

Installation Check List for X-RAY report (Ver. 1-0)

MODEL NAME		SERIAL No.		DATE OF INSTALLATION	
X-RAY		X-RAY		NAME OF DENTAL OFFICE	
DEALER'S NAME			CITY, STATE, COUNTRY		

PLEASE CONFIRM FOLLOWING MATTERS, AFTER INSTALLATION OF BELMONT EQUIPMENT

1) POWER SUPPLY VOLTAGE			
Power supply is a 3 wire grounded circuit, separately connected to the circuit breaker panel with an over current protection device rated for 15 amperes (for 100/110/120V type) or 10 amperes (for 220/230/240V type).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
			_____ VAC
2) TUBE POTENTIAL COMPENSATION VALUE (only 505)			
Note the CP values indicated on the label in the head yoke.	CP. _____	for 60kV	
	CP. _____	for 70kV	
Confirm the stored CP value in the controller is same as the value on the label. (If it is different, change the stored value in the controller.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3) MA (TUBE CURRENT) ADJUSTMENT			
Confirm "Fin" is displayed after a series of exposures.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4) CONFIRMATION OF KV AND MA (only 505)			
Confirm kv is within ± 5 kV and MA is ± 1 mA of rated value.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5) EXPOSURE WARNING LAMP & BUZZER			
Confirm that the exposure warning buzzer and lamp is activated during the entire exposure.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6) LINE VOLTAGE REGULATION			
No load voltage : _____ VAC, Load voltage : _____ VAC, Line voltage regulation : _____ %			
<u>505</u> Line voltage regulation should be within the range of 0-5% for 100/110/120V type or 0-3% for 220/230/240V type.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<u>097</u> Line voltage regulation should be within the range of 0-3% for 100/110/120V type or 0-2% for 220/230/240V type.			
7) HORIZONTAL ARM			
Confirm correct assembly of two (2) retaining bolts.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8) POST INSTALLTION INSPECTION			
Horizontal arm, balance arm and head do not drift from any position.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

<REMARKS>

PERSON IN CHARGE		DATE
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