

Date: _____

Please complete the following information and email back to Pattons Medical (don.dike@pattonsmmedical.com).

Facility Contact:

Facility		Address	
Contact		City, State, Zip	
Title		Phone Number	
		Email	

Owners Training:

(Who will be available at Start-up?)

Maintenance	
Facilities	
Engineering	
Other	

Air Compressor:

Unit Information:

Model #	
Voltage	
Disconnect Rating	

Installation:

Electrical power connected	
Electrical voltage correct	
Unit anchored to floor	
Air Intake Connected	
Air Intake Pipe Size	
Discharge Pipe Connected	
Discharge Pipe Size	
Drain Pipe/lines connected	
Shipping blocks removed	
Proper clearances around?	
Adequate room cooling?	
Master Alarm being connected/tested now?	

Vacuum:

Unit Information:

Model #	
Voltage	
Disconnect Rating	

Installation:

Electrical power connected	
Electrical voltage correct	
Unit anchored to floor	
Vacuum Intake Connected	
Intake Pipe Size	
Exhaust Pipes Connected	
Exhaust Pipe Size	
Drip legs installed	
Drain lines connected	
Proper clearances around?	
Adequate room cooling?	
Master Alarm being connected/tested now?	

Notes:	

Start-up Rep: _____

End User Rep: _____