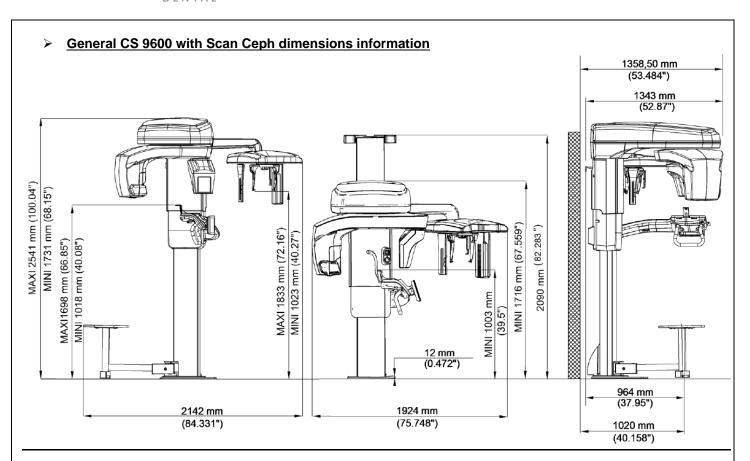


## CS 9600 with Scan Ceph - PRE-INSTALLATION CHECK LIST

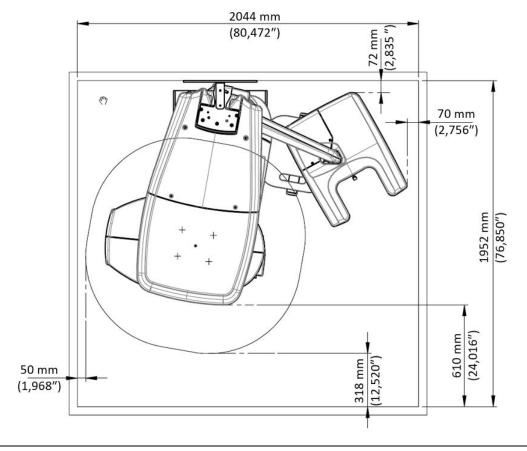
## I. INFORMATION FOR THE DELIVERY

1. Delivery address							
Dental practice name:							
Dental practice address:							
City:	· · · · · · · · · · · · · · · · · · ·						
Country:							
Contact's name:							
Phone number:							
2. Access to the dental prac	tice						
Restriction for vehicles/trucks							
	Don't know						
Pedestrian area	∕lain roa	ad 🗌	Shoppi	ng center 🗌	] [ι	<b>Jnrestricted</b>	I 🗌
•			•		•		
3. Packaging							
Check the following requirements f UNPACKED	or the o	dimensions	s of the CS 9	600 with Sca	an Ceph ur	it PACKED	and
			D) x (H) mm				
3 3			800mm x 16			t: 242 kg	
			x 700mm x			t: 180 kg	
Scan	Cepn	DOX: 6/5M	m x 1000mn	n x 1065mm	vveign	t: 65 kg	
4. Access in the dental prac	tice n	lease com	nare with th	ne CS 9600 i	unit dimen		
a. Through main entra				condary entra		1310113	
b. Entrance' dimensio		 Width:	mm	Height:	mm		ок 🗌
c. Corridor's dimension		Width:	mm	Length:	mm		OK 🗍
d. Ground floor:		Floor:		Floor #			
If delivery in on ground floor, ple	ease go	to point	4	<b></b>			
5. Delivery is NOT on groun							
a. Lift available		Yes 🗌	1	No 🗌			
<ul> <li>b. Lift entrance dimen</li> </ul>	sions	Width	mm	ŀ	Height	mm	
c. Lift's max load	Wei		kg				
If the lift meets the requirements							
d. Stairs' Dimensions		Width	mm				
6. Access to the room wher			installed		T		
a. Door's dimensions		Width	mm		Height		1
			Width mm		Height:		mm
Delivery part: Please type here any specific or useful information							
WARNING :The site mu		nply with	the local req	gulation			
7. Room dimensions require							
a. Minimum space		th door: 80		Room	Width		mm
		th: <b>2050</b> m		dimensions			mm
		th: <b>2000</b> m			Depth:		mm
Note 4. The deep of the V.D.		ght: <b>2300</b> m		la dia a conte con	Height	: mr	n
Note 1: The door of the X-Rays acc					m rotation.		
Note 2: Allow sufficient workspace	around	tne patier	ıt cnair - see	arawings			_



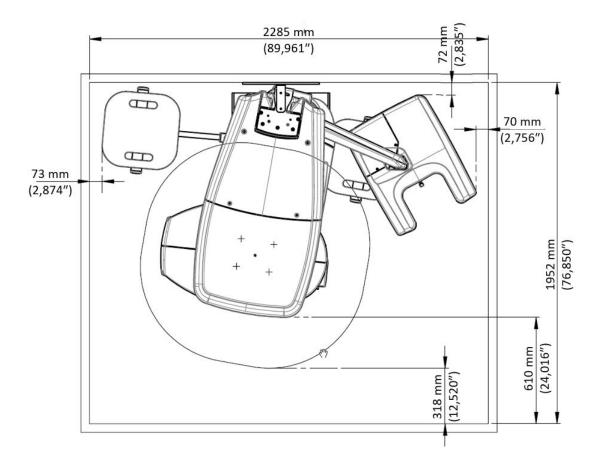


## > Case 1: Unit without optional patient seat or unit with the patient seat parked in the left





## Case 2: Unit with the patient seat parked in the right



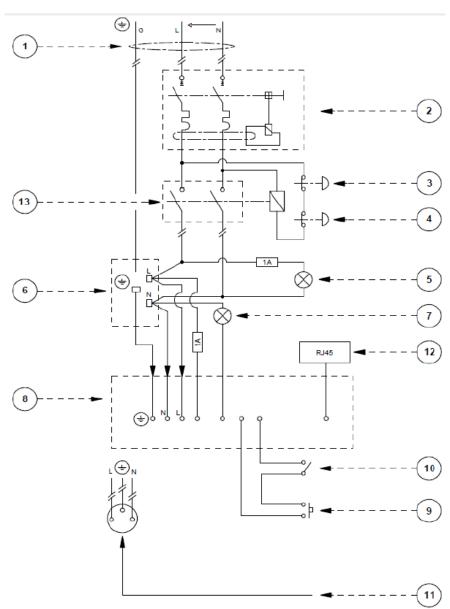


b. Wall and floor					
The floor is solid and flat				No $\square$	
c. Radio protection					
Recommended lead shielding is 2 mm lead thickness equivalent depending on the				No 🗌	
surrounding wall/door nature.					
For units having the 120 kV option, recommended lead shielding is 3 mm lead				No 🗌	
For units having the 120 kV option, recommended lead shielding is 3 mm lead  Yes  No thickness equivalent depending on the surrounding wall/door nature.					
d. Control room					
Will the customer's PC work in a network?			Yes 🗆	No $\square$	
Is there a place/table for a monitor?			Yes	No 🗆	
Is there high-speed internet connection?			Yes	No 🗌	
Can we access the Network from outside?			Yes	No 🗆	
Is there a DPMS? Which one?			1.00		
Is there already a CSI database in place?			Yes	No 🗌	
If yes, Is there a link between the DPMS in place?			1.00		
Is there a phone set close to control room?			Yes	No 🗌	
Note 3: From the control room, the practician has to	he ahle	to see the nationt no			
recommend leaded glass for all windows.	be able	to see the patient pe	amanemiy. w	<del>-</del>	
Are the windows leaded?			Yes	No 🗆	
	ongoific	and upofull informati		INO	
Room requirement summarize: Please type here any	specific	and userum milorman	OH		
A					
8. Electrical requirements					
a. CS 9600 unit requires the following dec	licated e	lectrical circuit. Please	e specify:		
200V-240V - circuit breaker 16A / 30mA differential RC			Yes 🗍	No	
100V-130V - circuit breaker 20A / 30mA differential RC			Yes $\square$	No	ΠI
b.					
✓ The power supply line must be equipped with a cor	nection	box that ensures a	Yes $\square$	No	
constant connection.					
✓ It must not be possible to connect the unit to the	wer sup	oply without using a	Yes	No	
tool.	, , , , , , , , , , , , , , , , , , ,	p.,g			
✓ The unit must be protected against any accidental.	disconne	ection.	Yes $\square$	No	
c. CS 9600 with scan ceph electrical circu			t page		
	N#	Description	, 0	Status	
RJ45/1		Red-colored actuato	r emergency	Yes	
MINI 2050 mm (80.71")	1	stop push-button	3 - 3	No	Π
(60.717)		Red-colored actuato	r emergency	Yes	
MINI 855 min	2	stop push-button		No	ПI
(33.46")		Red warning lamp, F	Power On	Yes	
9 6 4 8	3	indicator		No	ΠI
				Yes	Ī
	4	Unit mains connectir	ng terminal	No	П
		Warning lamp (X-ray		Yes	
	5	ready state indicator		No	ΠΙ
		X-ray warning lamp		Yes	
E C	5 a	terminal		No	ПI
2000 mm (78.74°)				Yes	Ħ
20 20 20 20 20 20 20 20 20 20 20 20 20 2	6	X-ray remote control		No	Ħ
		.,		Yes	
	7	Door safety switch		No	ПI
ļ <b>I</b>		, , , , , , , ,		Yes	Ī
267	8	Mains outlet (for elec	ctrical tools)	No	T I
3 3	-	Ethernet min Class 5		Yes	Ħ
	9	(RJ45/1)	<del>-</del>	No	ΠI
		Local area network (	LAN)	Yes	Ħ
	10	(RJ45/2)	,	No	Fi I



Please specify if any electrical requirement does not comply:		
Electrical part summarize: Please type here any specific or usefull information		
9. Environmental requirements 🕗 🕚 🐲 🥚		
The ambient temperature should be 5°C to 35°C with a maximum of 30-85%	Yes	No 🗌
relative humidity, non-condensing	Don't know	
The atmospheric pressure must be 700-1060 hpa	Yes	No 🗌
	Don't know	

CS 9600 – Electrical diagram of the X-Ray Room and the System Connections



- 1 General mains
- 2 Differential circuit breaker
- 3 Red-colored emergency stop push-button
- **7a** X-ray warning lamp connecting terminal **8** Column connecting terminals
- 9 X-ray remote control



- **4** Red colored 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)
- 10 Door safety switch11 Mains outlet (for electric tools)
- 12 Ethernet outlet (RJ45/1)
- 13 Contactor

DSE Name :	Carestream Dental representative name (DSM):
DSE mobile #:	Carestream Dental representative mobile #:
Date:	Date:
Final comment :	
please type here any usefull information	