



## Rest Room 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 public restrooms to be covered? .....
2. How many total nurse's stations? .....
3. Are additional zone lights needed? .....Yes            No
4. Are additional duty stations needed for tone?.....Yes        No
5. Is central annunciation required? .....Yes            No
6. Is detailed reporting required? .....Yes            No
7. Are additional special displays needed? .....Yes            No
8. Share any additional notes that would be relevant to the design of the system.

