

START UP PROCEDURE REGARDING YOUR WARRANTY



- 1) Confirm the voltage is between 220-240 Volts AC (**record voltage below**)*
- 2) Do not use foaming cleaners
- 3) Do not use large amounts of bleach, always dilute with water
- 4) Ensure ambient temperature is between 41-104° F
- 5) Exhaust piping:

Ensure NO 90° degree elbows

Material: _____

Diameter: _____

Length: _____

- 6) Is the room vented? _____
Is the room air-conditioned? _____
Vacuum pressure (Hg") _____
(with all operatories sealed)

- 7) Users:
Dentists: _____
Hygienists: _____
Chairs: _____
of HVEs: _____
of SEs: _____



**(CHANGE FILTER EVERY
3 MONTHS)**

**To order replacement filters call:
352-527-1975**

**Your direct fit replacement part#:
RMC-10 (3-pack)**

****This vacuum uses a 10-micron filter at the inlet to prevent debris from entering the pump. (see figure)**

Sign Here to Verify Steps above for WARRANTY VALIDATION: *VOLTAGE: _____

Installer Name: _____ Signature: _____ Date: ____/____/____

Dentist Name: _____ Signature: _____ Date: ____/____/____

**You MUST INCLUDE a signed copy of this with your
WARRANTY CARD to validate warranty.**