

Assessment Form

Ceiling Lifts



Project Information (related to the whole project)

Arjo Country: Contact Name: E-Mail:
Project Name: Contact: Account: New OExisting: Address: Bus. Phone: Taxable: Yes ONO E-Mail: Installation: O Standard O Demo O Mock-up Type: Accute Long-term care O Other: Freight:
Address: Bus. Phone: E-Mail: Type: O Acute Long-term care O More care Transble: Taxable: O Hospital Buyer: Freight:
GPO:
Yes No Note: Charges may apply O Architectural plans available (CAD or PDF) O Service elevator available O BIM (3D models) required (Once track layout has been decided) O High humidity area above 92% (pool, spa area, etc.) O Engineer stamped drawings required. O All rooms Specific rooms: O Facility under construction/renovation O Typical installation methods to be used O Space restrictions for long span tracks O Unionised workers required

	No ((Yes Customer	Yes			No	Yes (Customer	Yes) (Arjo/	
-	0	\bigcirc	Distrib		uo	0	0	Distrib.)	Drywall/Firewall opening required
tioı	0	\bigcirc	0	Structural engineer required to validate facility structure	ati	0	\bigcirc	0	Fire-proofing removal
	0	\bigcirc	\bigcirc	Crane required to transport material up to higher floors		0	Q	Q	Access panel required
sta	0	\bigcirc	\bigcirc	Storage container needs to be provided	nst				Standard O Fire rated
<u> </u>	0	\bigcirc	\bigcirc	Personnel available for shipment unloading	9	0	9	0	Follow infection control procedure
re	0	\bigcirc	0	Light fixture relocation	rin				O Level 1 O Level 2 O Level 3 O Level 4
Befor	0	0	0	Door header modification	Du	0	9	9	Asbestos prevention (abatement)
2	0		\bigcirc	Sprinkler relocation					CLevel 1 CLevel 2
	0					0	\bigcirc	\bigcirc	Drywall repair
0	0	\bigcirc	\bigcirc	Furniture and accessory relocation (beds, desks, etc.)	tior	0	\bigcirc	\bigcirc	Firewall repair
ng	0	\bigcirc	0	Ground Penetrating Radar (GPR) scanning	lla	0	0	0	Fire-proofing reapplication
uri	0	\bigcirc	0	Electrical outlet installation	Afsta	0	0	0	Extensive room cleaning
D	0	0	0	Curtain track modification	<u> </u>	0	0	0	3 rd party inspection following installation

NOTES

I have reviewed the data contained in this form and confirm it as correct. I understand that missing or incorrect information may have an impact on the quoted installation price. ASSESSOR

Name (Please print)



ROOM(S)

1.

2.

3.

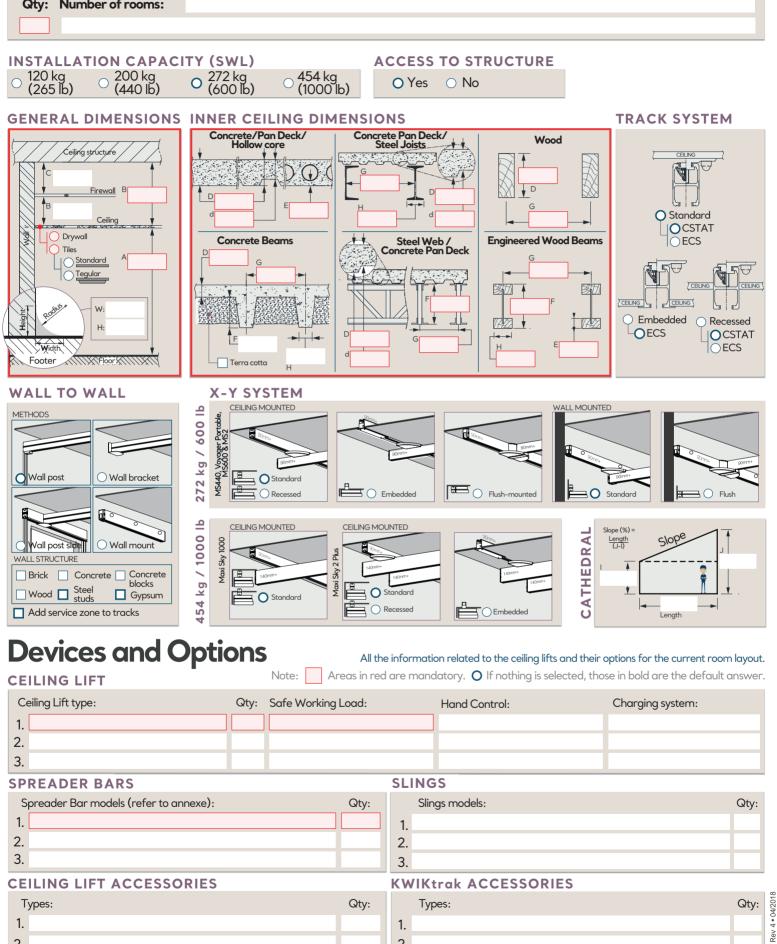
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PAGE # of One page per PROJECT

001-11750

Specific information related to the ceiling and/or wall structure of the first room layout. This page is for ONE LAYOUT ONLY.

Qty: Number of rooms:



1.

2.

3.

Room Drawing

SKETCH AREA

Sketch the first room layout. Add dimensions and main elements (beds, vents, windows, etc.). Refer to legend for symbols.



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NOTES

				Wall post side
Tracks −−−−− Curtains → Joists direction	Existing access trap	 Existing electrical outlet Sprinklers Vents 	© Charging station © Curtain Gap	 ◇ Wall post side △ Wall post ○ Wall bracket + Wall mounted