

Hoist Pre-installation Check Sheet and Booking Form

Customer Reference:

Astor Bannerman Serial:

Thank you for your order. Your new Hoist is now being manufactured. We would now like to arrange a date for the installation of your new equipment.

Your Equipment

Site Access

Parking available?

Yes

No

If none available, please advise on alternative options.

Site induction required?

Yes

No

If so please give timings.

Restricted hours on site?

Yes

No

If so please give timings.

Structure

We confirm the structure of the ceiling is:

Solid Slab of

TGI/ Eco Joist

Hollow Core/ Plank

Joist size

Block & Beam

Joist Access Over Hung

Other (Please specify)

We confirm the void between the structure and finished ceiling is:

No Void

0-300mm

300-600mm

600mm +

If multi-room hoist through a door, relevant door header adaptations have been made.

Yes

No

(Please consult with our Technical Co-ordinator for details.)

Loft Access? (If applicable)

N/A

Yes

No

Is loft area boarded?

Yes

No

The room or rooms where the installation is to take place will not be occupied throughout the duration of the fit.

Unoccupied

Electrics

Installation of live feed, consisting of 3amp Switched Fused Spur with (RCD protection).

This should be placed at ceiling level, within 300mm of the desired **charging position** and **gates**.

Yes

No

A dedicated supply is not necessary.

The Booking

We would like to complete this installation on:

Our engineer will aim to arrive between:

Customer Confirmation and Authorisation

This installation date will not be confirmed until this form is completed and returned to Astor Bannerman.

I confirm to Astor Bannerman (Medical) Ltd that this site will be prepared in accordance to the specifications detailed above and I authorise them to carry out this installation on the date shown. I acknowledge that if Astor Bannerman are not able to carry out the installation due to these requirements not being met, I will be liable for a further re-visit charge.

Name:

Position:

Date:

Signature:

IF YOU NEED TO CHANGE THE INSTALLATION AFTER RETURNING THIS FORM - PLEASE CONTACT US AS SOON AS POSSIBLE

To return this document you can type your Name, Position and Date directly into this PDF Document, then click on "File / Send File" and email it to: jason.butler@astorbannerman.co.uk or you can print this sheet off, fill in your details with a signature and either fax or post to the address at the top of the page.

INSTALLATION ENQUIRIES: 01242 822971

TECHNICAL SUPPORT: 01242 822972