



Clinical Air Check List

Sizing

- ___ Number of Treatment Rooms/Chairs
- ___ Number of Doctors
- ___ Number of Hygienists
- [] Does facility have a working lab
- [] Is there a CAD/CAM in use
- [] Misc. devices that use clinical air
If so, please list _____

Compressor

- [] Lubricated Compressor
- [] LubeFree Compressor
- [] Sound Cover
- [] Proper clearance on all sides
*12" in front, 6" on sides and back
- [] Fresh air intake installed
[] Vented Outside Utility Room
- Compressor Age _____
- Manufacturer _____
- Model _____

Electrical

- ___ Breaker/Disconnect Amp Rating
- ___ Line voltage
- ___ Running Voltage

Switching

- [] On/Off at unit
- [] Remote Switch
- [] Illuminated
- [] Non-Illuminated

Plumbing

- Airline Size _____
- Airline Material _____
- Length of trunk line _____

Utility Room

- Location _____
- Temperature _____
- [] Room vented
- [] Finished Room
- [] Sound proofing material

Recommendations/Comments

Dealer Name:	Inspection Given By:		
Dental Facility Name:			
Address:	City:	State:	Zip:



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