






CS 8200SC 3D - PRE-INSTALLATION CHECK LIST

| | |
|------------------------------|---------------------------|
| YOUR Order reference: | Intervention Date: |
| OUR Order reference: | |
| Dealer information | Delivery Address |
| Company name: | Dental practice: |
| Address: | Address: |
| City: | City: |
| Postal Code: | Postal code: |
| Country: | Country: |
| Contact's name: | Contact's name: |
| Telephone: | Telephone: |
| Requested delivery date : | Time : |

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|--|---|--|---------------------------------------|
| Information for the delivery | | | |
| 1. Delivery at dental/medical practice | | | |
| Restriction for vehicles  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | please specify | |
| Pedestrian area <input type="checkbox"/> | Main road <input type="checkbox"/> | Shopping center <input type="checkbox"/> | Unrestricted <input type="checkbox"/> |

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| Check the following requirements for the dimensions of the CS8200SC 3D unit PACKED and UNPACKED WARNING : If you need to add a base plate you must add 12.5 mm to the Height of the unit | | |
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| Packaging size (ceph only) | Box: 675mm (D) x 1000mm (L) x 1065mm (H) | Weight: 65 kg |
| Separate packaging size (CS8200SC 3D) 2 boxes | Head box : 930mm x 380mm x 770mm Accessories box: 800mm x 400mm x 350mm Column box: 450mm x 350mm x 1650mm | Weight: 45 kg Weight <10kg Weight: 33 kg |
| CS8200SC 3D unpacked | 1842 (L) x 894 (D) x 1596 (H) mm | Weight: 102 kg |

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| 2. Access to the dental practice, please compare with the CS8200SC 3D unit dimensions | | | |
| 2.1. Through main entrance <input type="checkbox"/> | Secondary entrance <input type="checkbox"/> | | |
| 2.2. Entrance' dimensions | Width : mm | Height : mm | OK <input type="checkbox"/> |
| 2.3. Corridor's dimensions | Width : mm | Length: mm | OK <input type="checkbox"/> |
| 2.4. Ground floor: <input type="checkbox"/> | Floor: <input type="checkbox"/> | Floor # | |

If delivery in on ground floor, please go to point 4

| | | | |
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| 3. Delivery is NOT on ground floor | | | |
| 3.1. Lift available | Yes <input type="checkbox"/> | No <input type="checkbox"/> if No, go to point 4.5 | |
| 3.2. Lift entrance dimensions | Width mm | Height mm | |
| 3.3. Lift's max load | Weight kg | | |

If the lift meets the requirements go to point 5.

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| 3.4. Stairs' Dimensions | Width mm | | |
| 4. Access to the room where the unit will be installed | | | |
| 4.1. Door's dimensions | Width mm | Height: mm | |
| 4.2. Corridor's dimensions | Width mm | Height: mm | |

Delivery part: Please type here any specific or useful information



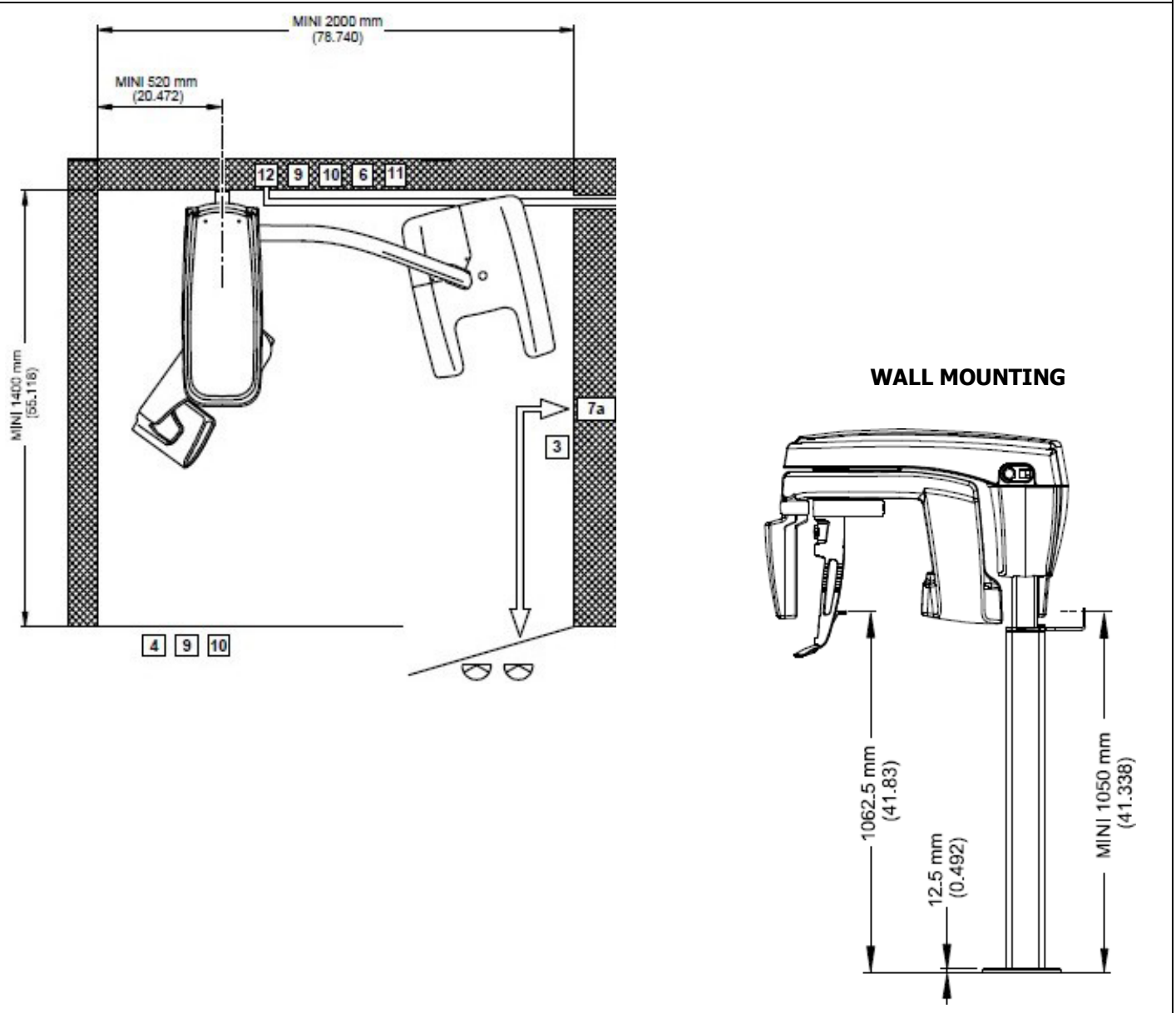
WARNING :The site must comply with the local regulation

5. Room dimensions requirement

| | | | |
|--------------------|------------------------|-----------------|----------------|
| 5.1. Minimum space | Width door: 750 mm | Room dimensions | Width door: mm |
| | Width: 2000 mm | | Width: mm |
| | Depth: 1400 mm | | Depth: mm |
| | Height: 2400 mm | | Height: mm |

Note 1: The door of the X-Rays acquisition room must not impede the unit arm rotation.

Note 2: Allow sufficient workspace around the patient chair - see drawings



| | |
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| 5.2. Wall and floor | |
| Streight of the wall, extraction force/attachment point: 150 kPa at each point | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The floor is solid and flat | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.3. Radio protection | |
| Recommended lead shielding is 2 mm lead thickness equivalent depending on the surrounding wall/door nature | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.4. Control room | |
| Will the customer's PC work in a network ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there a place/table for a monitor? (100cm at least) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
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| Is there high speed internet connection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can we access the Network from outside? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a DPMS? Which one? | | |
| Is there already a DIS database in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, Is there a link between the DPMS in place? | | |
| Is there a phone set close to control room? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Note 3: From the control room, the practician has to be able to see the patient permanently. We recommend leaded glass for all windows. | | |
| Are the windows leaded? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Room requirement summarize: Please type here any specific and usefull information

6. ⚡ Electrical requirements

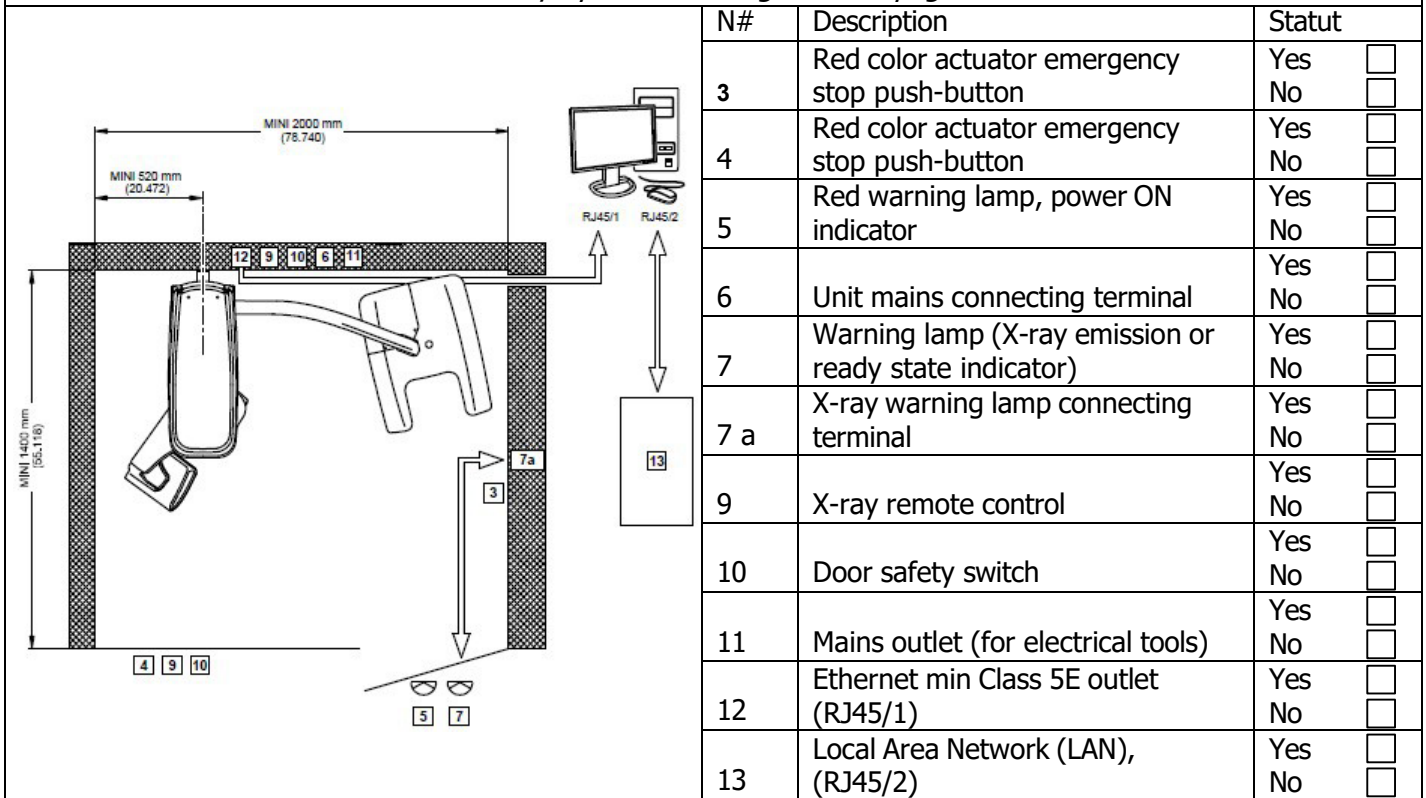
6.1. CS8200SC 3D unit requires the following dedicated electrical circuit. Please specify :

| | | |
|--|------------------------------|-----------------------------|
| 230V-240V - circuit breaker 16A / 30mA differential RCCB | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 110V-130V - circuit breaker 20A / 30mA differential RCCB | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6.2.

| | | |
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| ✓ The power supply line must be equipped with a connection box that ensures a constant connection. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ It must not be possible to connect the unit to the power supply without using a tool. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ The unit must be protected against any accidental disconnection. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6.3. CS8200SC 3D electrical circuitry – *please see diagram next page*



Please specify if any electrical requirement does not comply:

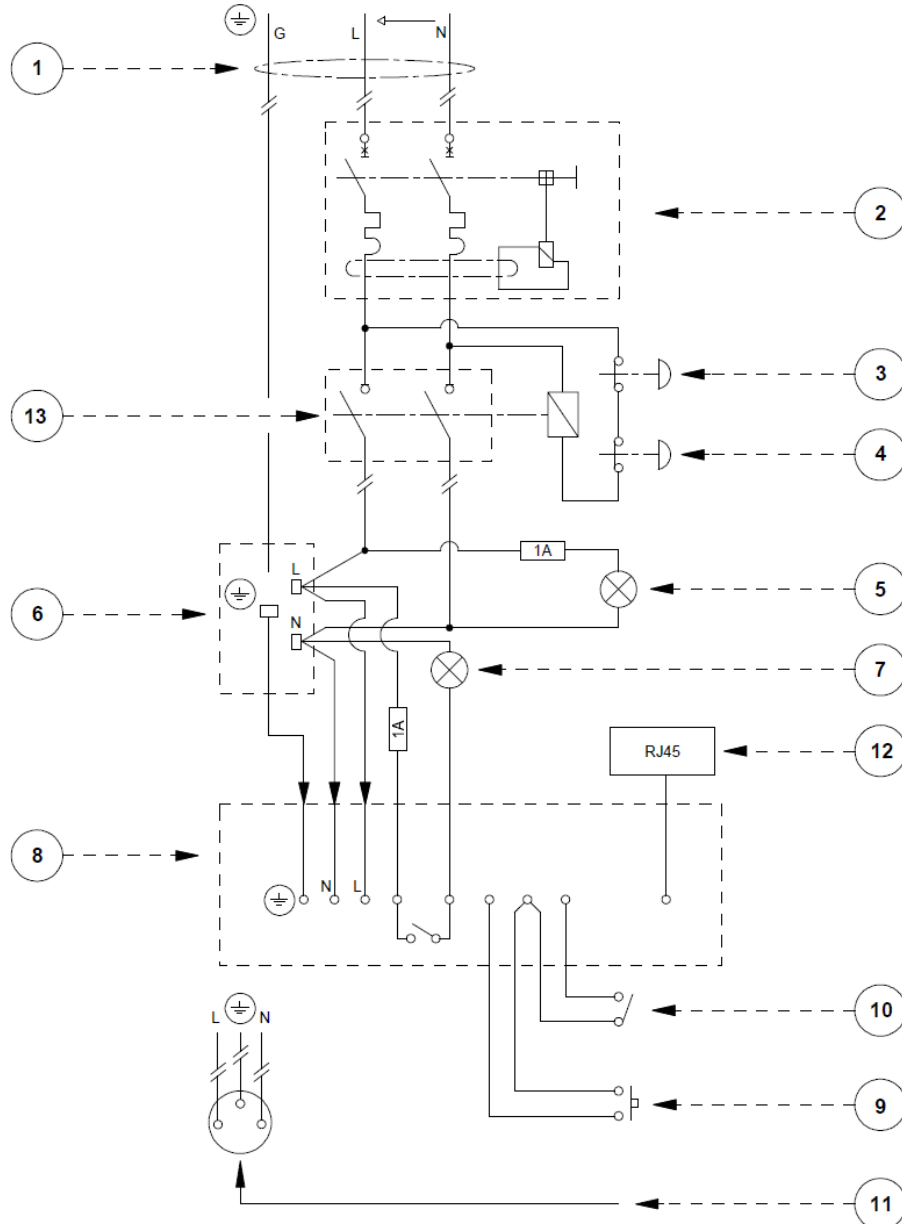
Electrical part summarize: Please type here any specific or useful information

7. Environmental requirements

| | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| The ambient temperature should be 5°C to 35°C with a maximum of 30-85% relative humidity, non condensing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't know <input type="checkbox"/> |
|--|------------------------------|-----------------------------|-------------------------------------|

| | | |
|---|-------------------------------------|-----------------------------|
| The atmospheric pressure must be 700-1060 hpa | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Don't know <input type="checkbox"/> | |

Galway – Electrical diagram of the X-Ray Room and the System Connections



- | | |
|---|--|
| <ul style="list-style-type: none"> 1 General mains 2 Differential circuit breaker 3 Red color actuator emergency stop push-button 4 Red color actuator emergency stop push-button 5 Red warning lamp, power ON indicator 6 System mains connecting terminal 7 Warning lamp (X-ray emission or ready state indicator) | <ul style="list-style-type: none"> 7a X-ray warning lamp connecting terminal 8 Column connecting terminals 9 X-ray remote control 10 Door safety switch 11 Mains outlet (for electric tools) 12 Ethernet outlet (RJ45/1) 13 Contactor |
|---|--|

| | |
|---------------|---------------------------------------|
| DSE Name : | Carestream representative name (DSM): |
| DSE mobile #: | Carestream representative mobile #: |
| Date: | Date: |

Final comment :
please type here any usefull information