|  |  |
| --- | --- |
| **Parameters** | **Response** |
| Exact Name & Location |  |
| No. of Oxygen supported beds |  |
| Day’s average Oxygen requirement (tons/day) |  |
| Peak Oxygen requirement (tons/day) |  |
| Peak Flow rate requirement (Litres/minute) |  |
| Current form of Oxygen supply including consumption / day   * + Liquid oxygen with/without in-house PSA unit ?   + Cylinder cascade with/without in-house PSA unit ?   + Standalone cylinder cascade / cylinders used per day? |  |
| Contact person/s of Hospital (Name and Contact) who is responsible for installation and dealing with supplier |  |
| **Requirements of Installation Area (for availability reply in Yes/No)** | |
| * + Pipeline connectivity for oxygen |  |
| * + Minimum floor area near oxygen pipeline   **kindly refer to specifications for space requirement based on capacity of PSA plant** |  |
| * + RCC/ PCC flooring (flat bed floor) |  |
| * + Rated power supply availability with Genset power backup |  |
| * + Hospital Plumber for bringing pipeline till Generator Point |  |
| * + Hospital Electrician for bringing wiring till PSA plant |  |