ALTAMEDICA IN	ICORPORATED IN	STALLAT	ION REQU	EST FORM (TECH-FM-INST Rev.0)	
Center:			Form Number:		
Address:			Date:		
Contact Person:			Contact Number:		
Equipment Type:			Sales Invoice:		
Brand: Model:			Installation Date:		
Checklist			Remarks		
Pre-sales requirement; □Electrical Supply; VAC;ø □Electrical Supply Distance ≤2m □Grounding; VAC □Transformer; Rating: VA □ AVR; Rating: VA	□YES □NO; Nearby motor? □YES □NO; Leveled platform? □YES □NO; Acceptable altitude? Other:		Reques	sted by: (Name and Signature)	
□UPS; Rating:VA					
☐Water Supply	□ Delivered		Approved by; (Altamedica only)		
☐Waste Drain ☐Temperature;	Date:	Inv	ventory		
□Adequate Workspace; Length:	☐Other: Free items;	:	Sales		
Width: Height: □YES □NO; Computer (Workstation)	□Reagent; □ Delivered? □YES □NO	Credit 8	& Collection		
□YES □NO; Near a heat source? □YES □NO; Near a water source?	□Accessories; Delivered? □YES □NO	Te	chnical		
□YES □NO; Presence of vibration? □YES □NO; Direct sunlight?	□Other:	Genera	al Manager		