



## Customer Pre-Installation Utility Checklist for Accu-Kut s/n:

COMPANY INFORMATION	
Company name:	
Address of Machine Location:	
Installation Contact Name:	
Contact Phone:	
Contact E-Mail:	

CHECKLIST	
<b>** All items must be completed before technician arrives. **</b>	
<input type="checkbox"/>	Machine is in position with feet installed. Technician will level machine. If more than one table put approximately one foot apart.
<input type="checkbox"/>	Air hose for rear of machine must be readily available or can be installed. ¼" hose is minimum size. ½" hose for water table. This is a separate hose and do not tie into plasma air supply.
<input type="checkbox"/>	Ductwork installed to suction unit & run to machine. Do not attach to machine until technician levels machine.
<input type="checkbox"/>	Suction unit is assembled and positioned with all utilities installed. Not needed for water table.
<input type="checkbox"/>	Ground rod is available onsite and ready to be installed or already installed within 20 feet of ground stud on side of machine.
<input type="checkbox"/>	Water table – DO NOT FILL until technician arrives.
<input type="checkbox"/>	Plasma power supply in position and wired for power.
<input type="checkbox"/>	CNC control cabinet removed from table & positioned.
<input type="checkbox"/>	Disconnect on wall for CNC control cabinet power. The cord from CNC cabinet should be connected.
<input type="checkbox"/>	A regulator/filter will be supplied for the Air to the plasma gas console and must be installed within 25 feet of the plasma gas console which installs on top of the HPR plasma power supply only. XPR is on Ground in cage
<input type="checkbox"/>	Gases must be onsite. Minimum gases required are Oxygen, Air & Nitrogen for XPR
<input type="checkbox"/>	Network cable or Wi-Fi installed in the area & ready to be run into CNC cabinet.
<input type="checkbox"/>	Nesting software installed on a computer in the office and online training with software company has been completed.
<input type="checkbox"/>	Suction unit remote wiring if equipped.

The undersigned acknowledges that all of the items outlined above will be completed in advance of the installer's arrival & will be held accountable for any costs incurred as a result of delayed preparedness.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signee

\_\_\_\_\_  
Title of Signee

**\*\* PLEASE RETURN COMPLETED & SIGNED FORM TO Scott Krankowski \*\*  
E-MAIL: [scottkrankowski@kiffer.com](mailto:scottkrankowski@kiffer.com) • FAX (216) 267 - 1850**