

CS 9300 - PRE-INSTALLATION CHECK LIST



This document fully completed - has to be sent back by e-mail to europedental@cshdental.com or by fax to : +49-711-207 07 331

YOUR Order reference:	
OUR Order reference:	
Dealer information	Delivery Address
Company name:	Dental practice:
Address:	Address:
City:	City:
Postal Code:	Postal code:
Country:	Country:
Contact's name:	Contact's name:
Telephone:	Telephone:
	Requested delivery date : (dd/mm/yyyy)
	AM <input type="checkbox"/> PM <input type="checkbox"/> Time :

Information for the delivery			
1- Delivery at dental/medical practice			
Restriction for vehicles	<input type="checkbox"/> Yes	please specify	
	<input type="checkbox"/> No		
	<input type="checkbox"/> Don't know		
Time restriction	<input type="checkbox"/> Yes	please specify	
	<input type="checkbox"/> No		
	<input type="checkbox"/> Don't know		
Restriction for parking	<input type="checkbox"/> Yes	please specify	
	<input type="checkbox"/> No		
	<input type="checkbox"/> Don't know		
2- Access to the dental practice for the transport company			
Pedestrian area <input type="checkbox"/>	Main road <input type="checkbox"/>	Shopping center <input type="checkbox"/>	Unrestricted <input type="checkbox"/>

Please check the following requirements in regard to the dimensions of the CS 9300 unit PACKED and UNPACKED		
WARNING : If you need to add a base plate you must add 15 mm to the Hauteur of the unit		
Packaging size	Boxes 1&2: 800mm (D) x 1200mm (L) x 1540mm (H) Weight: 190 kg	Box 3 : 350mm (D) x 2300mm (L) x 460mm (H) Weight: 74 kg
CS 9300 unpacked	Depth 1389 mm x width 1158 mm x Height 2378 mm	

3- Access to the dental practice, please compare with the CS 9300 unit dimensions			
3.1 Through main entrance <input type="checkbox"/>		Secondary entrance <input type="checkbox"/>	
3.2 Entrance' dimensions	Width : mm	Height: mm	OK <input type="checkbox"/>
3.3 Corridor's dimensions	Width : mm	Length: mm	OK <input type="checkbox"/>
3.4 Ground floor: <input type="checkbox"/>	Floor: <input type="checkbox"/>	Floor #	
If delivery in on ground floor, please go to point 5			
4 – Delivery is NOT on ground floor			
4.1 Lift available	Yes <input type="checkbox"/>	No <input type="checkbox"/> if No, go to point 4.5	
4.2 Lift entrance dimensions	Width mm	Height mm	
4.3 Lift's dimensions	Width mm	Height mm	Depth mm
4.4 Lift's max load	Weight kg		

If the lift meets the requirements go to point 5.

4.5 Stairs' Dimensions	Width	mm	
4.6 Stairs steps dimensions	Width	mm	Height: mm
4.7 Stairs landing dimensions	Width	mm	Length: mm
4.8 Stairs loading	Weight:	kg	

If the stairs meet the requirement, go to point 5

5- Access to the room where the unit will be installed

5.1 Door's dimensions	Width	mm	Height: mm
5.2 Corridor's dimensions	Width	mm	Height: mm

Delivery part: Please type here any specific or useful information

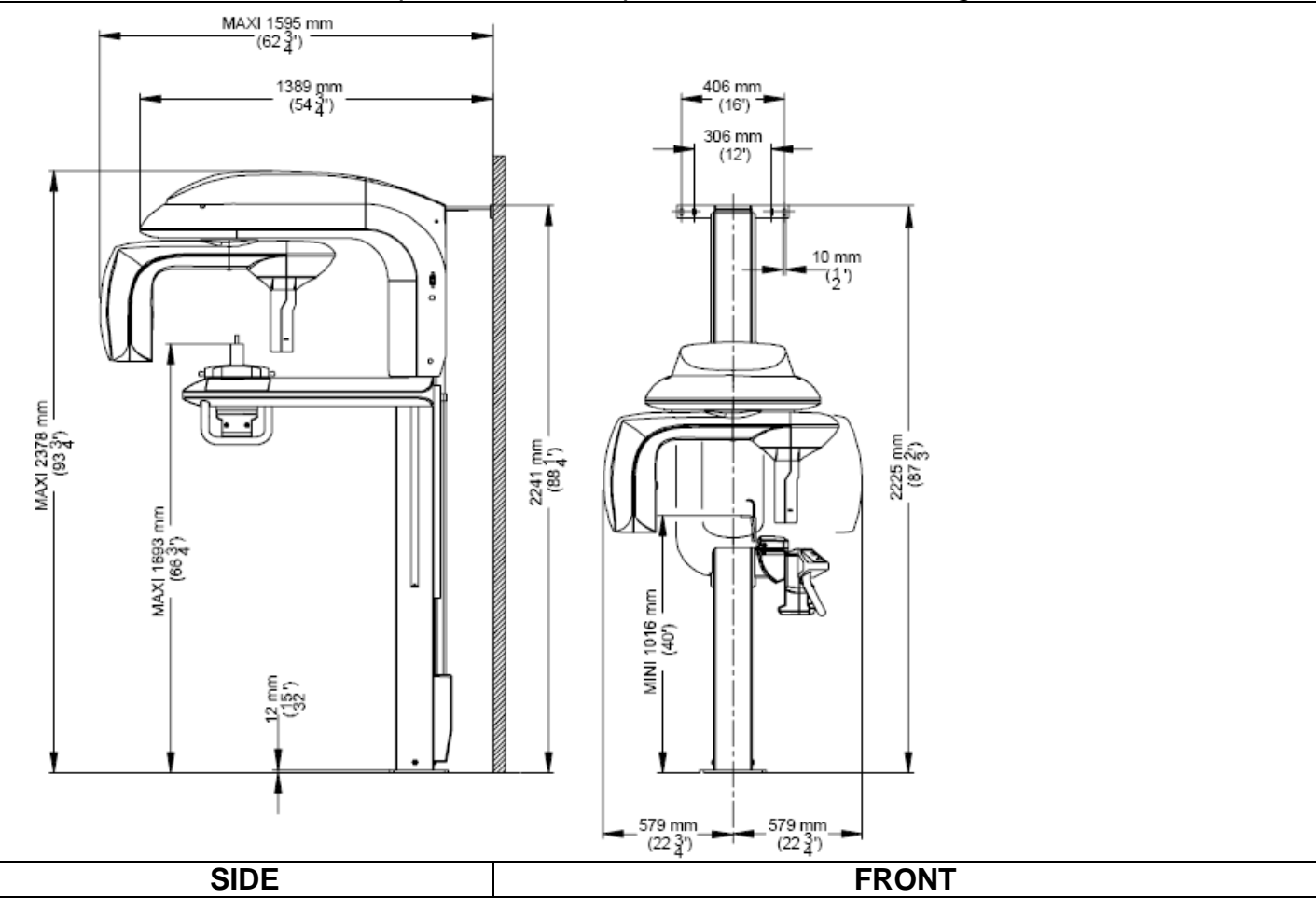
WARNING : The site must comply with the local regulation

6 –Room requirement

6.1 Minimum space requirement	Width door: 750 mm	Room dimensions	Width door: mm
	Width: 1500 mm		Width: mm
	Depth: 2000 mm		Depth: mm
	Height: 2400 mm		Height: mm

Note 1: The X-Rays acquisition room door must not impede the unit arm rotation.

Note 2: Allow sufficient workspace around the patient chair - see drawings



6.2 Wall and floor	
Load bearing capacity of the floor: 500 kg/m ²	Yes <input type="checkbox"/> No <input type="checkbox"/>
Strength of the wall, extraction force/attachment point: 150 kPa	Yes <input type="checkbox"/> No <input type="checkbox"/>
The floor is solid and flat	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.3 Radio protection	

Recommended lead shielding is 2 mm lead thickness equivalent depending on the surrounding wall/door nature	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.4 Control room	
Will the customer's PC work in a network	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a place/table for double monitor ? (120cm at least)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there high speed internet connection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a phone set close to control room	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note 3: From the control room, practitioner has to be able to watch permanently the patient. We recommend leaded glass for all windows.

Are the windows leaded ? Yes No

Room requirement summarize: Please type here any specific and usefull information

7- Electrical requirements	
7.1 CS 9300 unit requires the following dedicated electrical circuit. Please specify :	
230V-240V - circuit breaker 16A / 30mA differential RCCB	Yes <input type="checkbox"/> No <input type="checkbox"/>
100V-130V - circuit breaker 20A / 30mA differential RCCB	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2	
✓ The power supply line must be equipped with a connection box that ensures a constant connection.	Yes <input type="checkbox"/> No <input type="checkbox"/>
✓ It must not be possible to connect the unit to the power supply without using a tool.	Yes <input type="checkbox"/> No <input type="checkbox"/>
✓ The unit must be protected against any accidental disconnection.	Yes <input type="checkbox"/> No <input type="checkbox"/>

7.3 CS 9300 electrical circuitry – *please see also diagram next page*

N#	Description	Statut
3	Red color actuator emergency stop push-button	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Red color actuator emergency stop push-button	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Red warning lamp, power ON indicator	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Unit mains connecting terminal	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Green warning lamp, x-ray emission indicator	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 bis	X-Ray warning lamp connecting terminal	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	X-Ray Remote Control	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Door safety switch	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Mains outlet (for electric tools)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	- Ethernet outlet (RJ45/1)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12 bis	- Ethernet cable – CAT 6	
13	Local Area Network (LAN), (RJ45/2)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please specify if any electrical requirement does not comply:

Electrical part summarize: Please type here any specific or usefull information

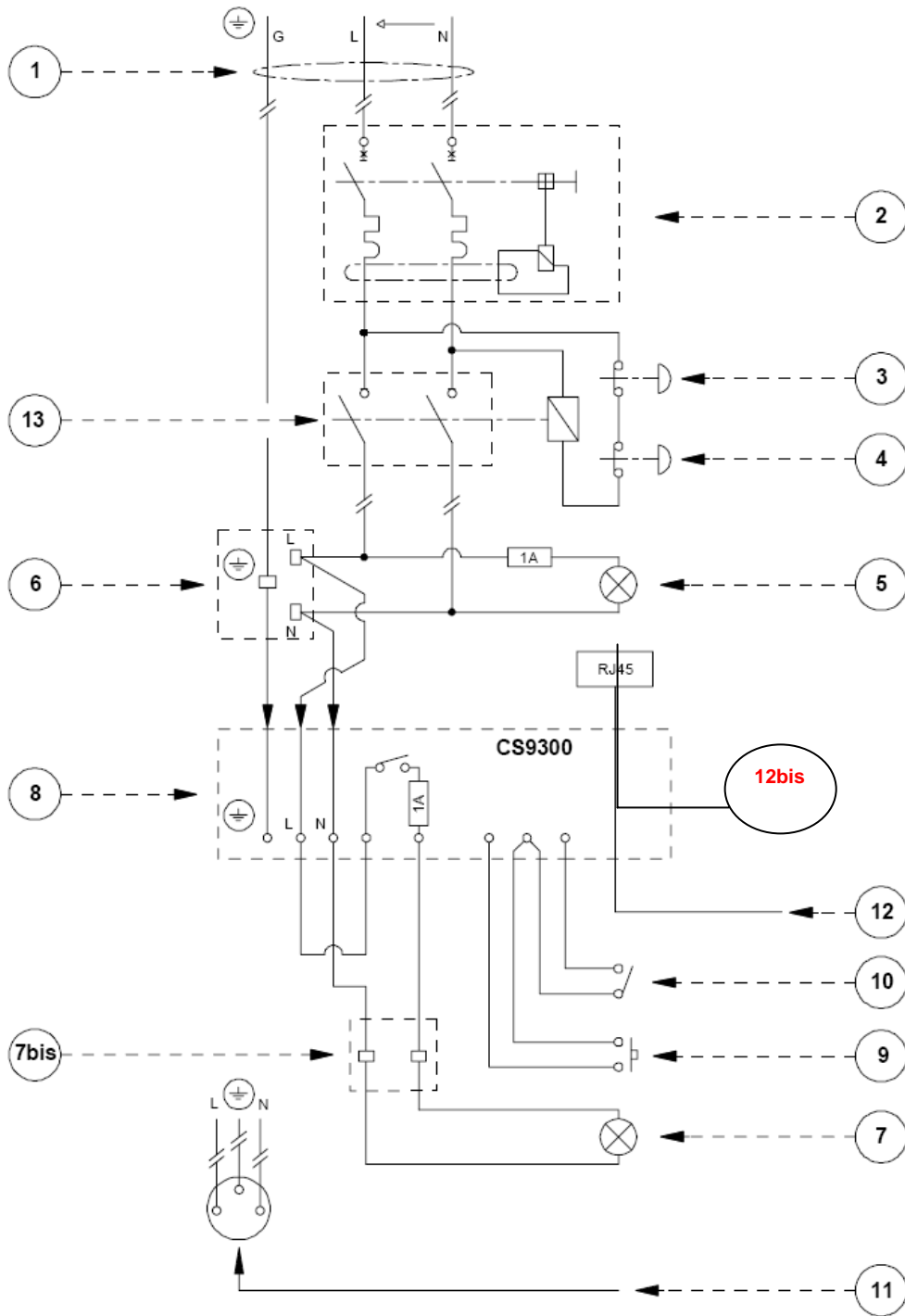
8- Environmental requirements	
The ambient temperature should be 5°C to 35°C with a maximum of 30-85% relative humidity, non condensing	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
The atmospheric pressure must be 700-1060 hpa	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

DSE Name :	Care Stream representative name (DSM):
DSE mobile #:	Care Stream representative mobile #:
Date:	Date:

Final comment :
please type here any usefull information

See next page electrical diagram

CS 9300 – Electrical diagram



Additional comments: