



SAMPLE REPORTS

- ◆ **Meeting Minutes** – Provided for all meetings conducted by Euthenics.
- ◆ **Responsibility Matrix** – Defines planning, procurement, and installation responsibilities.
- ◆ **Project Budget Summary** - The report provides a breakdown of equipment costs by department. It is sorted alphabetically by department name.
- ◆ **Equipment Requirements List** - This is the Room by Room report that is used throughout the project. There are various sorting, filtering, and suppressing options. The report sorts by Department / Architectural Room Number. Provides equipment cost per room, by department, and project. Includes quantity, model number, manufacturer, procurement / installation responsibility, and unit pricing.
- ◆ **Manufacturer's Summary Index** - This report provides a condensed summary of all equipment in the project sorted by manufacturer. Useful for reviewing total quantities and dollars of equipment line items.
- ◆ **Architectural Equipment Schedule** – An Excel spreadsheet of Architectural Impact Equipment format showing utility and dimension information.
- ◆ **Architectural Equipment by Room** – This report shows only that equipment which we determine to have architectural impact and is designed for the architectural team. Shows dimensional and utility information in a room by room format.
- ◆ **Architectural Information Report** - This report is focused on individual equipment items and provides dimensional, electrical, plumbing, HVAC, and related planning information. Provides total quantity in the project and room location detail.
- ◆ **Technical Data Sheets** - More commonly referred to as cut sheets. These will be provided to the project team as part of our Architectural Equipment Submittal.
- ◆ **Manufacturer's Summary** – This report provides equipment specifications for procurement purposes and includes total quantities and room locations.
- ◆ **Procurement Tracking Schedule** – Spreadsheet for tracking of budget versus actual on a line item basis.



SAMPLE REPORTS



EUTHENICS
A Planning & Design Firm

Meeting Report

Date of Meeting: January 20, 2005

Project: Your Hospital
Department Name
Euthenics' Project #01-111C

Date: January 21, 2005

Recorded By: Gene Collins

Attendees: John Smith, Bill Ford, Robert Long, Jim King, Jim Freeman
Gene Collins

Distribution: All Attendees +
Jane Smith and Richard Brown

A meeting was held on January 20, 2005 for the purpose of reviewing the Equipment Requirements List dated January 19, 2005 for the Emergency/Urgent Care Department. Following is a summary of the meeting discussion.

1. Monitoring - Currently have twelve (12) Protocol Propaq bedside monitors with Central Station and 2 each wall-mounted Slave Monitors. They will need a total of 25 monitors for the new department at Medical City, (16 treatment spaces plus a 9-bed observation). Mary is questioning the viability of buying additional monitors but has agreed to meet with them and give them an opportunity to rectify the problems
2. **Action Required:** EUTHENICS will follow-up with Mary after she has met with Protocol to determine the next step. Meeting was scheduled for July 7th.
3. Quiet Room (1-8185)_ - Question as to whether this room has medical gases. EUTHENICS subsequently confirmed with the architect that gases have been provided in this room.

Action Required: EUTHENICS will advise the Users.

The above document summarizes my understanding of the meeting discussion. Please advise Gene Collins within five (5) business days of receipt of this document if this does not accurately represent decisions and/or comments.



SAMPLE REPORTS



Euthenics
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EQUIPMENT RESPONSIBILITIES CHECKLIST

Project: Any Hospital

EI #:

Item Description	Owner			Arch	ID	Contractor		Comments
	Spec	Furn	Install	Spec	Spec	Furn	Install	
AUDIO/VISUAL AIDS								
Audio Visual Equipment	*	*	*					Not by EI - Contractor to pull cable?
Bulletin Board		*			*		*	
Cabinet, AV, Wall Mt.		*			*		*	
Projection Screen - Fixed				*		*	*	
Projection Screen - Freestanding	*	*	*					
White Board		*			*		*	

CARTS								
Case Carts, Surgical	*	*	*					
Food Delivery	*	*	*					Match Existing
Linen / Exchange	*	*	*					
Medication	*	*	*					
Supply/Exchange	*	*	*					
Trash	*	*	*					
Utility	*	*	*					
Audio/Visual	*	*	*					

FOOD SERVICE								
Serving Equipment								By Dietary Consultant - ?
Cash Register	*	*	*					
Microwave Oven (Nourishment)	*	*	*					
Vending Machine	*	*	*					Not by EI

HARDWARE								
Coat/Robe Hook				*		*	*	
Corner Protector				*		*	*	
Cubicle Curtain Track					*	*	*	
Grab Bar				*		*	*	
Hand Rail				*		*	*	
I.V. Track/Hangers				*		*	*	
Mirror				*		*	*	
Mop Holder				*		*	*	
Shower Rod				*		*	*	
Soap Dispenser, Surface Mt.	*	*					*	Not by EI - Provided by Vendor
Surgical Soap Dispenser	*	*	*					Not by EI - Provided by Vendor
Tissue Dispenser, Surface Mt.	*	*				*	*	Not by EI - Provided by Vendor
Towel Dispenser, Surface Mt.	*	*				*	*	Not by EI - Provided by Vendor

INTERIORS								
Artwork		*	*		*			
Clock, Battery		*	*		*			
Cubicle Curtains					*	*	*	
Folding Partitions				*		*	*	



SAMPLE REPORTS

YOUR HOSPITAL HOSPITAL ABC HOMETOWN, TX	<u>Project Budget Summary</u> Wednesday, January 19, 2005	Page 1 of 1 Euthenics, Inc. Sample-A
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530	ADMITTING (GROUND FLOOR)	\$8,900.00
545	DIETARY	\$8,580.00
220	ENVIRONMENTAL SERVICES	\$37,500.00
200	LABOR & DELIVERY (1ST FLOOR)	\$900,854.83
540	MATERIALS MANAGEMENT	\$87,830.00
270	NURSERY (WELL BABY & LEVEL II) (2ND)	\$394,172.05
525	PACU / PRE-OP (1ST FLOOR)	\$203,537.07
351	PATIENT UNIT, GYN, 26 BEDS (3RD)	\$219,396.80
350	PATIENT UNIT, MOTHER/BABY 16 BEDS (2ND)	\$174,218.60
352	PATIENT UNITS, RENOVATE EXISTING	\$240,128.60
520	SURGERY CENTER (1ST FLOOR)	\$1,037,367.24
400	WOMENS CENTER, GROUND FLOOR	\$57,178.00
535	WOMENS SERVICES - LACTATION	\$9,331.00

<i>Equipment Subtotal</i>		\$3,378,994.19
<i>Project Contingency %</i>	0.00	\$0.00
<i>Net Equipment Total</i>		\$3,378,994.19
<i>Tax %</i>	7.000	\$236,529.59
<i>Freight %</i>	3.000	\$101,369.83
<i>Install %</i>	0.750	\$25,342.46
<i>Storage %</i>	0.250	\$8,447.49
<i>Total Equipment Cost</i>		\$3,750,683.55
<i>Inflation Start Date</i>		
<i>Inflation End Date</i>		
<i>Inflation %</i>	0.000	\$0.00
<i>Total Project Cost</i>		\$3,750,683.55



SAMPLE REPORTS

YOUR HOSPITAL
 HOSPITAL ABC
 HOMETOWN, TX

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 Euthenics, Inc.
 Sample-A

Project Equipment Requirements List
 Wednesday, January 19, 2005

Show Records Where Dept = 200 LABOR & DELIVERY (1ST FLOOR).

Dept 200 LABOR & DELIVERY (1ST FLOOR)

Qty	UM	Item	Exist?	Item Description	Model	Resp	Mfg Name	Unit Cost	Ext. Cost	PQty	
Room 1030 LDR #1											
1	ea	REG0130	<input type="checkbox"/>	Regulator, Wall Suction, Combination Intermittent & continuous suction option.	1251 (Budget)	OFOI	Ohmeda	500.00	500.00	1	
1	ea	SFG1464	<input type="checkbox"/>	Sphygmomanometer, Aneroid, Wall Mt. Includes Adult Velcro Cuff	5091-38 (Velcro)	OFCI	Tycos Instruments	90.00	90.00	1	
1	ea	STE6000	<input type="checkbox"/>	Stereo System (LDR)	Budget Allowance	OFOI	Manufacturer To Be Determined	125.00	125.00	1	
1	ea	TBL1513	<input type="checkbox"/>	Table, Overbed w/Vanity & Sliding Tray	Companion II	OFOI	Stryker Medical	350.00	350.00	1	
1	ea	TEL0100	<input type="checkbox"/>	Television, 20" Color w/Hardwired Remote	H2058DT	OFOI	Zenith Health Care Systems	305.00	305.00	1	
									Room Total	31,984.00	

Room 1031 LDR Work											
1	ea	CAB2613	<input type="checkbox"/>	Cabinet, Warming, 1-Door, 30"x21"x26"H	DSW-3AE-1-18	OFCI	Continental Metal Products	3,750.00	3,750.00	1	
1	ea	CAR1363	<input type="checkbox"/>	Cart, Procedure, Delivery, Wood	Standard	OFOI	Stryker Medical	812.00	812.00	1	
1	ea	DIS2064	<input type="checkbox"/>	Disposal System, w/Gloves, Wall Mt.	4841H/4790	OFCI	Devon Industries	0.00	0.00	1	
1	ea	FLM0135	<input type="checkbox"/>	Flowmeter, Oxygen, 0-15 Lpm	1280 (Budget)	OFOI	Ohmeda	55.00	55.00	1	
1	ea	HMP1940	<input type="checkbox"/>	Hamper, Linen, 18" w/Footpedal & Lid	33334	OFOI	Brewer EF	125.00	125.00	1	
1	ea	PMF2776	<input checked="" type="checkbox"/>	Pump, Infusion, 2-Chamber w/Stand	Signature Edition II	OFOI	Alaris Medical Systems (Pumps)	0.00	0.00	1	
1	ea	REG0130	<input type="checkbox"/>	Regulator, Wall Suction, Combination Intermittent & continuous suction option.	1251 (Budget)	OFOI	Ohmeda	500.00	500.00	1	
1	ea	SCL0619-1	<input type="checkbox"/>	Scale, Infant, Digital, Countertop	Baby Weigh	OFOI	Medela	1,000.00	1,000.00	1	
1	ea	STL0616	<input type="checkbox"/>	Stool, Physician, LDR	88-1109-00-00	OFOI	Stryker Medical	361.00	361.00	1	
1	ea	VRM1192	<input type="checkbox"/>	Warmer w/Detachable Bassinet, Wood	BRW w/Bassinet	OFOI	Air-Shields / Hill Rom	10,500.00	10,500.00	1	
									Room Total	17,103.00	

Room 1032 Bath, LDR											
1	ea	Z99997	<input type="checkbox"/>	No Medical Equipment Required		OFOI	General Notes	0.00	0.00	1	
									Room Total	0.00	

Room 1033 Equipment Storage (LDR Support)											
1	lt	ALL0408	<input type="checkbox"/>	Allowance Instrumentation, L & D	Budget Allowance	OFOI	Manufacturer To Be Determined	15,000.00	15,000.00	1	
1	ea	CAR0106	<input type="checkbox"/>	Cart, Anesthesia, 6-Drawer	TCD-1G +-Access	OFOI	Waterloo Industries	812.00	812.00	1	
2	ea	CAR0106	<input checked="" type="checkbox"/>	Cart, Anesthesia, 6-Drawer	TCD-1G +-Access	OFOI	Waterloo Industries	0.00	0.00	1	
2	ea	MIR1463	<input checked="" type="checkbox"/>	Mirror, Birthing, Wood, Mobile	P15-05	OFOI	Hill-Rom	0.00	0.00	1	
1	ea	MON1215-1	<input checked="" type="checkbox"/>	Monitor, Patient, ECG/NIBP/SpO2	Eagle 4000	OFOI	Marquette Medical Systems	0.00	0.00	1	
									Room Total	17,103.00	



SAMPLE REPORTS

YOUR HOSPITAL HOSPITAL ABC HOMETOWN, TX	<u>Manufacturer's Summary Index</u> Wednesday, January 19, 2005	Page 1 of 16 Euthenics, Inc. Sample-A
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Air-Shields / Hill Rom					5	Manufacturer Total			161,000.00
Item	Exist?	Item Description	Add'l Description	Model	Resp	Qty	U/M	Unit Cost	Ext. Cost
BED1975	<input checked="" type="checkbox"/>	NICU, Standard Bed, Height Adjustable	Without Scale	IICS-90 VHA Std. Bed	OFOI	3	ea	0.00	0.00
BED1976	<input type="checkbox"/>	NICU, Large Bed, Height Adjustable	w/Scale	IICS-90 VHA Lge. Bed	OFOI	3	ea	14,500.00	43,500.00
BED1976	<input checked="" type="checkbox"/>	NICU, Large Bed, Height Adjustable	w/Scale	IICS-90 VHA Lge. Bed	OFOI	4	ea	0.00	0.00
ISO0636	<input checked="" type="checkbox"/>	Isolette/Incubator, NICU, Cabinet Stand		C-550 QT + Access.	OFOI	6	ea	0.00	0.00
ISO0637	<input type="checkbox"/>	Isolette/Incubator, Transport		TI-100 + Access.	OFOI	1	ea	12,500.00	12,500.00
ISO0637	<input checked="" type="checkbox"/>	Isolette/Incubator, Transport		TI-100 + Access.	OFOI	1	ea	0.00	0.00
LTS2638	<input checked="" type="checkbox"/>	Light, Phototherapy w/Stand, Mobile		Microlite w/Stand	OFOI	2	ea	0.00	0.00
WRM1192	<input type="checkbox"/>	Warmer w/Detachable Bassinet, Wood		BRW w/Bassinet	OFOI	10	ea	10,500.00	105,000.00

Alaris Medical Systems (IVAC)					57	Manufacturer Total			17,820.00
Item	Exist?	Item Description	Add'l Description	Model	Resp	Qty	U/M	Unit Cost	Ext. Cost
MON2389	<input type="checkbox"/>	Monitor, Vital Signs, Temperature/NIBP		Vital-Check w/ Stand	OFOI	6	ea	2,250.00	13,500.00
THM0057	<input type="checkbox"/>	Thermometer, Elec, Temp + II, Portable		2080 D	OFOI	16	ea	270.00	4,320.00
THM0057	<input checked="" type="checkbox"/>	Thermometer, Elec, Temp + II, Portable		2080 D	OFOI	3	ea	0.00	0.00

Alaris Medical Systems (Pumps)					941	Manufacturer Total			42,125.00
Item	Exist?	Item Description	Add'l Description	Model	Resp	Qty	U/M	Unit Cost	Ext. Cost
PMP2775	<input type="checkbox"/>	Pump, Infusion, 1-Channel w/Stand		Signature Edition I	OFOI	19	ea	1,925.00	36,575.00
PMP2776	<input type="checkbox"/>	Pump, Infusion, 2-Channel w/Stand		Signature Edition II	OFOI	2	ea	2,775.00	5,550.00
PMP2776	<input checked="" type="checkbox"/>	Pump, Infusion, 2-Channel w/Stand		Signature Edition II	OFOI	8	ea	0.00	0.00

Allied Healthcare Products In					258	Manufacturer Total			875.00
Item	Exist?	Item Description	Add'l Description	Model	Resp	Qty	U/M	Unit Cost	Ext. Cost
FLM1272	<input type="checkbox"/>	Flowmeter, O2, Neonatal (.1 to 1 lpm)		Classic 1000	OFOI	7	ea	125.00	875.00
FLM1272	<input checked="" type="checkbox"/>	Flowmeter, O2, Neonatal (.1 to 1 lpm)		Classic 1000	OFOI	4	ea	0.00	0.00

ALM Surgical Equipment					445	Manufacturer Total			34,100.00
Item	Exist?	Item Description	Add'l Description	Model	Resp	Qty	U/M	Unit Cost	Ext. Cost
LTS1200	<input type="checkbox"/>	Light, Surgery, Dual Head, Ceiling Mt.	Remote dimmer is item LTS1202	PRC 5501DF (20"/20")	OFCI	2	ea	15,300.00	30,600.00
LTS1200	<input checked="" type="checkbox"/>	Light, Surgery, Dual Head, Ceiling Mt.	Remote dimmer is item LTS1202	PRC 5501DF (20"/20")	OFCI	2	ea	0.00	0.00
LTS1202	<input type="checkbox"/>	Controller, Variable Intensity, 2 Head		50134	OFCI	4	ea	875.00	3,500.00



SAMPLE REPORTS

Architectural Equipment Schedule

Item	Description	Qty	U/M	N/E	Manufacturer Name	Model	Resp	Mounting	W"	D"	H"	Wt. Lbs.	Electrical	Special
BAS1987	Bassinet, Wood, Mobile, 38"x22"x39"H	31	ea	N	Hill-Rom	P15-248A	OFOI	Mobile	37.50	22.00	39.00	0.00		
BED1069	Bed, Obstetric, Straight or V-Cut Matt.	10	ea	N	Hill-Rom	Affinity II	OFOI	Freestanding	42.50	90.00	44.00	500.00	115V/60Hz, 5 Amps	Provide a bed only receptical at +12" AFF at the head end.
BED1975	NICU, Standard Bed, Height Adjustable	3	ea	E	Air-Shields / Hill Rom	IICS-90 VHA Std. Bed	OFOI	Mobile	28.00	49.00	87.00	440.00	120V/60Hz, 5.0 Amps	Requires wall source for oxygen, vacuum and air.
BIN0242	Bin, Film Storage, 6-Compartment w/Base	1	ea	N	Carr	4424P, 4424B, 4425SW	OFCI	Freestanding	22.00	15.00	36.00	115.00	115V/60Hz, Direct Wire	Hard wire limit switch to room lighting by general contractor.
BRK0103	Plate, TV Mounting, Inwall	30	ea	N	Zenith Health Care Systems	WSP 414	OFCI	Wall	14.50	1.75	13.00	9.00		Tech data #TD-1414-01 for installation instructions.
BRK0104	Bracket, Television, 20" Wall Mt.	27	ea	N	Zenith Health Care Systems	SWM 354	OFCI	Wall	20.87	20.75	12.00	16.00		Requires inwall backing plate.
BRK0104	Bracket, Television, 20" Wall Mt.	101	ea	E	Zenith Health Care Systems	SWM 354	OFCI	Wall	20.87	20.75	12.00	16.00		Requires inwall backing plate.
BRK1535	Bracket, Television, 13" Wall Mt.	1	ea	N	Zenith Health Care Systems	SWM 310	OFCI	Wall	10.50	14.50	11.50	8.50		Requires inwall backing plate.
BRK1536	Bracket, Television, 25" Wall Mt.	2	ea	N	Zenith Health Care Systems	SWM 375	OFCI	Wall	24.00	15.00	0.00	23.00		
BRK1824	Bracket, TV/Monitor, Ceiling Mt.	3	ea	N	Westbrook Engineering	Allamount 27-33	OFCI	Ceiling	0.00	0.00	0.00	30.00		
BRK2374	Bracket, Monitor, Wall Mt.	11	ea	N	GCX	PolyMount VB Series	OFCI	Wall	4.00	0.00	19.00	6.00		Requires inwall backing. OSHPD #R0079.
BRK2670	Bracket, VCR, Wall Mt.	8	ea	N	Zenith Health Care Systems	VPM 081	OFOI	Wall	19.00	9.50	4.37	9.00		
CAB0049-1	Cabinet, Bedside, 3-Drawer w/Casters	116	ea	N	Hill-Rom	Liberty Hill (92-03)	OFOI	Mobile	21.20	17.00	31.50	0.00		
CAB0241	Cabinet, Cassette Storage w/Base	1	ea	N	Carr	112CS, 112CSB	OFCI	Freestanding	24.00	21.50	36.00	95.00		
CAB2223	Cabinet, Bedside, 3-Drawer w/Casters	4	ea	N	Hill-Rom	Classic Line 80-03	OFOI	Mobile	21.50	17.00	31.50	0.00		
CAR0107	Cart, Emergency, 5-Drawer	5	ea	N	Milcare	ER Cart	OFOI	Mobile	30.00	20.00	42.00	63.00		Allow 24"x48" Clear Floor Space



SAMPLE REPORTS

YOUR HOSPITAL HOSPITAL ABC HOMETOWN, TX	Architectural Equipment by Room Wednesday, January 19, 2005	Page 12 Euthenics, Inc. Sample-A
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Qty	Item	Exist?	Item Description	Model	Manufacturer Name	Arch Impact	Resp
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Room 1016 Exam #2 Dept 200 LABOR & DELIVERY (1ST FLOOR)

1 ea	BRK0104	<input type="checkbox"/>	Bracket, Television, 20" Wall Mt.	SWM 354	Zenith Health Care System	<input checked="" type="checkbox"/>	OFCI
<i>Dimensions</i> 20.87 in. W 20.75 in. D 12.00 in. H <i>Weight</i> 16.00 lbs. <i>Mounting</i> Wall <i>Special</i> Requires inwall backing plate.							
1 ea	CAR1532	<input type="checkbox"/>	Cart, Fetal Heart Monitor, Wood	Standard	Stryker Medical	<input checked="" type="checkbox"/>	OFOI
<i>Dimensions</i> 23.00 in. W 25.00 in. D 44.00 in. H <i>Weight</i> 75.00 lbs. <i>Mounting</i> Mobile							
1 ea	DIS2064	<input type="checkbox"/>	Disposal System, w/Gloves, Wall Mt.	4841H/4790	Devon Industries	<input checked="" type="checkbox"/>	OFCI
<i>Dimensions</i> 12.00 in. W 4.00 in. D 13.00 in. H <i>Weight</i> 2.00 lbs. <i>Mounting</i> Wall							
1 ea	FLM0135	<input type="checkbox"/>	Flowmeter, Oxygen, 0-15 Lpm	1260 (Budget)	Ohmeda	<input type="checkbox"/>	OFOI
<i>Dimensions</i> 0.00 in. W 0.00 in. D 0.00 in. H <i>Weight</i> 0.00 lbs. <i>Mounting</i> Wall Gas Outlet							
1 ea	MON0722	<input type="checkbox"/>	Monitor, Fetal Heart, Antepartum	172	Marquette - Corometrics	<input type="checkbox"/>	OFOI
<i>Dimensions</i> 13.25 in. W 15.10 in. D 6.90 in. H <i>Weight</i> 22.00 lbs. <i>Electrical</i> 120V/60Hz <i>Mounting</i> Portable							
1 ea	BRK0103	<input type="checkbox"/>	Plate, TV Mounting, Inwall	WSP 414	Zenith Health Care System	<input checked="" type="checkbox"/>	OFCI
<i>Dimensions</i> 14.50 in. W 1.75 in. D 13.00 in. H <i>Weight</i> 9.00 lbs. <i>Mounting</i> Wall <i>Special</i> Tech data #TD-1414-01 for installation instructions.							
1 ea	REG0130	<input type="checkbox"/>	Regulator, Wall Suction, Combination	1251 (Budget)	Ohmeda	<input type="checkbox"/>	OFOI
<i>Dimensions</i> 3.50 in. W 4.80 in. D 6.60 in. H <i>Weight</i> 2.00 lbs. <i>Mounting</i> Wall Gas Outlet							
1 ea	STR1856	<input type="checkbox"/>	Stretcher, Hydraulic, OB/GYN, 26"x79"	1060-Tenet Standard	Stryker Medical	<input type="checkbox"/>	OFOI
<i>Dimensions</i> 31.75 in. W 87.50 in. D 35.50 in. H <i>Weight</i> 0.00 lbs. <i>Mounting</i> Mobile							
1 ea	TBL0668	<input type="checkbox"/>	Table, Overbed	Companion I	Stryker Medical	<input type="checkbox"/>	OFOI
<i>Dimensions</i> 23.50 in. W 33.50 in. D 43.50 in. H <i>Weight</i> 62.00 lbs. <i>Mounting</i> Mobile							
1 ea	TEL0100	<input type="checkbox"/>	Television, 20" Color w/Hardwired Remote	H2058DT	Zenith Health Care System	<input checked="" type="checkbox"/>	OFOI
<i>Dimensions</i> 23.50 in. W 19.25 in. D 17.13 in. H <i>Weight</i> 54.00 lbs. <i>Electrical</i> 120V/60Hz, 70 Watts, Cord & plug <i>Mounting</i> Wall <i>Special</i> Requires MATV connection							

Room 1017 Toilet, Patient Dept 200 LABOR & DELIVERY (1ST FLOOR)

1 ea	Z99997	<input type="checkbox"/>	No Medical Equipment Required		General Notes	<input checked="" type="checkbox"/>	OFOI
<i>Dimensions</i> 0.00 in. W 0.00 in. D 0.00 in. H <i>Weight</i> 0.00 lbs. <i>Mounting</i> N/A							



SAMPLE REPORTS

YOUR HOSPITAL HOSPITAL ABC Sample-A	Architect Information Report	EI # ICE0508

<u>Qty</u>	<u>U/M</u>	<u>Exist?</u>	<u>Item</u>	<u>Item Description</u>	<u>Model</u>	<u>Manufacturer</u>
2	ea	<input type="checkbox"/>	ICE0508	Ice Maker/Dispenser, Nugget, Countertop	TDE550AE-1A	Scotsman
				<u>Dimensions</u> 26.00 in. W 22.50 in. D 41.00 in. H	<u>Weight</u> 274.50 lbs.	
				<u>Electrical</u> 115V/60Hz/1-Ph, 16.7 Amps, Direct Wire		
				<u>Mounting</u> Countertop		
				<u>Special Considerations</u> Requires cold water and drain. Includes in-line water filter.		
<u>Resp</u> OFCI		<u>Group</u> 1	<u>Arch Impact</u> <input checked="" type="checkbox"/>			

<u>Qty</u>	<u>Exist</u>	<u>Arch Room</u>	<u>Room Name</u>	<u>Dept</u>	<u>Dept Name</u>
1	ea <input type="checkbox"/>	2020	Family Nourishment	350	PATIENT UNIT, MOTHER/BABY 16 BEDS (2ND)
1	ea <input type="checkbox"/>	1115	Nurse Station, Preop / PACU	525	PACU / PRE-OP (1ST FLOOR)



SAMPLE REPORTS

SCOTSMAN

ICE0508

TOUCHFREE™ Automatic Air and Water Cooled Nugget Ice Maker/Dispenser

TDE550



Scotsman's new TOUCHFREE™ Automatic Dispenser uses infra-red sensors to determine when to dispense nugget ice and water. They are sanitary and convenient, provide one-handed operation, decrease the risk of cross-contamination and are easy to use.

USER FRIENDLY

- Convenient one hand operation.
- TouchFree dispensing for sanitary operation.
- Easily fills various size containers.

LONG SERVICE LIFE

- Evaporator, auger and breaker are all fabricated from durable stainless steel.
- Innovative "Interrupted Flight" auger design minimizes bearing loads.
- New gearmotor design includes heavy duty ball bearings.
- Large spherical top roller bearing self aligns, reducing bearing wear.

ENHANCED RELIABILITY

- Advanced electronics eliminate most mechanical switches and sensors.
- Electronic water level sensor prevents problems associated with water pressure fluctuations.
- Continuous length evaporator refrigerant tubing eliminates potential refrigerant leaks.

IMPROVED EFFICIENCY

- Photoelectric eye bin control allows maximum storage in bin.
- Continuous icemaking, no hot gas cycle, no water dump.
- Lower KWH usage per 100 lbs. of ice than cubers.

NON-BRIDGING NUGGETS – EASY SERVING

- Jam-free dispensing.
- Nuggets stay separated without clustering.
- Provide maximum liquid displacement.
- Most effective ice form for carbonated beverages.

FLEXIBILITY – MORE CONVENIENCE

- Cleanable A.B.S. sink and stainless steel splash panel.
- Foam insulated 26-pound capacity roto cast bin.
- Mounts on counter, wall or on DMS21B machine stand.
- Easy front service access.
- Easy to install – utilities are connected at the backside.

ENVIRONMENTALLY RESPONSIBLE

- HFC R-404A refrigerant.
- Non-CFC foam.

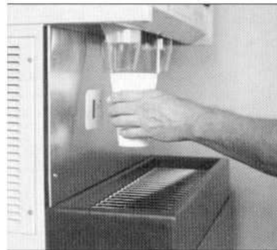
WARRANTY PROTECTION

- See Dealer for details of Limited Warranty.
- 24 Month Factory Labor.
- 24 Months on all parts.
- 5 Years on Compressor.
- Directory of Certified Dealer Service.



NUGGET ICE

Versatile, inexpensive to produce, used in carbonated beverages and salad bars.



SANITARY, ONE HAND OPERATION

Easily fills various size and types of containers.

This product qualifies for the following listings:



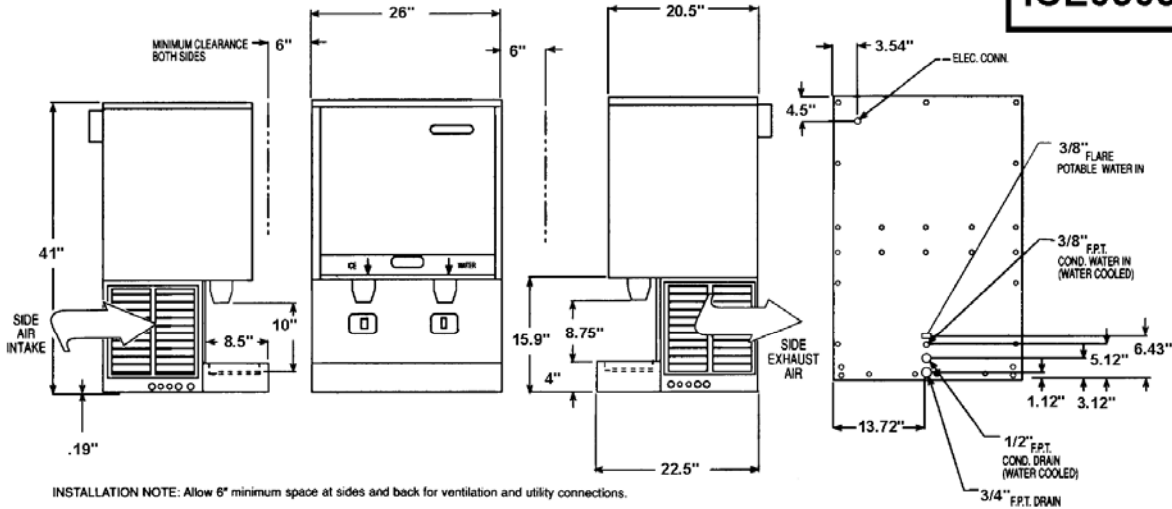
SCOTSMAN
Ice Systems The World Relies On.™

775 CORPORATE WOODS PARKWAY • VERNON HILLS, IL 60061 • (847) 215-4550
FAX (847) 913-9844
E-mail: customer.service@scotsman-ice.com



SAMPLE REPORTS

TDE550 TOUCHFREE™ AUTOMATIC AIR AND WATER COOLED NUGGET ICE MAKE ICE0508



INSTALLATION NOTE: Allow 6" minimum space at sides and back for ventilation and utility connections.

Model	Cond. Unit	Ice Prod. Lbs./24 hrs.	70° Air 50° Water	90° Air 70° Water	Finish**	Ship Wt. lbs./kg.	Basic Electrical Volts/Hz/Phase	Comp HP	No. of Wires	Min. Circuit Ampacity†	Max. Fuse Size or HACR Circuit Breaker	Power KWH/100 lbs. 90°/70° 70°/50°/F	Water Usage* Gallons/100 lbs. Potable 90°/70° 70°/50°/F	Condenser 90°/70° 70°/50°/F	Bin Cap. lbs./kg.
TDE550AE-1A	Air	535	410	EG	260/118	115/60/1	1/2	2	19.1	25	5.4 4.1	12 12	—	—	26/12

* Typical ice production in lbs./kg. of ice per 24 hours at 70° air and 55° water.
 ** EG = Grey, leathergrain embossed steel with high gloss baked enamel finish.
 SS = Stainless Steel.
 † Use this value to determine minimum wire size as per National Electric Code Standards.

ICE MAKING CAPACITY PER 24 HOURS

TDE550A AIR-COOLED WATER TEMPERATURE					TDE550W WATER-COOLED WATER TEMPERATURE				
AIR TEMPERATURE	70° F°	50° C°	70° F°	90° F°	AIR TEMPERATURE	70° F°	50° C°	70° F°	90° F°
	21°	10°	21°	32°		21°	10°	21°	32°
70°	535	500	455	lbs.	70°	525	460	410	lbs.
21°	243	227	206	kg.	21°	238	209	186	kg.
90°	435	410	370	lbs.	90°	510	455	400	lbs.
32°	197	186	168	kg.	32°	231	206	181	kg.
100°	390	365	335	lbs.	100°	505	450	400	lbs.
38°	177	166	152	kg.	38°	229	204	181	kg.

Capacities represent typical production, variances of ±5% are normal.

ICE VENDING CAPACITY

Variable Vends: From 1 oz. to continuous flow.

PEAK VENDS PER HOUR

	Bin Cap. lbs.	1-Hr. Recovery Cap.* lbs.	Number of Vends per Hour From Full Bin + Recovery			
			1 oz. Vends	2 oz. Vends	3 oz. Vends	4 oz. Vends
TDE550A	26	22	400 + 350	200 + 175	130 + 115	100 + 85

*Ice production based on 70° air and 50° water.

We reserve the right to make product improvements at any time. Specifications and design are subject to change without notice. Scotsman ice systems include a full line of ice shapes, modular and self-storing cubers, flakers, drink dispensers, bins and accessories.

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OPTIONAL EQUIPMENT:

KSP2 - Splash panel kit to be used when the TDE550 is installed above a permanent sink and the sink assembly is not used.

DMS21B - Machine stand for TDE550. Width: 26", Depth: 22 1/2" Height: 36" with 6" legs. Available in grey enamel finish or stainless steel.

KWB3 - Wall mounting kit.

IMPORTANT OPERATING REQUIREMENTS:

Machine requires voltage indicated on rating name plate. Failures caused by improper voltage are not considered factory defects.

Scotsman products are not designed for outdoor installations nor for installation where air temperatures fall below 50° F, or exceed 100° F; nor where water temperatures fall below 40° F, or exceed 100° F. Extended periods of operation at temperatures exceeding these limitations constitutes misuse under the terms of Scotsman Manufacturer's Limited Warranty, resulting in a loss of warranty coverage.



SAMPLE REPORTS

YOUR HOSPITAL HOSPITAL ABC HOMETOWN, TX	<h2 style="margin: 0;">Manufacturer's Summary</h2> <p style="margin: 0;">Wednesday, January 19, 2005</p>	Page 1 of 3 Euthenics, Inc. Sample-A
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<u>Manufacturer</u> Scotsman	<u>Vendor</u>
Scotsman [94] 775 Corporate Woods Parkway Vernon Hills, IL 60061-	Curtis Restaurant Equipment [488] 1162 Gateway Loop Springfield, OR 97477- Steve Denison, NAM, (541) 746-7480
<u>Phone</u> (847) 215/4550 <u>Fax</u> (847) 913/9844	<u>Phone</u> (800) 422/7818 <u>Fax</u> (541) 746/7384

Qty	U/M	Item	Item Description	Model	Qty	Exist?	Unit Cost	Ext. Cost
5	ea	ICE0502	Ice Maker/Dispenser, Nugget, Countertop	TDE650AE-1A	4	<input type="checkbox"/>	3,535.00	\$14,140.00
					1	<input checked="" type="checkbox"/>	0.00	\$0.00

Touchfree steel unit with a foam insulated 40 lb. storage bin and photo-electric eye bin control for ice level in bin. Unit dispenses water and ice and makes up to 605 lbs. of ice per 24 hours and is air cooled. Unit uses the new R-404A refrigerant. Enamel covered unit features infra-red sensors for one hand, sanitary operation.

Includes:

1 ea 9324-01 Everpure InsurIce 2000 single water filter

Electrical 115V/60Hz/1-Ph, 17.2 Amps, Direct Wire

Finishes Sandalwood Baked Enamel

Dimensions 26.00 in. W 22.50 in. D 48.50 in. H Weight 290.50 lbs.

Resp OFCI Group 1 Arch Impact

Qty	Exist	Arch Room	Room Name	Dept	Dept Name
1	<input type="checkbox"/>	0043	Kitchen Staging	545	DIETARY
1	<input checked="" type="checkbox"/>	1035	Nourishment	200	LABOR & DELIVERY (1ST FLOOR)
1	<input type="checkbox"/>	3098	Nourishment	351	PATIENT UNIT, GYN, 26 BEDS (3RD)
1	<input type="checkbox"/>	2103	Nourishment	350	PATIENT UNIT, MOTHER/BABY 16 BEDS (2ND)
1	<input type="checkbox"/>	1350	Nourishment (New Unit)	352	PATIENT UNITS, RENOVATE EXISTING

Qty	U/M	Item	Item Description	Model	Qty	Exist?	Unit Cost	Ext. Cost
1	ea	ICE0506	Ice Maker, Flaker, Countertop	TDE470AE-1A	1	<input type="checkbox"/>	2,555.00	\$2,555.00

Touchfree, air coded steel unit has foam insulated 12 lb. storage bin and dispenses ice with or without water and makes up to 470 lb. of ice per 24 hours. Dispenser utilizes infra-red sensors for one hand, sanitary operation. Water/ice selection switch located on front panel.

Includes:

1 ea 9324-01 Everpure InsurIce 2000 single water filter

Electrical 115V/60Hz/1-Ph, 15 Amps, Direct Wire

Finishes Sandalwood Baked Enamel

Dimensions 14.00 in. W 23.75 in. D 27.80 in. H Weight 199.50 lbs.

Resp OFCI Group 1 Arch Impact

Qty	Exist	Arch Room	Room Name	Dept	Dept Name
1	<input type="checkbox"/>	1156	Break / Conference	540	MATERIALS MANAGEMENT



SAMPLE REPORTS

Procurement Tracking Schedule

Manufacturer Name	Item	Description	Resp	Qty	U/M	Budget Est.	Committed Est.	Difference	Comments
Agilent Technologies	MON2349	Monitor, Physiological, Anesthesia	OFOI	8	ea	\$91,788.48	\$91,788.48	\$0.00	Changed from Spacelabs
Amana Refrigeration	OVN0413	Microwave, 1000 Watts	OFOI	1	ea	\$240.00	\$240.00	\$0.00	
Berchtold Corp	LTS2265	Light Surgery, Dual Head, Ceiling Mount	OFCI	7	ea	\$138,145.00	\$138,145.00	\$0.00	
Blue Bell Bio-Medical	CAR2310	Cart, Anesthesia, 6-Drawer w/Locks	OFOI	3	ea	\$3,840.96	\$3,840.96	\$0.00	
Carr	ILL0237	Illuminator, Film, 2-Bank, Recessed	OFCI	2	ea	\$771.60	\$794.40	A -\$22.80	Requisition Submitted 4/14/00
Continental Metal Products	CAB2610	Cabinet, Warming, 2-Door, Pass-Thru	OFCI	1	ea	\$6,366.00	\$6,366.00	A \$0.00	Requisition Submitted 4/14/00
Continental Metal Products	CAB0889	Cabinet, Warming, 2-Door, 30"x27"x75"H	OFCI	1	ea	\$4,966.00	\$4,966.00	A \$0.00	Requisition Submitted 4/14/00
Getinge/Castle	WSH2609	Washer, Instrument, Double Door PassThu	OFCI	1	ea	\$46,793.20	\$46,793.20	A \$0.00	See PO 138 dated 3/22/00
Getinge/Castle	STE1157	Sterilizer, Steam, Vacuum, Cabinet	OFCI	4	ea	\$111,327.92	\$111,327.92	A \$0.00	See PO 135 dated 3/22/00
Scotsman	ICE0507	Ice Maker/Dispenser, Nugget, Countertop	OFCI	2	ea	\$6,540.00	\$6,540.00	\$0.00	
Stryker Endoscopy	END6006	Endoscopic Video System	OFOI	1	lt	\$188,141.00	\$188,141.00	\$0.00	
Stryker Endoscopy	END6607	Endoscopic Video System, Two Each	OFOI	1	lt	\$98,614.00	\$98,614.00	\$0.00	
Stryker Endoscopy	BRK6622	Bracket, Surveillance Camera, Ceiling Mt	OFOI	4	ea	\$48.00	\$48.00	\$0.00	
Stryker Medical	STR2723	Stretcher, Hydraulic, PACU, 29" x 75"	OFOI	14	ea	\$47,124.00	\$47,124.00	\$0.00	
Stryker Medical	CAB2818	Cabinet, Bedside, 3-Drawer	OFOI	14	ea	\$3,906.00	\$3,906.00	\$0.00	
Stryker Medical	BED1169	Bed, Patient, Electric, Retractable	OFOI	2	ea	\$0.00	\$5,896.00	A -\$5,896.00	Added to Dialysis Unit PO 141
Valleylab	ESU0788	Electrosurgical Unit, Cart, 2-Footswitch	OFOI	4	ea	\$22,912.00	\$22,912.00	\$0.00	
Zenith Health Care Systems	VCR0099	Recorder/Player, Video, 1/2" VHS 2-Head	OFOI	1	ea	\$86.31	\$86.31	\$0.00	

	Budgeted	Committed	Diff. to Date
Sub-Total	\$771,610.47	\$777,529.27	-\$5,918.80
Project Factors 12.25%	\$94,522.28	\$95,247.34	-\$725.05
Equipment Total	\$866,132.75	\$872,776.61	-\$6,643.85
Project Contingency	\$75,000.00	\$0.00	\$75,000.00
PROJECT TOTAL	\$941,132.75	\$872,776.61	\$68,356.15

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