



**Facility Needs Assessment for Equipment**

Assessed by: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Corporate Entity/Group Affiliation: \_\_\_\_\_

Physical address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Type: Independent Living (IL) \_\_ Assisted Living\_\_ Skilled Nursing (SNF)\_\_ Memory Care (MC)\_\_

**Facility Executive Director and Maintenance Director:**

(for your reference)

Name/Title: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Office#: \_\_\_\_\_

Office#: \_\_\_\_\_

Mobile#: \_\_\_\_\_

Mobile#: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**General Information and Internet Connection**

Floor Plans or Fire Evac Plan: YES \_\_\_ /NO \_\_\_

What is the current system in place? \_\_\_\_\_

Is there power in place for repeaters? If not, facility will install 110v power outlet for repeaters before installation of system. YES \_\_\_ / NO \_\_\_

Is there a stand-alone internet connection in place where head end will be? If not, facility will install before system installation begins. YES \_\_\_ / NO \_\_\_

Is Wi-Fi available? YES \_\_\_ /NO \_\_\_

**Consoles**

**\*\*\*PLEASE TAKE CLEAR PICTURES\*\*\***

Number of consoles \_\_\_\_\_ Location of head end server? \_\_\_\_\_

Number of remote computers or marquees? \_\_\_\_\_ Location of remotes? \_\_\_\_\_

Does each wing/floor/building want to receive their calls separate of one another or all calls? \_\_\_\_\_

Is there an Emergency circuit? YES \_\_\_ / NO \_\_\_

**Repeaters**

Quantity of repeaters needed? \_\_\_\_ (please provide location mark-up of each repeater)

**Room information and devices \*\*\*Please Provide pictures and measurements\*\*\***

How many floors? \_\_\_\_\_

How many units? \_\_\_\_\_

How many bathrooms? \_\_\_\_\_

How many devices per room or floor plan and where will they be located? (Pull-Cord, Patient Station, Bedroom, Bathroom, Living room, Den etc.)

Size(s) of current plate for wall devices, 1 or 2 G: \_\_\_\_\_ Is there a back box there now? **YES** \_\_\_ / **NO** \_\_\_

Will we need to cover (blank) any devices or will facility handle? **YES** \_\_\_ / **NO** \_\_\_

How many devices per unit or typical floor plan? \_\_\_\_\_ Where will they be located? **Examples: Pull cord-bathroom, patient station-bedroom, pull cord-dining room, living room, spa, salon, activity room, etc.**

\_\_\_\_\_  
\_\_\_\_\_

**Pendants**

How many pendants will be needed? \_\_\_\_\_ Water Proof or Water Resistant? \_\_\_\_\_

Lanyard for around neck or wrist straps? **Lanyard:** \_\_\_\_\_ **Wrist Straps:** \_\_\_\_\_ **Belt Clip:** \_\_\_\_\_

Does community want to locate residents when pendant is pressed? **YES** \_\_\_ / **NO** \_\_\_

Does community want to cover perimeter of building, specific areas or entire campus? **YES** \_\_\_ / **NO** \_\_\_

**Smoke Detectors \*\*\*\*\*Take clear pictures of existing smokes, front, interior for make/model #\*\*\*\***

Are smoke detectors being annunciated to nurse call system? **YES** \_\_\_ / **NO** \_\_\_

What is the date stamp on existing smoke detectors? \_\_\_\_\_ (8 yrs. is recommended guideline to replace)

Are there units with multiple smokes? **YES** \_\_\_ / **NO** \_\_\_ How many in each unit? \_\_\_\_\_

Are these smokes wired in tandem? **YES** \_\_\_ / **NO** \_\_\_

Are there existing relays for multiple smokes in room? **YES** \_\_\_ / **NO** \_\_\_

How are smokes reported? (Local at facility or monitoring company or city)

Local monitored at smoke detector and thru nurse call? **YES** \_\_\_ / **NO** \_\_\_ Monitored by city? **YES** \_\_\_ / **NO** \_\_\_

What types of smoke detectors are currently in use? Make and Model \_\_\_\_\_

Does smoke detector provide a Form C Relay for Universal Transmitter? **YES** \_\_\_ / **NO** \_\_\_

**Doors**

Will doors or windows be monitored? **YES** \_\_\_\_ / **NO** \_\_\_\_ # of Doors \_\_\_\_ # of Windows \_\_\_\_

Are doors single or double? How many of each type? Single \_\_\_\_ Double \_\_\_\_ Sliding \_\_\_\_

Is there a contact closure? **YES** \_\_\_\_ / **NO** \_\_\_\_

Need door bells for entrance doors to be monitored? **YES** \_\_\_\_ / **NO** \_\_\_\_ How many? \_\_\_\_

Please identify each door so we may program/name door reporting alarm:

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**Dome Lights**

Are there any existing dome lights? **YES** \_\_\_\_ / **NO** \_\_\_\_ # of dome lights? \_\_\_\_\_

Single: \_\_\_\_\_ 2 Color white/red: \_\_\_\_\_ 4 Color: \_\_\_\_\_ Other Color Bulbs or Lens Covers: \_\_\_\_\_

Are existing lights working properly? **YES**\_\_ **NO**\_\_ Are decorative dome covers an option? **YES**\_\_ / **NO** \_\_

If replacing the dome lights, is the existing wiring reliable? **YES**\_\_\_\_ / **NO** \_\_\_\_

Are there any existing relays? **YES** \_\_\_\_ / **NO** \_\_\_\_

**Common Areas**

Will common areas need devices? **YES** \_\_\_\_ / **NO** \_\_\_\_ # of common area devices? \_\_\_\_\_

Name common areas:

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Are there any outside areas being covered? \_\_\_\_\_

Is there existing power outside? **YES** \_\_\_\_ / **NO** \_\_\_\_

**Locations**

Want to provide location of resident when a call is placed? **YES** \_\_\_\_ / **NO** \_\_\_\_

**General Area or Room Level Location?** 6040 (general area) \_\_\_\_ 6080 (room level)\_\_\_\_

What are the specific names of locations? Ex.: Dining Room 1, Courtyard 2, Spa, Fitness, Dining 2, Salon.

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**\*RoamAlert Only\* for Wander Management in Memory Care**

How many Door Controllers? \_\_\_\_\_ Single \_\_\_\_\_ Double \_\_\_\_\_ Sliding Door \_\_\_\_\_  
Are mag locks currently present? **YES** \_\_\_\_ / **NO** \_\_\_\_ Model Number \_\_\_\_\_  
Will they want delayed egress mag locks? **YES** \_\_\_\_ / **NO** \_\_\_\_ How many? \_\_\_\_\_  
Confirmed existing mag locks are delayed egress **YES** \_\_\_\_ / **NO** \_\_\_\_  
Will they need to replace existing mag locks? **YES** \_\_\_\_ / **NO** \_\_\_\_ How many? \_\_\_\_\_  
Will they need any standard mag locks? **Yes** \_\_\_\_ / **NO** \_\_\_\_ How many? \_\_\_\_\_  
How many RoamAlert wrist tags will be needed for memory care residents? \_\_\_\_\_  
Will doors alarm locally only at door/elevator only? **YES** \_\_\_\_ / **NO** \_\_\_\_ **OR**  
Report at door/elevator and nurse call? **YES** \_\_\_\_ **NO** \_\_\_\_  
Does facility want to I.D. the resident or only need to know which door has been approached by a resident wearing a wrist tag? I.D. \_\_\_\_\_ Non-ID? \_\_\_\_\_  
Are there elevators that need to lock down when a resident approaches? **YES** \_\_\_\_ / **NO** \_\_\_\_  
Are there any outside gates that will be monitored? **YES** \_\_\_\_ / **NO** \_\_\_\_  
Will any of the doors need a Z bracket? **YES** \_\_\_\_ / **NO** \_\_\_\_ How many? \_\_\_\_\_  
How many resident wrist tags? \_\_\_\_\_ How many staff bypass/escort tags? \_\_\_\_\_

**Name door locations:**

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**\*Skilled Nursing Only\***

How many beds per room? \_\_\_\_\_ How many patient stations per room? \_\_\_\_\_  
Beds next to each other or on opposite walls? **YES** \_\_\_\_ / **NO** \_\_\_\_ Is a y-adapter for 2 beds an option? \_\_\_\_  
Are there any devices in restrooms? **YES** \_\_\_\_ / **NO** \_\_\_\_ What is the existing back box size? \_\_\_\_\_  
Will they need a light panel at nurse station? **YES** \_\_\_\_ / **NO** \_\_\_\_ How many nurse stations? \_\_\_\_\_  
How many lights on the annunciator panel? \_\_\_\_\_  
Number of common areas that will need a dome light? \_\_\_\_\_ (increase count for annunciator lamp panel)  
Will current wiring be used? **YES** \_\_\_\_ / **NO** \_\_\_\_  
How many devices in room that will need to connect to dome light? \_\_\_\_\_

