

Hospital / Campus \_\_\_\_\_ of \_\_\_\_\_

<b>Install Dates</b>	1	Requested Install Dates:	Notes:
	2	Can the install dates be flexible?      Yes [ <input type="checkbox"/> ]      No [ <input type="checkbox"/> ]	
	3	If No, please provide determining factors:	
Tip: Visit <a href="http://BKRINSTALLATIONS.COM">BKRINSTALLATIONS.COM</a> to view calendar of available dates.			

<b>Product Rep</b>	4	Company Name:
	5	Product Rep Name:
	6	Product Rep Email:
	7	Product Rep Phone No:
	8	BKR Services Authorized by:

<b>Facility</b>	9	Healthcare Network:
	10	Campus / Facility Name:
	11	Address: (Street, City, State, Zip)
	12	Provide Facility hours if not 24 hours:
	13	Describe the age of this facility:

<b>Facility Contacts</b>	14	Project Coordinator / Facility Contact Name:		
	15	Facility Contact Email:		
	16	Facility Contact Phone No:		
	17	Departments that have been notified: [ X ]	Contact Name	Phone / Email Address
		Facilities Management: [ <input type="checkbox"/> ]		
		Plant Op / Engineering: [ <input type="checkbox"/> ]		
		EVS / Housekeeping: [ <input type="checkbox"/> ]		
		Infection Prevention: [ <input type="checkbox"/> ]		
		Security / Safety: [ <input type="checkbox"/> ]		
		Other: [ <input type="checkbox"/> ]		
	Other: [ <input type="checkbox"/> ]			
18	Clarification / Notes:			
Tip: Provide department contact info only if communication may be necessary				

<b>Staging Area</b>	19	Estimated number of skids needed for incoming product:			
	20	Location of staging area / new product storage:	Loading Dock [ <input type="checkbox"/> ]	Central Supply [ <input type="checkbox"/> ]	Vacant Department [ <input type="checkbox"/> ]
			Storage Area [ <input type="checkbox"/> ]	Vacant Room [ <input type="checkbox"/> ]	Parking Lot / Ramp [ <input type="checkbox"/> ]
			Warehouse / Auxiliary Building [ <input type="checkbox"/> ]	Undecided / TBD [ <input type="checkbox"/> ]	Other (please explain) [ <input type="checkbox"/> ]
21	Access hours:				
22	Clarification / Notes:				
Tip: Please consider distance when selecting the location of the staging area. This directly effects our efficiency.					

<b>Carts</b>	23	Type of carts that will be available for install team:	Tall Linen Cart [ <input type="checkbox"/> ]	Large Flat Bed [ <input type="checkbox"/> ]	Small Flat Bed [ <input type="checkbox"/> ]
			Tall Caged Cart [ <input type="checkbox"/> ]	Tall Open Shelf Cart [ <input type="checkbox"/> ]	Small Rubbermaid Cart [ <input type="checkbox"/> ]
			Red Bio Hazard Cart [ <input type="checkbox"/> ]	Trash Bin [ <input type="checkbox"/> ]	Other (please explain) [ <input type="checkbox"/> ]
24	Instruction for obtaining carts once install team arrives:				
25	Clarification / Notes:				
Tip: Carts with sides are most preferred. Linen suppliers may be able to provide extra carts to the facility during the install.					

Hospital / Campus \_\_\_\_\_ of \_\_\_\_\_

Cardboard / Trash

26	Instruction for cardboard generated from unpacking the new product:		
27	Instruction for trash generated from unpacking the new product:		
28	If use of a compactor is necessary, who will be responsible for operating?	BKR [ ]	Facility [ ]
29	Work together [ ]		
29	Clarification / Notes:		

Tip: BKR preferred method is to break down and neatly stack cardboard / trash on a pallet for facility personel to dispose of at their leisure.

Old Product

30	Will the install team be removing any existing product?	Yes [ ]	No [ ]	If No, please skip questions 34 - 39
31	Describe what products the install team will be removing:			
32	Percent of new product to be installed in the EXACT location as the old:	100% [ ]	100%-99% [ ]	99%-90% [ ]
		90%-60% [ ]	60%-30% [ ]	30%-0% [ ]
33	Size of new product compaired to the old:	New is the same size [ ]	New is larger [ ]	New is smaller [ ]
34	Who will be taking responsibility for the collection and removal of the old product?	BKR [ ]	Facility [ ]	Work together [ ]
35	<input checked="" type="checkbox"/> Choose a preferred method for the collection and removal of the old product:			
	<input type="checkbox"/> 1. BKR will place old product in hallway or hand off to facility personel for proper disposal (Requires facility help)			
	<input type="checkbox"/> 2. BKR will collect, transport, and place the old product in a designated area. Facility can later dispose at their leisure.			
	<input type="checkbox"/> 3. BKR will collect, transport, and place the old product into a designated collection receptacle.			
	<input type="checkbox"/> 4. BKR will collect and place the old product in designated carts. As carts fill, Facility can later dispose at their leisure or as needed. (This requires the Facility to keep BKR supplied with empty carts)			
	<input type="checkbox"/> 5. Other (please explain)...			
36	Clarification / Notes:			

Tip: Arrangements with disposal companies may be needed.

Bio Hazard

37	Will the install team be removing any Bio Hazard?	Yes [ ]	No [ ]
38	<input checked="" type="checkbox"/> Choose a preferred method for the collection and removal of the bio hazard:		
	<input type="checkbox"/> 1. BKR will hand bio hazard to facility personel at the time of installation (This requires facility personel to work directly with the install team at all times)		
	<input type="checkbox"/> 2. BKR will collect, transport, and place the bio hazard in the nearest soiled utility. Facility can later dispose at their leisure.		
	<input type="checkbox"/> 3. BKR will collect and place bio hazard in designated carts. As carts fill, BKR will exchange with Facility personel for an empty cart. Facility can later dispose at their leisure or as needed. (This requires the Facility to keep BKR a supply of empty carts)		
	<input type="checkbox"/> 4. Other (please explain)...		
39	Clarifacation / Notes:		

**THE INSTALL TEAM WILL NOT BE RESPONSIBLE FOR THE DISPOSAL OF BIO HAZARD... ONLY LOCKING AND REMOVAL FROM PATIENT AREAS**

Tip: Arrangements with disposal companies may be needed.

Tip: The install Team will work with facility personal to help collect and remove the bio hazard from the department floors.

Facility Stipulations

40	Highlight any policy requirements, agreements, instructions, ect... that will be asked of or required of BKR:
----	---

**BKR MUST BE AWARE OF ANY POLICY REQUIREMENTS THAT MAY PREVENT THE INSTALL TEAM FROM PERFORMING THIS SERVICE**

Tip: BKR is considered an outside contractor. Certain requirements may need to be met before BKR is allowed to perform this service.

Hospital / Campus \_\_\_\_\_ of \_\_\_\_\_

<b>Product Order</b>	41	List of items the product supplier is responsible for ordering:
	42	List of items the Facility is responsible for ordering:
	43	What is the target delivery date?
	44	Clarification / Notes:

**Tip: A follow up with the facility needs to be completed once the product has been delivered to assure all product has arrived.**

<b>Product # 1</b>	45	Product description / product no:	Quantity to install:
	46	Installation type:      Conversion [   ]      New placement [   ]      Combination [   ]	Quantity to order:
	47	Clarification / Notes:	

<b>Product # 2</b>	48	Product description / product no:	Quantity to install:
	49	Installation type:      Conversion [   ]      New placement [   ]      Combination [   ]	Quantity to order:
	50	Clarification / Notes:	

<b>Product # 3</b>	51	Product description / product no:	Quantity to install:
	52	Installation type:      Conversion [   ]      New placement [   ]      Combination [   ]	Quantity to order:
	53	Clarification / Notes:	

By signing below, you hereby verify that the above information is true and correct to the best of your knowledge and belief.

\_\_\_\_\_  
Signature - Product Supplier Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Facility Project Coordinator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date