
Appendix A – Pre-Installation Checklist

The following checklist should be completed by both the customer and the Vendor's representative. Mark each **Yes** or **No** box, then sign the checklist.

Equipment Arrival Date: _____

Planned Installation Date: _____

A.1 Site Information Contact Persons

Table A-1: Site Information Contact Persons

Site Name		System Administrator	
Department		Chief Technologist	
Street		Facilities Engineer	
City, State, Zip		Shipping/Receiving	
Country		Physician	
Telephone			

The questions to be answered are arranged according to four topics:

- Site preparation and required cables
- Unloading and conveyance to installation site
- Networking
- Radionuclides licenses

A.2 Site Checklist

Table A–2: Site Checklist

Site Planning		Yes	No	Comment
Room Measurements	Does the camera room meet minimum size requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does room height meet the minimum height requirement?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does the room layout leave sufficient free space for servicing?	<input type="checkbox"/>	<input type="checkbox"/>	
Room Layout	Are final Site Layout drawings completed and approved by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are final Site Layout drawings approved by the Vendor?	<input type="checkbox"/>	<input type="checkbox"/>	
Floor Preparation	Can the floor tolerate the specified loads?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is construction necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, what is the scheduled completion date?			
	Does floor leveling meet the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does floor flatness meet the specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
Ducts	Is installation of the necessary ducts completed?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do the ducts meet the required specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Button	Is the planned location of the emergency button easily accessible by the operator?	<input type="checkbox"/>	<input type="checkbox"/>	
Power Requirements	Does the three-phase wall outlet meet the specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the three-phase power line stabilized?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is a wall outlet available for installation tools?	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Conditions	Are the specified requirements met, considering the system's thermal loads?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the magnetic field in the camera room less than 1 Gauss?	<input type="checkbox"/>	<input type="checkbox"/>	

Table A–2: Site Checklist (Continued)

Unloading and Conveyance to Installation Site		Yes	No	Comments
Loading Dock	Does the institution have a truck-height (44") loading dock?	<input type="checkbox"/>	<input type="checkbox"/>	
	Can a full-size truck access the truck-height loading dock?	<input type="checkbox"/>	<input type="checkbox"/>	
	If not, will institution arrange for a short truck delivery?	<input type="checkbox"/>	<input type="checkbox"/>	
Unloading by fork lift:	Does institution have a fork lift with weight capacity to lift a fully crated Gantry?	<input type="checkbox"/>	<input type="checkbox"/>	
	If not, will institution arrange for an appropriate fork lift?	<input type="checkbox"/>	<input type="checkbox"/>	
Unloading by crane	Is an area for crane hoisting planned?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is closing off of this area for the required period of time approved by the authorities?	<input type="checkbox"/>	<input type="checkbox"/>	
	Please provide the following information: Name of rigging company: _____ Contact name: _____ Phone: _____			

Table A–2: Site Checklist (Continued)

Halls, Elevators and Doors	Are <u>all</u> door openings/hallways from loading dock to the camera room large enough for passage of the Gantry and/or the patient table mounted on the moving kit/wheels?	<input type="checkbox"/>	<input type="checkbox"/>	
	Can all pathways tolerate the weight of the Gantry mounted on Moving Kit/Wheels?	<input type="checkbox"/>	<input type="checkbox"/>	
	If elevator passage is required, can the elevator tolerate the weight and size of the Gantry + Moving Kit/wheels and the length of the Table?	<input type="checkbox"/>	<input type="checkbox"/>	
	Will the Patient Table clear all 90° corners?	<input type="checkbox"/>	<input type="checkbox"/>	
	Will the Gantry assembled on Moving Kit/Wheels clear all corners?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Inclines</u> : Are there any inclines on the route to the camera room?	<input type="checkbox"/>	<input type="checkbox"/>	
	If so, what is the angle of incline			
	<u>Carpet & Tile</u> : Will the camera be pushed across delicate carpets or tiles, requiring floor protection?	<input type="checkbox"/>	<input type="checkbox"/>	
Unloading and Conveyance to Installation Site (Continued)		Yes	No	Comments
Riggers	If camera can not pass through halls, elevators or doors, a rigging company must be employed. Will a rigging company be hired?	<input type="checkbox"/>	<input type="checkbox"/>	
	If so, please provide this information: Name of rigging company: _____ Contact name: _____ Phone: _____ Attach a copy of the riggers company insurance policy.			
Temporary Storage	Will institution store the crated camera in the department?	<input type="checkbox"/>	<input type="checkbox"/>	
	If not, will institution arrange for delivery on first install day?	<input type="checkbox"/>	<input type="checkbox"/>	

Table A-2: Site Checklist (Continued)

Existing Equipment Moves	Does the institution want the Vendor to move existing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, list the equipment and its required working conditions. <u>Equipment</u> <u>Working Conditions</u>			
Note that this may result in additional charges.				
Networking				
	Are network site name, hostname and IP address defined?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is network cabling and hardware installation complete or has contractor been scheduled to complete work as required?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is a phone line installed for the Modem?	<input type="checkbox"/>	<input type="checkbox"/>	
	If so, the telephone number is:			
License	Yes	No	Comments	

Table A–2: Site Checklist (Continued)

	Does the site have a licenser for the radionuclides used for system calibration (^{99m}Tc)?	<input type="checkbox"/>	<input type="checkbox"/>	
	If not, when will license be obtained?	<input type="text"/>		
	Will customer insure that ^{99m}Tc is available during installation?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Attenuation Correction option was ordered, has the site license for handling ^{153}Gd ?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Coincidence option was ordered: Has the site license for handling ^{18}FDG or ^{68}Ge ?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Coincidence option was ordered: Has the site license for handling ^{131}I ?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Coincidence option was ordered, will customer insure that $^{18}\text{FDG}/^{68}\text{Ge}$ and ^{131}I are available during the installation?	<input type="checkbox"/>	<input type="checkbox"/>	
Contact Persons	Is the primary field engineer identified?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the primary field engineer trained on the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the sales representative identified?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the customer system administrator identified?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the customer facility coordinator identified?	<input type="checkbox"/>	<input type="checkbox"/>	
General Access	Is the route to the installation room clear, are corridor / elevator requirements met?	<input type="checkbox"/>	<input type="checkbox"/>	
Room Shielding	Was the room shielding, relating to the other rooms and corridors, checked according to the site preparation requirements in this chapter?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the acquisition station area shielded properly?	<input type="checkbox"/>	<input type="checkbox"/>	

Table A–2: Site Checklist (Continued)

Room Environments & X-ray Accessories	The Thermal load of the Infinia is 2100W / 7200 BTU/H, does the room meets GEMS environmental specifications temperature and humidity?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the external X-ray exposure light installed?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the X-ray Interlock system available and installed?	<input type="checkbox"/>	<input type="checkbox"/>	
	Could the room be locked for the installation period?	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Receiving	Is the receiving dock identified?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is a pallet truck available locally?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does forwarder supply a pallet truck?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the equipment delivery route defined / accepted by GEMS and the customer?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the storage of 3m X 3m area defined in the site?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are all conveying means and architectural changes required facilitating equipment delivery done?	<input type="checkbox"/>	<input type="checkbox"/>	
Waste Packing	Are there any facilities for the disposal of empty wooden cases, foam blocks and large cardboard boxes?	<input type="checkbox"/>	<input type="checkbox"/>	
Networking	Is network established with site name, host name, Ethernet addresses, and IP address for the workstation?	<input type="checkbox"/>	<input type="checkbox"/>	
Completion Sign Off Pre-installation completed: _____ Date: _____ Customer: _____ Vendor's Representative: _____				

A.3 Network Readiness Table

Please fill in this table before equipment arrival.

Table A–3: Network Readiness Table

Assigned by the Hospital Net Admin if connecting to the Hospital LAN. Otherwise assigned by local GE On-Line Center	Hostname	IP	AE Title	Dicom Port	Wired (Y/N)?
Acquisition Host					
Processing Host					
Hardcopy Host					
LAN Net Mask					
Gateway to other networks					
Other					
Insite phone line					
Hub or Switch					

A.4 Power & Grounding Survey

Table A-4: Infinia Power & Grounding Survey

Customer Name:					
System ID:			Date of Audit:		
Equipment:			Location:		
CONDITIONS/ PARAMETER	VOLTAGE (V RMS)	CONDITIONS/ PARAMETER	VOLTAGE (V RMS)	CONDITIONS/ PARAMETER	CURRENT (A RMS)
Phase A - Neutral		Phase C - A		Phase A	
Phase B - Neutral		Phase A - Ground		Phase B	
Phase C - Neutral		Phase B - Ground		Phase C	
Phase A - B		Phase C - Ground		Neutral	
Phase B - C		Neutral - Ground		Ground	
	Ground Currents to Load:				
Ground Current at MDC (A1) Power off:				mA	
Ground Current at MDC (A1) Power on:				mA	
	Grounding Electrode:				
Location:					
Ground impedance:	Ohms	Current measured:	mA		

