Size (8x10' or larger treatment room)	
** Air Conditioning capable of maintaining 70° F (or cooler) during treatment	
Is there a separate climate control for patient comfort?	Yes or No
Switched overhead lights (Dimmer preferable)	Yes or No
Type of flooring (low static carpet with non-static mat under both machine and bed are recommended)	Floor Type:
Bed (from a comfort standpoint, Cardiomedics finds that a massage table works best)	
Is Cardiomedics responsible for supplying the bed? Yes or No	
Bed Type: Standard or Adjustable Bed (circle one)	
ELECTRICAL	
* Dedicated 20Amp Circuit within 6 feet of planned device location. Must be installed prior to delivery.	
* Line Voltage without a Load (120 volt minimum) Measured line Voltage:	

Other Recommended Equipment, Supplies and Furnishings (check-list)
<input type="checkbox"/> Oxygen
<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Razors
<input type="checkbox"/> Scale
<input type="checkbox"/> Pulse Oximeter
<input type="checkbox"/> Large and small blood pressure cuffs
<input type="checkbox"/> ECG stress electrodes
<input type="checkbox"/> Alcohol swabs and NuPrep (or equivalent).
<input type="checkbox"/> Crash Cart in medical facility (defibrillator)
<input type="checkbox"/> Restrooms in proximity to treatment room
<input type="checkbox"/> Nurse's desk/computer
<input type="checkbox"/> Supply cabinet
<input type="checkbox"/> Phone
<input type="checkbox"/> Comfortable seating for family members
<input type="checkbox"/> Television with headset for each ECP device

Clinical training on the CardiAssist device has been scheduled as follows:

Scheduled Start Date: _____

Scheduled Training Date: _____

Trainer: _____

Pre-Installation Marketing and Training Material Sent: _____
Date

Customer Signature: _____ Date: _____

Cardiomedics Representative : _____ Date: _____
(signature)

Representative:

Please return this form to Quality Assurance Documentation upon completion.