|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\Service4\AppData\Local\Microsoft\Windows\INetCache\Content.Word\altamedica logo copy.png ALTAMEDICA INCORPORATED** INSTALLATION REQUEST FORM (TECH-FM-INST Rev.0) | | | | | | | | | | |
| **Center:** | |  | | | **Government Private** | | | **Form Number:** | |  |
| **Address:** | |  | | | | | | **Date:** | |  |
| **Contact Person:** | |  | | | | | | **Contact Number:** | |  |
| **Equipment Type:** | |  | | | | | | **Sales Invoice:** | |  |
| **Brand:** |  | | | **Model:** | |  | | **Installation Date:** | |  |
| **Checklist** | | | | | | |  | | | |
| **Pre-sales requirement;**  Electrical Supply; \_\_\_\_\_ VAC; \_\_\_\_ø  Electrical Supply Distance ≤2m  Grounding; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VAC  Transformer; Rating: \_\_\_\_\_\_\_\_\_\_VA  AVR; Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VA  UPS; Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VA  Water Supply  Waste Drain  Temperature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adequate Workspace;  Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Width: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES NO; Computer (Workstation)  YES NO; Near a heat source?  YES NO; Near a water source? YES NO; Presence of vibration?  YES NO; Direct sunlight? | | | YES NO; Well ventilated?  YES NO; Nearby motor?  YES NO; Leveled platform?  YES NO; Acceptable altitude?  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Machine Delivery Status;**  Delivered  For Delivery;  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Free items;**  Reagent; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delivered? YES NO  Accessories; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Delivered? YES NO  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | |
| **Requested by:** *(Name and Signature)* | | | |
|  | | | |
| **Approved by;** *(Altamedica only)* | | | |
| **Inventory** | |  | |
| **Sales** | |  | |
| **Credit & Collection** | |  | |
| **Technical** | |  | |
| **General Manager** | |  | |