

Pre-Installation Site Survey



(Please supply information as completely as possible prior to delivery and install)

Product: Whale G-Arm B6 Duo 2.0

Facility Address:

| | |
|-----------|--------|
| Address: | |
| City: | State: |
| Zip Code: | |

Important Contacts:

| OR Administrator Contact | Engineering (Biomed) Contact Shipping/Receiving Contact |
|--------------------------|--|
| Name: | Name: |
| Title/Role: | Title/Role: |
| Phone: | Phone: |
| Email: | Email: |

Site Questions:

Requested start date of installation: _____

Length of trial/Install: _____

Names of main surgeons utilizing G-Arm: _____

Tables available at facility which are cantilever style: _____

Facility is requesting a table be provided during trial?: Yes ___ No ___

Facility Credentialing/access arranged? Yes ___ No ___

Billing Facility Address (if different from Installed Facility)

| | |
|---|--------|
| Billing Facility ID (if different than Installed Facility) | |
| Address: | |
| City: | State: |
| Zip Code: | |

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Site Contact Information

| Radiation Technician Main Contact | Service Line Coordinator |
|-----------------------------------|--------------------------|
| Name: | Name: |
| Title/Role: | Title/Role: |
| Phone: | Phone: |
| Email: | Email: |

Delivery and Receiving of System:

Equipment delivery details:

Deliver to room/suite: _____

Site has freight elevator (if needed): Yes ___ No ___

Site has non freight elevator (if needed) Yes ___ No ___

What floor level is the OR located? _____

Will require elevator transport to OR? Yes ___ No ___

Site has receiving dock: Yes ___ No ___

Receiving dock has a loading platform Yes ___ No ___

Loading platform is height adjustable Yes ___ No ___

Site has storage for shipping crate Yes ___ No ___

Uncrating is best performed

(a) At the receiving dock _____

(b) In the OR _____

(c) Other area (specify) _____

Crating:

| Product name: Whale G-Arm B6 Duo, ver 1.0 and 2.0 | | | |
|--|---------------------|--------------------|--------------------------|
| Check for adequate floor loading | Metric | Imp. | OK? (tick or comment) |
| G-Arm System weight | 365kg | 805lbs | |
| G-Arm Console weight | 235kg | 518lbs | |
| Area (console + G-Arm) | 4.18 m ² | 45 ft ² | |
| Confirm Minimum Clearances & Loading (consult with Whale if any issues) | | | |
| Hall/Doors | 96.5cm | 38" | |
| Elevator | Width | 198cm | 78" |
| | Depth | | |
| | Height | | |
| Max. elevator load (sole item) | 365kg | 805lbs | |
| Crate Dimensions | | | |
| System Crate Height | 2106 | 82.9" | |
| System Crate Width | 1176 | 46.2" | |
| System Crate Length | 2466 | 97.1" | |
| Console Crate Height | 1066 | 42.0" | |
| Console Crate Width | 1066 | 42.0" | |
| Console Crate Length | 1986 | 78.2" | |

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Power Supply Information:

Power rating of wall outlet for G-Arm Volts _____ Amps _____ Hz _____
Power Socket design type? E.g.A,C,G etc _____ (if unsure attach photo)
Power phase Two _____ Three _____
Integral UPS/Surge Protection Yes _____ No _____
Power is stable Yes _____ No _____

Software Information:

G-Arm system to be configured for DICOM Yes _____ No _____
Facility IT/PACS personnel available Yes _____ No _____

Customer/Procedure Information:

Number of technicians/nurses to train _____
Type of Hospital Specialties (Ortho, trauma, etc) _____
Types of specific procedures to be used during trial _____
Average Number of Surgeons who will use/trial G-Arm _____
G-Arm compatible tables available (cantilever/diving board) Yes _____ No _____
Make/model (if known) _____

Other Information:

Confirm installation to Finance Company?: Yes _____ No _____
Table to be included with G-Arm purchase?: Yes _____ No _____

Checked on behalf of Whale By:

Name Date

Survey information provided by:

Name and Title Date

Co-ordinating contact if further customer information required:

Name and Title Date

Phone Email