



Site Questionnaire

Turn-Key Replacement - Medical Chillers

Facility Name: _____

Today's Date: _____

Address: _____

Target Date: _____

City: _____

State & Zip: _____

Site Contact: _____

Phone: _____

Email: _____

Current System Information:

System (MRI, CT, Etc.): _____ Brand: _____ Model: _____ Site ID: _____

Chiller Brand: _____ Serial: _____ Model: _____ Voltage: _____

Question	Response	Notes
Have any changes or upgrades been made or planning to be made to the imaging system? If yes, please provide explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the replacement chiller be installed in the same location as the current chiller? If no, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a LCC Cabinet in the Equip. room and what is the model type?	None <input type="checkbox"/> Noted <input type="checkbox"/>	LCC Model:
Does the existing piping include a city water bypass and drain?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there an existing Fluid filter/flow meter in the piping?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Customer require Propylene Glycol to be used	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Customer request chiller interface panel to be installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the ambient temperature routinely <i>below</i> 113° F (45° C)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the ambient temperature routinely above -13° F (-25° C)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does this facility require OSHPD (Seismic certification) pre-certification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where is the current chiller located?	Inside <input type="checkbox"/> Outside <input type="checkbox"/> Rooftop <input type="checkbox"/>	
Please check if the either of the chiller configurations listed applies to the current chiller.	Water Cooled <input type="checkbox"/> Remote Condenser <input type="checkbox"/>	
What is the approximate horizontal distance between the system and the chiller installation?	_____ Feet	
What is the approximate vertical distance between the system and the chiller installation?	_____ Feet	

Special Considerations: _____

Name of Field Service Eng.: _____

Phone Number: _____

Please return the completed form and attach it to the RFQ form in Salesforce.