



Rcare Pre-Install Checklist

This document is intended to assist the installers and customer in preparing for the implementation of the new system. This should be reviewed with the SOW on a project kick-off call at least 2 weeks prior to the project beginning and should be used to determine site readiness.

Scheduling Overview

Projected start date: _____

Projected date to begin entering residences: _____

Area of campus/building to begin in and route of progression:

Estimated number of days installing in residences: _____

Training

Caregiver training (To be done prior to implementing devices in any new level of care)

Shift change times: _____

Administrative training (To be done near project completion for anyone that will be using the Rcare interface)

Users identified?: _____

Preferred date/time for training?: _____

Contact Information

Primary POC during install: _____

Title: _____ Email Address: _____

IT contact:

Title: _____ Email Address: _____

Rcare system super user:

Title: _____ Email Address: _____

Site contacts to be included on project updates: _____



Site deliverables

Resident/room roster with vacant units delivered: _____

Power outlets provided for all necessary equipment: _____

Network ports and IP information provided for all necessary equipment: _____

Rack/wall space identified for head-end equipment: _____

Plywood backboard space available?: _____

Port 1195-1199 opened on firewall for Rcare remote support: _____

Residence entry

Escort being provided? (Staff member to accompany technicians into resident rooms and unlock doors): Yes No

Dates/Times staff member needed: _____

Staff identified?: _____

Staff Names/IDs for Rcare and Rcare mobile logins, user privileges

Staff member name	Web interface access?	User privileges (see options below)	Rcare mobile user?	4 Digit Employee Identifier

*Basic user privilege options (can be customized further per individual user)

1. Access to incidents and sending messages (Default)
2. Default privileges plus reporting
3. Default privileges, reporting, and ability to administer accounts and devices
4. Full privileges

Provide summary of custom privileges per user profile: _____



Devices

Pull Cord mounting locations: Existing Location New Location

If replacing old devices

Type of backbox?: _____

Adapter plates needed?: _____

Appropriate mounting height?: _____

If new location

Who is removing old device?: _____

When?: _____

Cover plating box or ring?: _____

Cover plates procured?: _____

Other devices in the residence that need to be removed?: _____

Common areas to cover: _____

Pendant distribution being handled by site?: Yes No

Method for pendant exchange/distribution (During room installs, town halls, etc.): _____

Exact mounting locations determined for all sites?: _____

ALP

Activating after full mapping is completed, or while mapping takes place?: _____

Outdoor areas to map?: _____

Specific naming conventions for any common/outdoor areas?: _____

Locations determined for additional residence devices? _____

If integrating to smoke with universal transmitter are relays in place?: Yes No



Door/Window Transmitters

Time schedules?: _____

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Install Location?: _____

Reset Code: _____

Bypass Code: _____

Check-In

Check-In time: _____

Device Location: _____

Message receivers

Rcare mobile

Individual user logins or generic? _____

If individual, staff roster delivered? _____

Dome Lights

Audible alerts desired?: _____

Zone/Hallway locations determined?: _____

Notification chain

Minutes between message repeats: _____

Escalation contacts (fill out the table below)

Contact name	Device info (email, phone #, etc.)	Time to be alerted	Devices to be alerted on

Additional notification chain notes: _____



Reporting

Service Report

Recipient(s): _____

Delivery Day(s): _____

Delivery Time: _____

Format (HTML, PDF, CSV): _____

Check-In Report

Recipient(s): _____

Delivery Day(s): _____

Delivery Time: _____

Format (HTML, PDF, CSV): _____

Other Reports

Report type or desired functionality: _____

Recipient(s): _____

Delivery Day(s): _____

Delivery Time: _____

Format (HTML, PDF, CSV): _____

Integrations

Phone Integration

Prefix for outbound dialing?: _____

Ring Groups?: _____

Fire Panel



Service company: _____

Contact Information: _____

Date/time scheduled for integration?: _____