

Site Requirement Acknowledgement Form

Congratulations on the purchase of your Candela device!

If you have purchased a Candela Gentle Pro Series Device, Alex TriVantage, Vbeam Perfecta, PicoWay, or Profound, your system requires installation by a Candela Field Service Engineer.

This form is required for installation to ensure everything is on site ahead of time, the proper electrical is in place, and there are no delays the day of installation. Once we receive this form, we will know that you are ready for installation and will reach out to schedule. After installation is scheduled, a Clinical Trainer will reach out to schedule your clinical in-service (must be scheduled at least two days after installation).

By initialing below, I have personally verified the following:







- I have received my **Candela system** and all **accessories/handpieces** INITIAL _____
- I have received the **Triplet Quencher** - For Vbeam Perfecta/Prima ONLY INITIAL _____
A brown cardboard box, 10 in. (width) x 10 in. (depth) x 13 in. (height) with a white label reading - "Flammable Liquid N. O. S. 1, 3, 5, 7 - CYCLOOCTATETRAENE"
- I have received the **Cryogen** - For Gentle Series/Vbeam Prima/Perfecta ONLY INITIAL _____
A brown cardboard box, 10 in. (width) x 10 in. (depth) x 13 in. (height) with a green label reading - "Non Flammable Gas" & a white label reading - 1,1,1,2, TETRAFLUOROETHANE
- My facility is equipped with the **proper voltage** for the system to be installed INITIAL _____
Please refer to the voltage requirements by system on the next page
- My facility meets the **environmental requirements** for the system to be installed INITIAL _____
Please refer to the environmental requirements by system on the next page
- My facility is **clean and ready** for installation INITIAL _____
For new locations, construction has been completed and the site is clean and free of dust.

I have read and understand the requirements for installation and verify I have met all requirements.

Full Name	Type your name above to confirm that all information on this form is correct.	Date
Official Business Name	Business Phone	
System Address (Street, City, State, Zip)	City	State and Zip
System Model	Serial Number	

Need assistance? Contact Candela Dispatch by email at dispatch.team@candelamedical.com or by phone at 800-733-8550, option 4.

Electrical Requirements for Installation

SYSTEM	VOLTAGE	CURRENT DRAW & SERVICE	PHASE	FREQUENCY	DEVICE PLUG (SHIPPED WITH DEVICE)	FACILITY RECEPTACLE	TIME REQUIRED FOR INSTALLATION
GENTLE PRO SERIES*	200 - 240 VAC +/- 10%	24 AMPS on a 30A Service	SINGLE	50/60 Hz	NEMA L6-30P	NEMA L6-30R 	4 HOURS
ALEX TRIVANTAGE*	200 - 240 VAC +/- 10%	16 AMPS on a 30A Service	SINGLE	50/60 Hz	NEMA L6-30P	NEMA L6-30R 	4 HOURS
VBEAM PERFECTA*	220 - 230 VAC +/- 10%	17 AMPS on a 30A Service	SINGLE	50/60 Hz	NEMA L6-30P	NEMA L6-30R 	4 HOURS
VBEAM PRIMA*	200 - 240 VAC +/- 10%	24 AMPS on a 30A Service	SINGLE	50/60 Hz	NEMA L6-30P	NEMA L6-30R 	4 HOURS
PICOWAY*	200 - 240 VAC +/- 10%	26 AMPS on a 30A Service	SINGLE	50/60 Hz	NEMA L6-30P	NEMA L6-30R 	6 HOURS
PROFOUND	100-240 VAC	2.5 AMPS	SINGLE	50/60 Hz	NEMA 5-15P	NEMA 5-15R 	2 HOURS

*REQUIRES A DEDICATED VOLTAGE LINE FOR EACH DEVICE

Environmental Requirements for Operation

SYSTEM	MAX BTU RATING PER HOUR	HUMIDITY (NON-CONDENSING)	AMBIENT TEMPERATURE**	CLEARANCE	AIR QUALITY
GENTLE PRO SERIES*	13,649	20% to 80%	65° F to 85° F (18° C to 29° C)	MIN 15" BETWEEN REAR DEVICE PANEL AND WALL	KEEP DUST TO A MINIMUM
ALEX TRIVANTAGE	12,970	20% to 80%	65° F to 85° F (18° C to 29° C)	MIN 15" BETWEEN REAR DEVICE PANEL AND WALL	KEEP DUST TO A MINIMUM
VBEAM PERFECTA*	13,650	20% to 80%	65° F to 85° F (18° C to 29° C)	MIN 15" BETWEEN REAR DEVICE PANEL AND WALL	KEEP DUST TO A MINIMUM
VBEAM PRIMA*	12,300	20% to 80%	65° F to 85° F (18° C to 29° C)	MIN 15" BETWEEN REAR DEVICE PANEL AND WALL	KEEP DUST TO A MINIMUM
PICOWAY	13,649	20% to 80%	65° F to 85° F (18° C to 29° C)	MIN 15" BETWEEN REAR DEVICE PANEL AND WALL	KEEP DUST TO A MINIMUM
PROFOUND		Up to 80%	59° F to 86° F (15° C to 30° C)		KEEP DUST TO A MINIMUM

* The minimum treatment room size should be 5 ft x 8 ft or 40 sq ft (1.52 m x 2.44 m or 3.71 m²), based on an 8 ft (2.44 m) ceiling. Any treatment area smaller than 513 sq ft (47.66 m²), but larger than 40 sq ft (3.71 m²), should have a 130 cubic feet per minute (CFM) or higher fan in use during treatments with cryogen. It should be used in an exhaust mode. Since cryogen is heavier than air, it will settle toward the floor. If at all possible, have the exhaust fan lower rather than at ceiling height. A smoke evacuator is not a substitute. All treatment areas should have cross ventilation. At least one ventilation opening should be at floor level. If at all possible, one ventilation opening should be to outdoors. Both opening sizes should be approximately the same area.

** Ambient temperature must be able to be maintained between the range even during device operation.

PLEASE REFER TO YOUR OPERATOR'S MANUAL FOR COMPLETE OPERATING, ELECTRICAL, AND ENVIRONMENTAL REQUIREMENTS