

# A-dec 200 Dental Chair and Modules Installation Checklist

For more detailed information, see the installation guides for the dental chair and optional modules.

	Model	S/N	Model	S/N
Chair:	200		Light:	
Delivery:			Assistant's:	200
Support Center:	200		Other:	

## Dental Chair

- Dental chair is securely anchored to the floor
- Chair functions properly, including the chair's lift, tilt, and programmable functions controlled by the touchpads and footswitch
- Headrest functions properly
- Armrests function properly
- Stop plate functions properly

## Delivery System

- Handpieces function properly and are set to doctor preferences:
  - Water coolant, air coolant, and spray
  - Handpiece tubing flush
  - Handpiece holder valves and switches
  - Handpiece drive air pressure
- Flexarm is counterbalanced properly
- Flexarm position tension is set properly
- Flexarm rotation stop pins installed
- Control head is level as measured on the top of the control head
- Articulating arms do not drift
- Foot control operates properly

## Dental Light

- All light settings and controls work properly
- Flexarm and head tension are properly adjusted
- Flexarm rotation stop pin installed

## Assistant's Instrumentation, Cuspidor, and Cupfill

- Vacuum/suction is set to the following specifications:
  - Wet vacuum** -  $10 \pm 2$  inches of Hg ( $34 \pm 7$  kPa), 9 SCFM (255 sl/min) minimum
  - Dry/semi-dry vacuum** -  $4.5 \pm 1$  inches of Hg ( $16 \pm 3.5$  kPa), 12 SCFM (340 sl/min) minimum
- Air and water syringe buttons operate smoothly
- Valves on HVE and saliva ejector move freely
- Cupfill timing is set properly
- Cuspidor flow pattern effectively rinses the bowl, bowl drains properly

## Utilities

- Regulated air pressure is at 80 psi (552 kPa)
- Floor box is free of air and water leaks
- The gravity drain is functioning properly
- Tubing and connections are not kinked and are free of air and water leaks
- Excess tubing and wires are coiled and stored away from moving parts

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**Doctor / Clinic:**

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**Address:**

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**Telephone:**

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**Installation Date:**

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**Dealer / Branch:**

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**Installer:**

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**Operatory:**

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**Notes:**

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**Reviewed with doctor / customer:**

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Signature

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Date

**Doctor / customer unavailable to review checklist**



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