



Delivery Certificate and Warranty Document

Installation date: _____

Reference No.: _____

Name and address of the dental clinic _____

The delivery contents include the following parts:

	Model	Serial No.
<input type="checkbox"/> Dental unit	_____	_____
<input type="checkbox"/> Dental chair	_____	_____
<input type="checkbox"/> Dr. stool	_____	_____
<input type="checkbox"/> Assistant stool	_____	_____
<input type="checkbox"/> Monitor	_____	_____
<input type="checkbox"/> Camera	_____	_____
<input type="checkbox"/> Dental light	_____	_____

The delivery certificate sent to Takara Belmont is the basis for the fulfillment of possible warranty claims. The installation of the equipment and issuing of certificate have to be done on the same day with the exception of instructions.

Is the equipment outwardly in perfect condition? Yes No
 Are all components listed on the delivery note/invoice included? Yes No

Air pressure of system (0.55 MPa) _____ Water pressure of system (0.2 MPa) _____
 Water hardness (8-12 dH) _____ Voltage (230 V) _____

Function in order or set correctly:

- Spring arm tension: Doctor element Yes No
- Light arm Yes No
- Electrical functions Yes No
- Multimedia functions Yes No
- Air and water volumes in accordance with assembly instructions
- Suction Yes No
- Cup filling (volume/warmth) Yes No
- Bowl flush water (volume) Yes No
- Chair programme Yes No
- Assembling parts built in correctly? Yes No

- Amalgam separator functioning? Yes No
- Automatic separator functioning? Yes No
- Vacuum stop valve functioning? Yes No
- Earth wire connected? Yes No
- Safety stop switch in order? Yes No

If yes, which one? _____

Country-specifically required or optional:

- Medical product book given? Yes No
- Operation book on amalgam separator given? Yes No
- Equipment protected by residual-current device? Yes No

Comments / Defects: _____

Technician:

The equipment has been installed according to installation instructions. The safety checks were, as far as country-specifically required, conducted and documented.

The technician has confirmed to own required expertise for the assembly. Yes No
 Defects were confirmed Yes No
 Defects were eliminated Yes No

Phone number of the service technician for possible enquiries: _____

 Name Date Signature Dealer's name

Dental clinic / authorised person:

You have received the operation and installation instruction book belonging to the equipment. You were instructed in the usage and appropriate handling/maintenance of the product. The signature confirms that the installed equipment has been delivered in good conditions.

 Name Date Signature

1st sheet (white) for Takara Belmont
 2nd sheet (green) for dental clinic
 3rd sheet (yellow) for dealer