

2470 S. Cherry Ave. Fresno, CA. 93706

Ph: (559) 256-8000 Fx: (559) 256-8100

Date:	Location Information		S/O #
Installation Location:			
Address:			
City/State/Country:			
Contact:	Ph:	Fx:	
Contact:	Ph:	Fx:	
Equipment Information - Describe Type of Air System to be Installed			
Number of machines being installed:		Additional Outlets:	
System Type (Please Check): Aluminum Trim ___ Wall System ___ Sub Floor ___ Other:			
Floor Plan Available? Yes ___ No ___		If yes, please attach floor plan layout with dimensions	
Building Type: Old ___ New ___ Under construction ___ Renovation ___			
Is there a fire code that will inhibit polyethylene tubing? Yes ___ No ___			
Structure Information - Describe Type of Building			
Walls: Concrete Block ___ Insulated Sheetrock ___ Non-Insulated Sheetrock ___ Other:			
Floor: Concrete Slab ___ Supported Concrete (Note thickness) ___ Wood ___ Brick ___ Other:			
Floor Covering: Carpet ___ Rubber ___ Wood ___ Tile ___ Linoleum ___ Other:			
Is there access to the floor from the underside? Yes ___ No ___			
Baseboard Trim: Rubber ___ Wood ___ Other (Please specify):			
Ceiling: Drop Ceiling ___ Concrete Slab (Note thickness) ___ Wood ___ Other:			
Is there access to the crawl space above ceiling for the tubing? Yes ___ No ___			
Are there any firewalls to prevent access for the tubing? Yes ___ No ___			
Are there any columns in the room that we must go around? Yes ___ No ___			
Please note any columns, special obstacles or construction problems:			
Compressor Information - Site Survey for Compressor Location			
Is there a 115 or 220 volt 20 amp dedicated circuit outlet at the compressor location? Yes ___ No ___			
If no, one will need to be installed for the compressor.			
Compressor Location: With equipment ___ Storage Room ___ Other ___			
Please specify the distance between the first exercise machine to the compressor. ___ Feet			
Site Survey Information			
Doors: Standard 36" ___ Double doors ___ Other (Please specify):			
What floor will the equipment be located? Floor # ___ Ground ___ Basement ___ Attic ___			
If not on ground level, is there a: Staircase ___ or Elevator ___			
Comments:			