

The Health Television System PRE-INSTALLATION SURVEY

The Health Television System (HTS) is the first national educational television network for Hospital patients. Broadcast to patient bedsides, our programming service provides playback equipment, installation, and maintenance to the Hospital.

Your Hospital medical and nursing staff is considering adding the HTS to your TV system. Completing this survey and returning it to us now will help us plan for your installation and assure your Hospital a place on the priority installation list.

Completing this survey does not obligate your Hospital in any way. Installation of HTS will not take place until the HTS's Contract is signed by an administrative officer of your institution and returned to The Health Television System Inc (HTS Inc).

HTS equipment will consist of video playback equipment, timer controller, and channel modulator, in an equipment rack approximately 54" x 24" x 24".

The HTS equipment can be located in one of two areas: (a) close to the headend of the main system if the channel is to be viewed over the entire system, or (b) close to the point where the main system splits off to feed the patients' wing, if the program is to be viewed only in specific areas.

Please contact the HTS Inc engineering group at (716)-662-6759 by fax if you have any questions in this area. Thank you for your time.

Name and Address of Your Hospital:

1 Where will the HTS equipment be located?

Building: _____

Floor: _____ Room #: _____

2a Is this where the existing TV headend is located?

Yes _____ NO _____*

2b If not, please specify the exact headend location (or point we to connect to)

Building: _____

Floor: _____ Room #: _____

*Estimated distance to headend or point we have to connect to? _____

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2c Is there a need for a special cable conduit to connect the HTS equipment to the system feed point?

Yes _____ NO _____

The Hospital Agreement provides that the Hospital will supply and install the following (asterisk*) items required for the successful, automated operation of the HTS system, prior to installation of the HTS equipment. ***Should any of the following indicate a NO response, the Hospital agrees to ensure these resources are requisitioned, supplied and installed prior to delivery of the HTS equipment:***

3* Is there currently available, in the room where the HTS equipment will be installed, a **TV set connected to the main cable system** available for use during installation and maintenance?

Yes _____ NO _____

3a* Is there currently available, in the room where the HTS equipment will be installed, a **telephone line (direct in)** and extension circuit available to be used by HTS to call into the equipment at our own expense to maintain its operation? (**two channels require one telephone line**)

Yes _____ NO _____

4* Is there currently available, in the room where the HTS equipment will be installed, an existing **isolated AC outlet** to connect the HTS equipment to the Hospital's electrical system? HTS will require one **120 volt, 15 amp U-ground receptacle on its own breaker** near the rear bottom or top of the supplied cabinet. (**two channels require two outlets in single receptacle**)

Yes _____ NO _____

4b* Is this **power outlet always on** i.e. not switched off for back up power tests or at any time except major utility failure? Please check with building maintenance. The HTS system should remain **powered at all times**.

On at all times _____ Sometimes switched off _____

5a How many beds are there in the designated patient areas? _____

5b* **A television set is required by each patient's bedside.** Will the Hospital have to add televisions to meet this criteria?

Yes _____ NO _____ If Yes, how many televisions to add _____

6a* What channel(s) do you anticipate using for Healthtv _____ Parent Channel _____

6b Are there alternate channel choices for Healthtv _____ Parent Channel _____

6c* Will the Hospital need to notch out an existing channel?

Yes _____ NO _____

6d* Do any TV's in the Hospital require **adjustment, modifications or lockout removal** to view HTS?

Yes _____ NO _____

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- 7 Is your TV system connected to the local cable system?
Yes _____ NO _____
- 8 Does your Hospital own its TV sets?
Yes _____ NO _____ If not, please complete below
Company name _____
Contact name _____ Phone _____
- 9 Does your Hospital own its master television cable system?
Yes _____ NO _____ If not, please complete below
Company name _____
Contact name _____ Phone _____
- 9a Can the person who maintains the Hospital's cable system be made available during the installation of HTS? Yes _____ NO _____
- 10 Who services your TV distribution system?
Company name _____
Contact name _____ Phone _____
- 11 Who will be responsible for making arrangements for HTS to obtain access to the master television cable system?
Contact name _____ Phone _____
- 12 Please provide the exact address for shipping the HTS equipment. This shipment will be a single box approximately 24" x 24" x 60" that weighs approximately 150 lbs. Please indicate all relevant details such as contact name, department or box number, etc.
- Shipping Address: _____

- 13 Whom shall we contact to verify that the shipment has arrived?
Contact: _____
Phone _____

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13a Upon receipt from HTS Inc., the Hospital agrees to arrange to have the equipment moved, at an agreed upon time prior to installation, from the Hospital Receiving Department to the designated location

Yes _____

14 Is there any additional technical information that can be provided at this time, as we prepare for your installation?

TECHNICAL CONTACT

We require the name of the person who will be our primary contact for all technical matters regarding the HTS installation and maintenance. That person will be:

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _(_____)_____

Fax Number: _(_____)_____

e-mail _____

Thank you for your assistance. Please return this pre-installation survey to:

Mr. Lane Steinhauer, V.P. Technical Services
The Health Television System Inc
3959 North Buffalo Road
Orchard Park, NY 14127
Phone: (877)-259-4111 Fax: (716)-662-6759

The Health Television System Inc

BASIC DATA

PRIMARY CONTACT

To install the HTS and provide its various services, we will likely be working with a number of people on your Hospital's staff. It would be very helpful, however, if one individual could be designated as the primary contact person for all administrative matters pertaining to the HTS.

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

e-mail _____

PROGRAM GUIDES

To whom should the HTS program guides be sent?

Name: _____

Title: _____

Mailing Address (if different than above):

Phone Number: _____

Fax Number: _____

e-mail _____

The Health Television System Inc

COUNT OF PATIENTS AND TV SETS

Number of patients annually: _____

Total number of hospital beds _____

UNIT (floor)	SERVICE (cardiology, oncology, GI, etc)	# OF BEDS	# OF TV SETS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TV sets serving staff areas _____

TV sets serving visitor lounges, waiting areas, clinics. _____

INFORMATION PROVIDED BY:

Name _____

Title _____

Phone (_____) _____

Fax (_____) _____

e-mail _____

Date _____

MAIL OR FAX WITHIN ONE WEEK OF RECEIPT TO:

Ms. Kelly Morgan Fax: (716)-662-6759
Administration Manager
The Health Television System Inc
3959 North Buffalo Road
Orchard Park, NY 14127

The Health Television System Inc

THE PARENT CHANNEL®

COUNT OF OB UNIT POSTPARTUM BEDS AND TV SETS

HOSPITAL: _____

CITY/STATE: _____

NUMBER OF POSTPARTUM BEDS IN OB UNIT: _____

Do include LDRP beds used for postpartum.
Do not include Labor, LD, or LDR beds not used for postpartum
Do not include non-OB unit beds used for OB overflow.

NUMBER OF TV SETS SERVING THE BEDS ABOVE: _____

Only include TV sets serving patient beds.
Do not include TV sets serving staff areas.
Do not include TV sets serving visitor lounges and/or waiting areas.

INFORMATION PROVIDED BY: _____

(name)

(title)

(_____) _____

(phone)

(email)

(date)

MAIL OR FAX WITHIN ONE WEEK OF RECEIPT TO:

Ms. Kelly Morgan
Administration Manager
The Health Television System Inc
3959 North Buffalo Road
Orchard Park, NY 14127

Fax: (716)-662-6759