

Site Name:	
Address:	
Today's Date:	
E-mail:	

To ensure your site is feasible for a PositiV System, please verify the following items before installation. These items help ensure a successful installation of PositiV:

1.	The site is a single-story facility.			Yes	_ No
2.	The s	ite is a			
	a.	Standalone Facility		Yes	
	b.	In-line Facility		_ Yes	
	c.	Mall-based Facility		_ Yes	
	d.	Other:			
3.	3. There is safe, readily available access to the rooftop.			Yes	_ No
4.		e is available and accessible rooftop space or equipment ount the PositiV outdoor unit. (RTU, Exhaust Vent, etc.)		Yes	_ No
	a.	(If the answer to #3 is ' No ') There must be a south-facing exterior wall, that receives direct sunlight, to mount the PositiV outdoor unit.		_ Yes	_ No
5.		re radiofrequency blocking Unknown ology or material at this site?		Yes	_ No

Please verify that you have read and approve these conditions when installing the PositiV system.

1.	The distance between the indoor and outdoor PositiV units should, ideally, be less than 50'.	 Yes
2.	The line of sight between the units has been minimized. (Minimal material, walls, or ductwork between the units)	 Yes
3.	Impact from nearby equipment has been minimized. (HVAC, Food Service, or other types of equipment)	 Yes
PM	l Signature:	Date:

PLEASE RETURN THE COMPLETED CHECKLIST TO MELINK CORPORATION: EMAIL: POSITIV@MELINKCORP.COM.

