

Bender Electronics Inc. Site Readiness Pre-Checklist



To: _____

Phone: _____ Email: _____

From: Service Department
Bender Inc.

Phone: (800) 356-4266 Email: medical.service@bender-us.com

Reference: Checkout schedule date _____

SO# _____

Dear _____,

Thank you for choosing a complete inspection including certified testing of your new Bender IPS systems by a qualified Bender technician. The quoted checkout includes complete system commissioning, written records, certification, and a meeting with hospital medical and maintenance staff to train on operation of equipment and requirements for periodic testing.

We have scheduled one of our certified technicians to begin this work on the date listed on page 2 of this document. Please provide the required contact information within 24 hours to guarantee this date. If you have any issues with completing this, please contact us immediately. Failure to do so may result in requirement to reschedule this service.

Page 3 contains the pre-checkout checklist for Isolated Power Panels and equipment. This checklist must be returned to Bender with each item initialed and dated along with all proper signatures prior to checkout date and Bender technician's arrival. If the checklist is not returned prior to checkout, we will consider the facility unprepared and cancel this work. Cancellation or additional time on site required due to incomplete installation will result in the failure of the checkout and an additional \$2,500 per day plus travel expenses will be charged.

Please review and inform us if there are any revisions, changes, additions, or problems.

If you have any questions or need further information, please contact Rachael McQuiggan at (800) 356-4266 or e-mail medical.service@bender-us.com.

Thank You,

Bender Inc. Services



Checkout checklist: _____ SO#: _____

Requested schedule date*: _____

_____ of _____ is scheduled to begin the checkout for SO# _____ on _____. **Requested date is subject to change pending confirmation from factory.*

Please complete this page and return within 24 hours of receipt. If more time is needed, please notify Bender immediately. Once the checkout is scheduled any changes may result in additional charges.

Primary Jobsite Contact: Name: _____ Title: _____
Phone: _____ Email: _____

Jobsite address:

How many systems & rooms are to be tested? Systems: _____ Rooms: _____

Hospital Facility Manager Contact: Name: _____ Title: _____
Phone: _____ Email: _____

Required PPE: Hard hat Safety shoes Vest Gloves Safety glasses
Other (Please list) _____

Customer/Distributor

Company: _____ Date: _____
Name: _____ Phone: _____
Title: _____ Email: _____
Signature: _____

Contractor/Hospital

Company: _____ Date: _____
Name: _____ Phone: _____
Title: _____ Email: _____
Signature: _____

Any unauthorized modifications or changes made to any sections of this document will not be accepted by Bender/Isotrol. Pages 2 & 3 must be returned prior to checkout.

If you have any questions or need further information, please contact Rachael McQuiggan at (800) 356-4266 or e-mail medical.service@bender-us.com.

Checkout checklist: _____ SO#: _____

Requested schedule date*: _____

Pre-Checkout Checklist

Please check, date, and initial all items on below list and return to Bender no less than 2 days prior to scheduled commissioning. Reference NEC Article 517 for information concerning isolated power & proper wiring.

Name: _____ Phone: _____ Email: _____

	<u>Item</u>	<u>Description</u>	<u>Date</u>	<u>Initial</u>
	1	ALL BENDER EQUIPMENT INSTALLED (SFC, IPC, IP, ID, LPC, RGM, PGM, XRM, RAS, RCS, MGM, RM, ETC)	_____	_____
	2	ISOLATED POWER PANEL PROPERLY WIRED TO DISTRIBUTION PANEL	_____	_____
	3	ISOLATED POWER PANELS HAVE APPROPRIATE INCOMING POWER AND ARE ENERGIZED	_____	_____
	4	ALL FRONT TRIMS & DEAD FRONTS REMOVED AND REPLACED BY CONTRACTOR (CAN BE DAY OF CHECKOUT)	_____	_____
	5	ALL RECEPTACLES INSTALLED AND WIRED	_____	_____
	5.1	<i>Orange wires with at least one distinctive colored stripe other than white, green, or gray along the entire length of the conductor are connected (landed) on the receptacle "Neutral (Silver) Slots" and Brown wires with at least one distinctive colored stripe other than white, green, or gray along the entire length of the conductor are connected (landed) on the receptacle "Hot (Brass) Slots". Use of "XHHW" wire strongly recommended.</i>	_____	_____
	6	ALL FIXED EQUIPMENT MOUNTED, INSTALLED, WIRED, & FUNCTIONAL (SURGICAL LIGHTS (INCLUDING BULBS), X-RAY VIEWERS, ETC)	_____	_____
	7	2 POLE ON/OFF SWITCHES TO SURGICAL LIGHTS, X-RAY VIEWERS, ETC. STRONGLY RECOMMENDED FOR TESTING PROVISIONS	_____	_____
	8	MAKE FOLLOWING INFORMATION AVAILABLE DAY OF CHECKOUT: WIRE SCHEDULE, BLUE PRINTS, BREAKER PANEL SCHEDULES, AND PERSON KNOWLEDGEABLE OF HOSPITAL LAYOUT WHO WILL BE MADE AVAILABLE FOR DURATION OF CHECKOUT.	_____	_____
	9	ALL SYSTEM AND EQUIPMENT GROUNDING MUST BE COMPLETED	_____	_____
	10	AN OWNER'S REPRESENTATIVE HAS BEEN INFORMED OF THE CHECKOUT DATE AND WILL BE AVAILABLE FOR SYSTEM OPERATION AND MAINTENANCE INSTRUCTION.	_____	_____
	10.1	A SEPARATE VISIT FOR THIS PURPOSE WILL INCUR AN ADDITIONAL CHARGE OF A MINIMUM OF \$2,500.00 PLUS TRAVEL EXPENSES.	_____	_____

If you have any questions or need further information, please contact Rachael McQuiggan or David Bradley at (800) 356-4266 or e-mail medical.service@bender-us.com.