



# 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 <del>above</del> -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.**