

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 or beams in the room that we must go around? Yes ___ No ___				
Please note any columns, beams, special obstacles or construction problems:				
Compressor Information - Site Survey for Compressor Location				
Is there a 115 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 ___				
Is a step ladder available for access to ceiling area? Yes ___ No ___				
Are all work areas required for installation, accessible during normal working hours? Yes ___ No ___				
If No, please inform Keiser of any special requirements or situations.				
Comments:				
When would you like to have your air system installed? ___/___/___ Time:				