



Nurse Call System Configuration Questions

Facility Name: _____

Facility Address: _____

What type of facility is this? _____

Your Name (Person filling this out): _____

Date: ____/____/____

We offer many options to custom tailor to fit the individual needs of each facility. These basic configuration questions will assist us in designing your system.

1. How many patient rooms?
2. How many beds per patient room?
3. Is there a restroom in each patient room?
4. Are there additional public restrooms to be covered? Yes No
 - a. If yes, how many?
5. How many patient rooms per nurse's station?
6. How many total nurse's stations?
7. Are additional zone lights needed?
8. Are additional duty stations needed for tone?
9. Are surgery suites (code blue stations) required? Yes No
 - a. If yes, how many stations are required?
10. Is this replacing an existing system? Yes No
 - a. If yes, what brand of system are you replacing?
(Ex. Rauland, Dukane, Jeron, Executone) _____
11. Are you using new wire or retrofitting? New wire Existing wire
12. Is central annunciation required? Yes No
13. Is detailed reporting required? Yes No
14. Are additional special displays needed? Yes No
15. Share any additional notes that would be relevant to the design of the system.

