

Project Assessment Form

		Noi	n Hospital / Off Campus _	of
	1	Requested Dates:	Notes:	
tes	2	Can the install dates be flexible? Yes [] No []		
Da	3	If No, please provide determining factors:		
Install Dates		71 1		
ıst				
=		Tip: Visit BKRINSTALLATIONS.COM to view calendar of available dates.		
Product Rep	4	Company Name:		
	5	Product Rep Name:		
<u>ಕ</u>	6	Product Rep Email:		
bg	7	Product Rep Phone No:		
Prc	8	BKR Services Authorized by:		
	9	Facility Contact Name:		
	10	Facility Contact Email:		
	11	Facility Contact Phone No:		
	12	Healthcare Network:		
	13	Building / Facility Name:		
	14	Address: (Street, City, State, Zip)		
₹	15	Provide Facility hours if not 24 hours:		
Facility	16	Describe the age of this facility:		
Fa		Please mark all that apply for this facility: Dr. Office / Clinic []	Rehabilitation Center []	Women's Center []
		Surgery Center []	Laboratory []	Dialysis Center []
		Urgent Care []	Senior Center []	Sleep Center []
		Imaging Center []	Cancer Center []	Behhavioral Health []
		Dental Center []	[]	[]
	10	Highlight any policy requirements, agreements, instructions, ect that will	he asked of ar required of BVD.	
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icility Stipulations				
Fac		BKR MUST BE AWARE OF ANY POLICY REQUIREMENTS THAT MAY	PREVENT THE INSTALL TEAM FROM PERFOR	MING THIS SERVICE
		Tip: BKR is considered an outside contractor. Certain r	equirements may need to be met before BKR is all	lowed to perform this service.
	19	List of items the product supplier is responsible for ordering:		
		and the product supplier is responsible for ordering.		
<u>_</u>	20	List of items the Facility is responsible for ordering:		
rde		, ,		
0	21	Where will the install team find the product to be installed?		
Ö	22	What is the target delivery date?		
Product Order	23	Clarification / Notes:		
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Tip: A follow up with the facility needs to be completed once the product has been delivered to assure all product has arrived.



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	28	Suite # / Dept. Name		Floor Number:	
	29	Contact Name:	Phone #:	Email:	
	30	Days & Hours of Operation:			
Ħ	31	Best Times With Lowest Census:			
Je.	32	Product description / Product no:			Quantity to install:
Suite / Department					
		Installation type: Conversion []	New placement []	Combination []	
	33	Product description / Product no:			Quantity to install:
		Installation type: Conversion []	New placement []	Combination []	
S	34	Clarification / Notes:			
				Tip: BKR may or may not b	e able to meet best / requested times
	28	Suite # / Dept. Name		Floor Number:	
	29	Contact Name:	Phone #:	Email:	
	30	Patient care hours:	Thone #.	Linuii	
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Suite / Department	32	Product description / Product no:			Quantity:
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