

## OT200 CEILING HOIST PRE-INSTALLATION CONFIRMATION

Ref No.:	Product: OT200 CEILING TRACK HOIST	Date:     /     /
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<b>INSTALLATION ADDRESS:</b>		
		<b>Postcode:</b>
<b>SITE ACCESS</b>	<b>Please Circle Option</b>	
Parking available	<b>YES</b>	<b>NO</b>
If none available, please advise on alternative options		
Site induction required (if so please give timings)	<b>YES- TIME:</b>	<b>NO</b>
Access equipment allowed on site	<b>STEPS</b>	<b>PODIUMS</b>
	<b>HOP-UPS</b>	<b>OTHER</b>
OpeMed RAMS approved	<b>YES</b>	<b>NO</b>
<b>STRUCTURE</b>		
We confirm the structure of the ceiling is	<b>SOLID SLAB</b>	<b>TGI/ ECO-JOIST</b>
	<b>HOLLOW CORE/ PLANK</b>	<b>JOISTS (6x2" min)</b>
	<b>BLOCK AND BEAM</b>	<b>JOIST ACCESS OVER (STR. HUNG)</b>
We confirm the void between the structure and the finished ceiling is	<b>NO VOID</b>	<b>0-300MM</b>
	<b>300-600MM</b>	<b>600MM+</b>
If MF Ceiling (2 stage install), the MF not yet installed and access is available to structure.	<b>YES</b>	<b>NO</b>
If Tile and Grid Ceiling please confirm if the Grid will be in place at time of install	<b>YES</b>	<b>NO</b>
If multi-room hoist through a door, relevant adaptations have been made. Please consult with our Product Specialist for details.	<b>YES</b>	<b>NO</b>
Loft Access (if applicable) – Please confirm loft area will be clear on day of install	<b>YES</b>	<b>N/A</b>
Is loft area (if applicable) boarded?	<b>YES</b>	<b>NO</b>
The room or rooms where installation is to take place will NOT be occupied throughout the duration of fit.	<b>UNOCCUPIED</b>	
<b>ELECTRICS</b>		
Installation of live feed, consisting of 3 amp Switched fused spur (with RCD protection). This should be placed at ceiling level, within 300mm of the desired charging corner. A dedicated supply is not necessary.	<b>YES</b>	<b>NO</b>

**NO engineer will be programmed until this form is received and fully completed, signed and returned via email.**

"I CAN CONFIRM ALL OF THE ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT CHARGES\* WILL APPLY IF ANY OF THE ABOVE IS FOUND TO BE INCOMPLETE WHEN OUR ENGINEER ATTENDS."

Printed Name:	Signature:	Date:     /     /
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\*PLEASE NOTE THE ABORTIVE VISIT CHARGE IS **£350.00 + VAT**