Joerns Oxford[®] Overhead Rail Systems Site Survey Assessment Checklist

Surveyor Name: Project: Survey Date:															
Site Address:				Provi	sio	nal Insta	llation Date	:							
Contact Details:			Ins	tallati	on	Туре:									
Name:				Priva	te F	Residence	e								
Telephone Number:			Hospital												
Mobile Number:				Nursi	ing	Home									
Email:				Othe	r										
General Information:															
Is the facility under construction a	t time of assessment?		Yes	[No									
Are architectural plans available?			Yes	C		No	Architect N	lame:							
Room Availability:															
	Rooms		Per o	day			From:			To:					
Quantity of rooms available	Rooms		All at	t the sa	ame	e time	From:	From:			То:				
Authorized installation days			Mon	day to	Fri	day	From:	ו:			To:				
Authorised installation days			Satu	rday			Sunda	Jay							
Logistics Information:															
Is an unloading dock available?									Yes	6		No			
Is secure/undercover storage ava	ilable?								Yes	3		No			
Distance from unload point to inst	all site										n	neters	;		
Can rail components be manoeuv windows, elevators, etc.)	red into installation? (co	onside	er sta	iirs, ha	llwa	ays, door	ways,		Yes	3		No			
Is manpower assistance available	for unloading?								Yes	6		No			
Environmental:															
Are asbestos/hazardous substance	ces possibly present in t	he ins	stalla	tion ar	ea	?			Yes	\$		No			
Are infection control measures re-	quired?								Yes	3		No			
Are accurate positions of hidden/vis	ible services available? (Gas,	Electi	ric, Wa	ter,	Radiators	, Sprinklers)		Yes	6		No			
Electrical & Charging:															
Is an existing mains supply availa	ble?								Yes	6		No			
If no, does an electrical contractor	r need to be employed p	orior to	o inst	tallatio	n?				Yes	3		No			
Do existing lights/services need re	e-locating prior to install	ation?	?						Yes	6		No			
Remember to indicate the optin	num charging position	ı/maiı	ns co	onnect	tior	n on the r	oom drawi	ng							
Charging Type:	End of rail					□ C	ontinuous C	harge	e						
Lift Motor & Rail System SWL a	nd Motor Configuratio	on:													
Maximum possible weight of clien	tkg/lbs		Ма	ximum	n Ra	ail System	n SWL		k	g/lbs					
NOTE: The maximum SWL of the The maximum SWL of the Elara								ne rai	il sy	stem.					
Is a powered lateral traverse requ	ired? (4-way Motor)									Yes	[⊐ N	0		
Recommended Lift Motor:															
Elara 227 2-way Elara	ra 227 4-way 🛛 E	lara 2	284 2	-way		Elara	a 284 4-way	[Portab	le Li	ft			
Infra Red Control:										Yes	1	D N	0		

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Spreader Bar:				
6-point (Loops):	Paediatric	□ Standard	□ Large	
4-point (Clips):	Manual	□ Shallow	□ Standard	Powered (APC)
Weigh Scale			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Sling Type:			Quantity:	
Sling Size:			Quantity:	

Rail System Configurations:

Ceiling mounted		Wall	mounted:		ost racket	(For construction type and material see 'Support Structure' section)				
System Type:					Tacket					
Monorail			Room Covering	X-Y			Room	n Coverino	g X-Y Plus Ga	ate
Turntable			ch Track 90°:		нп	LH C		ssed Rail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Straight			Straight							
Straight)	Straight		1 463					
Straight										
Rail Type:	Lengths	Qty	Rail Type:		Lengths	G Qty		Curve	Standard	Flanged
			🗆 LT					30°		
□ LT Flange			LT Flar	nge				45°		
□ Standard			□ Max					60°		
□ Standard Flange								90°		
□ Max							L			1
□ HD										
Turratable		Outitab T					7			
Turntable:	90°		rack 90°:	⊐ RH		LH	-			
	Compatible									
Room Covering X-	Y		Under Hung		Flush]			
						~				
				l						
				24						
										•
Rail Type:	Fixed Rai	S	Lengths	Qua	antity	Traversi		Le	ength	Quantity
LT Flange						_				
Standard										
Standard Flange						_				
Max										
□ HD										

			-			
						T
Rail Type:	Fixed Length Qty	Traversing Rail	Length Qt	y Secondary Rail	Length	Qty
Rail Type:			Length Qt		Length	Qty
Rail Type:	Rails Length Qty	Rail	Length Qt	Rail	Length	Qty

Room / Area Dimensions:

A - Floor to ceiling	mm
B - Floor to suspended ceiling	mm
C - Suspended ceiling to ceiling	mm
D - Width of room	mm
E - Length of room	mm

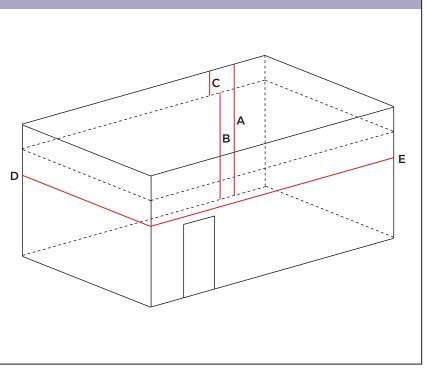
* Mark and dimension position of doorways, windows, obstacles etc

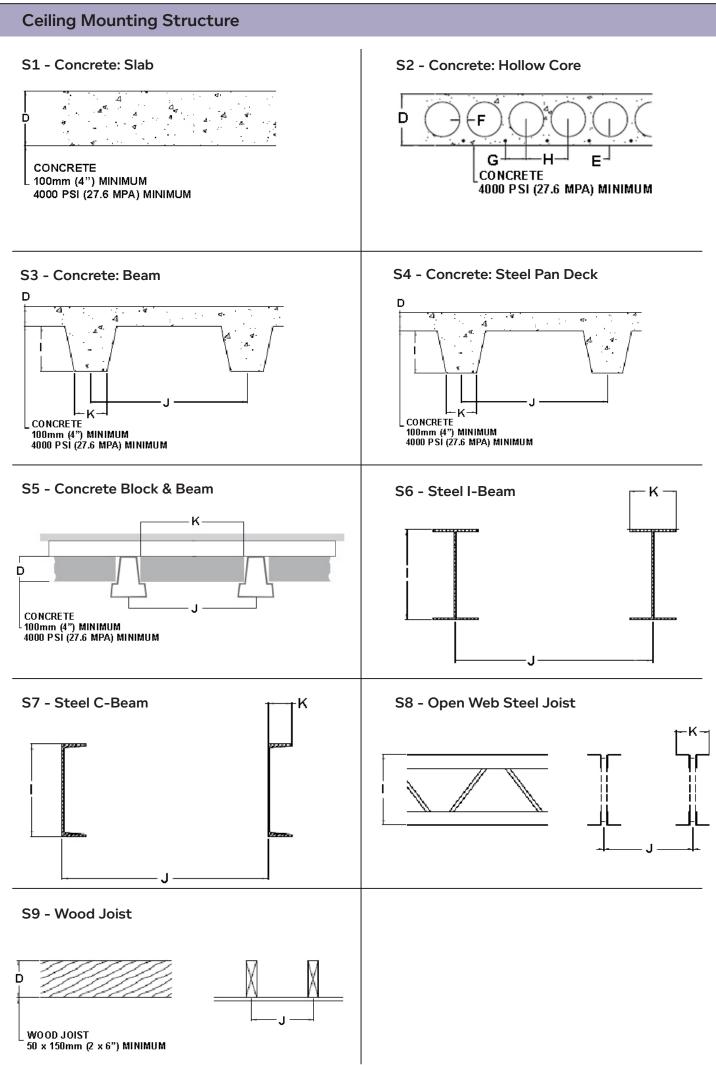
Obstacles to consider:

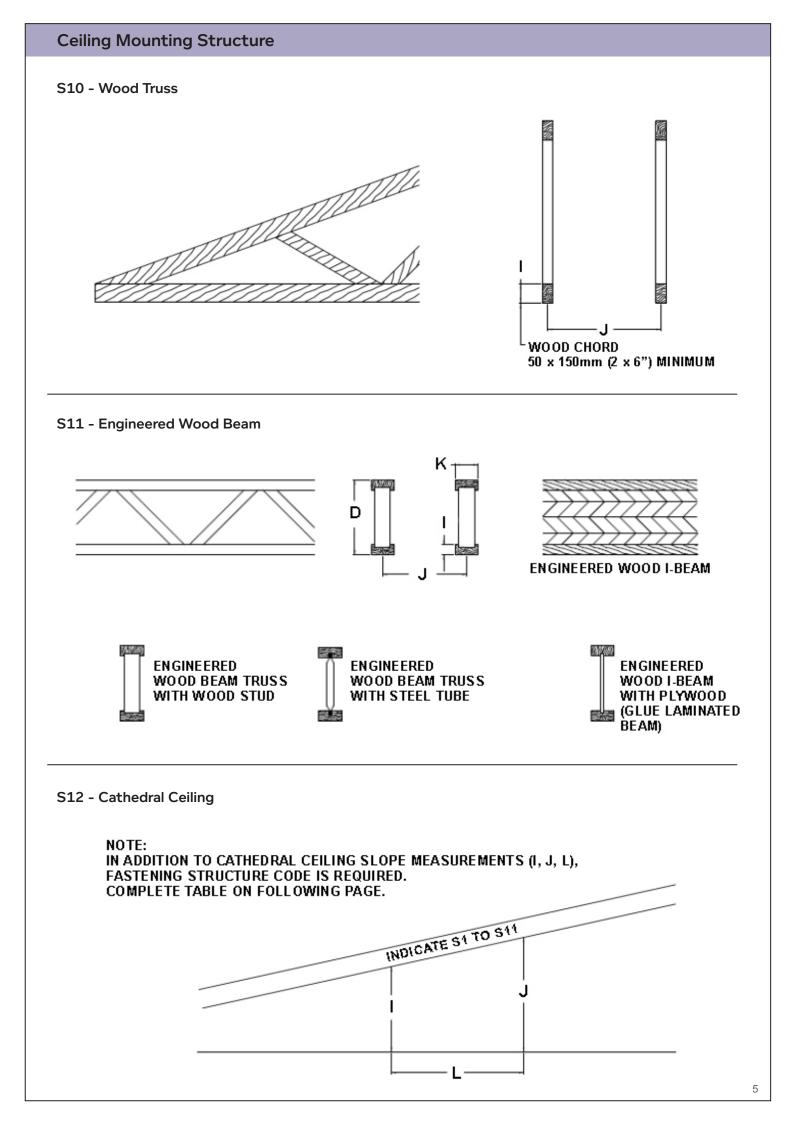
- Sprinklers (Minimum 3 x distance from ceiling)
- Lights (Maintenance)
- Curtain tracks
- Ventilation ducts
- Radiant ceiling panels
- Fire/smoke detectors
- Ceiling fans
- TV sets/Audio speakers Ceiling/Wall mounted
- Door headers
- Other: _

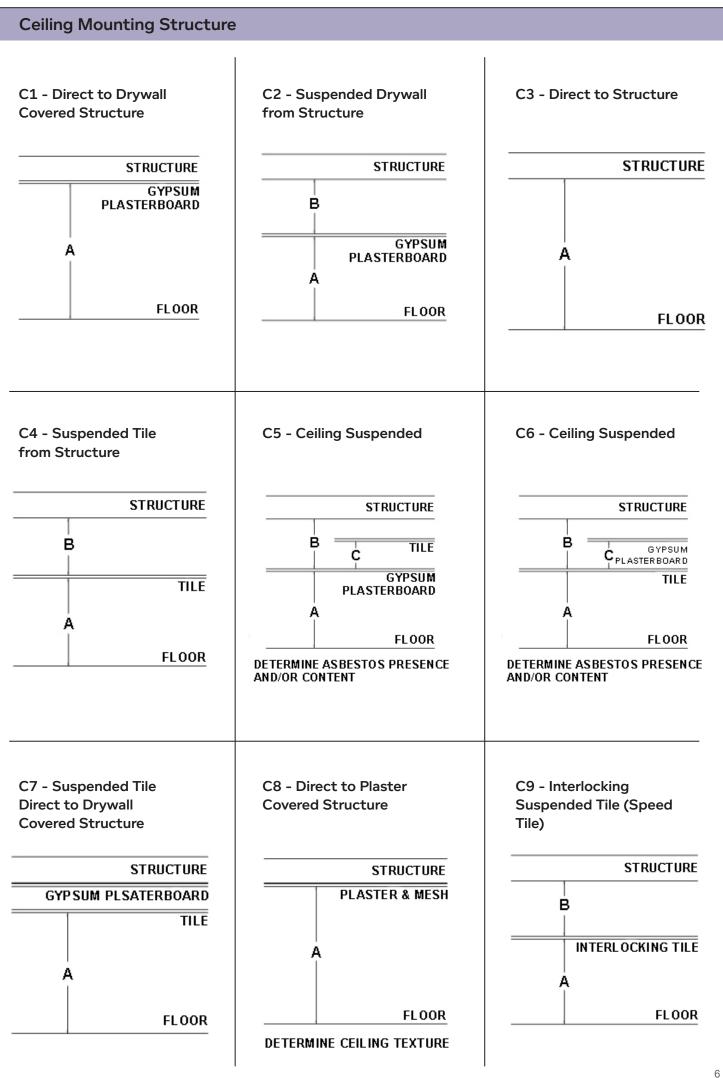
Supporting Structure

Wall Mounting							
Material in Walls:							
Concrete		Plaster boa	ard - Wood	den battens			
□ Brick		Plaster board - Dabbed					
Light weight concrete		Particle boards - Masonite					
Leca blocks		Tiles					
□ Other:							
Service Channel / Skirting Board / Trunkin	og Channel:						
				-			
Position on wall from floor	Ero	m	mm	To	mm		









Scale: 1:50 (10mm = 500mm)

Room Number: _____

τv		DOOR WINDOW	++	DETECTOR PROJECTING LIGHT	©	IV RAIL MAINS ELECTRIC OUTLE	- ÷
BED		LIGHT PANEL		HEAT DETECTOR SMOKE	®	CURTAIN RAIL	
TOILET	\Box	VENT	\square	SPRINKLER	*	CHARGER	þ
					· · · · · · · · · · · · · · · · · · ·		
			+-+-+-		+ - + - + - +		
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		\cdot + - + - + - + - + - + - + - + - + - +	$\begin{array}{c} 1 \\ - \\ + \\ 1 \\ \end{array}$		$\begin{array}{c}1\\+\\-\\1\end{array}$		

** Please indicate all possible obstructions and/or concerns existing in the current space in order for the concerns to be properly addressed in the early stages of the project.**

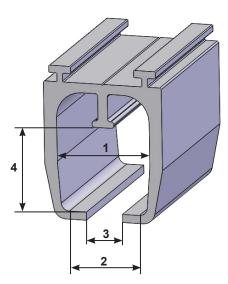
Photographs / Architects drawings file location:

Installation of Joerns Lift Motor in other Manufacturer's Existing Rail Systems

Rail Make (If known):						
Rail Variant (If known):						
Charge Type:	Current:	AC 🗆	DC	End Charge	Constant Charge	Handset Charge

Take photographs of charge type and attach.

Track Dimensioning of other Manufacturer's Existing Rail Systems



1) Minimum internal rail dimension on vertical wall. Be aware that wall may taper at lower section	mm
2) Inside track dimension on which rollers run. Ensure only the flat section is measured, not into the radius	mm
3) Distance between rail opening	mm
4) Height clearance for wheels	mm

NOTE: To enable the above required dimensions to be measured may require the removal of the blanking end plate/cap or the removal of rail end stop/charging rail stopper.

WARNING: When considering any Joerns overhead lift motor as a replacement for use in other manufacturer's existing rail systems, the maximum rated safe working load of the lift motor should not exceed the maximum rated load of the rail system.

If the maximum rated load of the lift motor exceeds the maximum rated load of the rail system, additional supporting brackets must be installed to increase the maximum rated load of the rail system to equal/exceed the maximum rated load of the lift motor. <u>Alternatively</u>, if the lift motor has the facility and it is acceptable to the installation requirements (i.e. maximum patient weight), a lower maximum load may be selected.