

SOLUTION DELIVERY SYSTEM INFORMATION SHEET

SDS System Information Sheet

Complete this information for your records and to aid equipment identification when ordering spare parts or seeking technical assistance.

Facility Name/Number: _____

Account Number: _____

Model Number: _____

SDS Type: Remote____ Local____

Number of Acids: 0____ 1____ 2____ 3____

Bicarb Head Tank Size: 10____ 15____ 30____

Bicarb Mix Tank Size: 70____ 100____

Auxiliary Acid Loop Pump: Internal____ External____ Other____

Acid Storage Type: Bulk____ Drum____

SDS Remote Monitor: Yes____ No____

Auto Fill Timer: Yes____ No____

Number of Bicarb Loops: 1____ 2____

Number of Acid Loops: 0____ 1____ 2____

Number of Patient Stations on each Loop: Loop #1____ Loop #2____

Ozone System: Yes____ No____

Height From Head Tank Floor to Head Tank Bottom: ft____ in____

Remote Bulk Transfer Pump Assembly: Yes____ No____

Inlet Water Filter: Yes____ No____

Mix Tank Vent Filter: Standard____ Carbon____

Loop Routing: Under Floor____ Overhead____

Wall Box Part Number: _____

Bicarb and Acid Connection Type: Althin____ Baxter____ Cobe____

Fresenius____ Other____