

RAMVAC INSTALLATION CHECKLIST & WARRANTY INITIATION

White copy for RAMVAC.
(Return in supplied envelope)
Yellow copy for User
Pink copy for Dealer

<i>Print or Type</i>	Dentist or Institution Name: _____	Dental Facility Name: _____	
	Mailing Address: _____		
	_____ (City)	_____ (State)	_____ (Zip)
	Phone: () _____ - _____	Facility person responsible for RAMVAC maintenance: _____	
	Installation Date: _____	Email: _____	

<i>Complete by Installer</i>	Vacuum Unit Model No. 8□□E.□□□□.□	Tank Model No. 5□□□□□
	Vacuum Unit Serial No. □□ □□□□□□□□	Tank Serial No. □□□□□□□□
	<u>Vacuum Plumbing</u>	<u>Electrical</u>
	____ Number of Treatment Rooms / Chairs	____ Breaker/Disconnect Amp Rating
	____ Number of Vacuum Sinks	____ Line Voltage
	____ Number of Vacuum Cuspidors	____ Running Voltage
	Piping Layout	____ Amps Lead 1 (all motors)
	<input type="checkbox"/> Overhead Lift Height _____ (Floor to Trunk Line)	____ Amps Lead 2 (all motors)
	<input type="checkbox"/> Below Grade	____ Amps Lead 3 (3ph motors)
	<input type="checkbox"/> Pipe Size (Trunk Line) _____	<u>Pump Lubrication</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Machine is installed level	
Tank Drain	<input type="checkbox"/> Oil Level OK	
<input type="checkbox"/> Air Gap	Drip Rate	
<input type="checkbox"/> No Air Gap, Vented per NFPA 99c	____ Drips/min - Right Dripper (All systems)	
<u>Exhaust Plumbing</u>	____ Drips/min - Left Dripper (All systems)	
Y N Dedicated exhaust plumbing per unit to outside of building	____ Drips/min - Center Dripper (Bison 7 & 9)	
Y N Exhaust pipes joints sealed	<u>Switching</u>	
Y N Exhaust piping loosely supported to isolate vibration	What on-off switching method will be used?	
Y N Outside end capped or turned down to prevent entry of rain or snow	<input type="checkbox"/> Push-button on S2 Control	
Y N Outside end screened to prevent entry of animals	<input type="checkbox"/> Remote Switch	
Exhaust Pipe Material	<input type="checkbox"/> RAMVAC Remote Control Panel	
<input type="checkbox"/> PVC Sch 40	<input type="checkbox"/> Non-Illuminated Switch	
<input type="checkbox"/> PVC Sch 80	<input type="checkbox"/> Non-RAMVAC Illuminated Switch	
<input type="checkbox"/> Copper	<input type="checkbox"/> OWL Touch Serial Number: _____	
<input type="checkbox"/> Other _____		
I have demonstrated and explained Operation and Maintenance procedures, using the User Guide and hardware, to the facility person responsible for RAMVAC maintenance:		
_____ (Printed Name of Installer)	_____ (Dealer)	

<i>Complete by Owner</i>	Warranty Initiation
	<input type="checkbox"/> I have a User Guide and I will comply with the operation and maintenance instructions or contact RAMVAC if I cannot. <input type="checkbox"/> I have a completed copy of the RAMVAC Installation Checklist and received a RAMVAC Starter Pack. <input type="checkbox"/> I have received maintenance instructions from dealer personnel. <input type="checkbox"/> I understand that RAMVAC warranty coverage depends on RAMVAC's receipt of this document.
	_____ (Printed Name of Owner or Authorized Agent) _____ (Signature of Owner or Authorized Agent)

Thank you!

1. Complete the Installation Checklist (other side).
2. Complete this page.
3. Mail this document in the stamped envelope to RAMVAC.
 - a. If you fax it, be sure to fax both sides!

1.	Is the product information provided in the Dental Vacuum Installation book adequate? Comments:	Y	N
2.	Is the provided electrical information adequate? Comments:	Y	N
3.	Is the tank installation information provided with the equipment adequate? Comments:	Y	N
4.	Did you need to call RAMVAC during Installation?	Y	N
5.	If so were your questions answered? Comments:	Y	N

Installer's Name _____

Mailing Address _____

City/State/Zip _____

Dealer Name, City, State _____

Is this address: Business Residential