BKR INSTALLATIONS

Project Assessment Form

Non Hospital / Off Campus _____ of _____

Install Dates

1	Requested Dates:
2	Can the install dates be flexible? Yes [ ] No [ ]
3	If No, please provide determining factors:

Tip: Visit *BKRINSTALLATIONS.COM* to view calendar of available dates.

Notes:

Product Rep

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

Facility

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:
16	Describe the age of this facility:
17	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 [ ]	_____ [ ]	_____ [ ]

Facility Stipulations

18	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.

Product Order

19	List of items the product supplier is responsible for ordering:
20	List of items the Facility is responsible for ordering:
21	Where will the install team find the product to be installed?
22	What is the target delivery date?
23	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.

BKR
INSTALLATIONS

Project Assessment Form

Non Hospital / Off Campus _____ of _____

Suite / Department

28 Suite # / Dept. Name — Floor Number:
29 Contact Name: — Phone #: — Email:
30 Days & Hours of Operation:
31 Best Times With Lowest Census:
32 Product description / Product no: — Quantity to install:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
33 Product description / Product no: — Quantity to install:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
34 Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

Suite / Department

28 Suite # / Dept. Name — Floor Number:
29 Contact Name: — Phone #: — Email:
30 Patient care hours:
31 Best Times With Lowest Census:
32 Product description / Product no: — Quantity:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
33 Product description / Product no: — Quantity:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
34 Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

Suite / Department

28 Suite # / Dept. Name — Floor Number:
29 Contact Name: — Phone #: — Email:
30 Patient care hours:
31 Best Times With Lowest Census:
32 Product description / Product no: — Quantity:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
33 Product description / Product no: — Quantity:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
34 Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

Suite / Department

28 Suite # / Dept. Name — Floor Number:
29 Contact Name: — Phone #: — Email:
30 Patient care hours:
31 Best Times With Lowest Census:
32 Product description / Product no: — Quantity:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
33 Product description / Product no: — Quantity:
Installation type: Conversion [ ] New placement [ ] Combination [ ]
34 Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

BKR INSTALLATIONS

Project Assessment Form

Non Hospital / Off Campus _____ of _____

Suite / Department

28	Suite # / Dept. Name Floor Number:
29	Contact Name: Phone #: Email:
30	Patient care hours:
31	Best Times With Lowest Census:
32	Product description / Product no: Quantity: Installation type: Conversion [ ] New placement [ ] Combination [ ]
33	Product description / Product no: Quantity: Installation type: Conversion [ ] New placement [ ] Combination [ ]
34	Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

Suite / Department

28	Suite # / Dept. Name Floor Number:
29	Contact Name: Phone #: Email:
30	Patient care hours:
31	Best Times With Lowest Census:
32	Product description / Product no: Quantity: Installation type: Conversion [ ] New placement [ ] Combination [ ]
33	Product description / Product no: Quantity: Installation type: Conversion [ ] New placement [ ] Combination [ ]
34	Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

Suite / Department

28	Suite # / Dept. Name Floor Number:
29	Contact Name: Phone #: Email:
30	Patient care hours:
31	Best Times With Lowest Census:
32	Product description / Product no: Quantity: Installation type: Conversion [ ] New placement [ ] Combination [ ]
33	Product description / Product no: Quantity: Installation type: Conversion [ ] New placement [ ] Combination [ ]
34	Clarification / Notes:

Tip: BKR may or may not be able to meet best / requested times

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