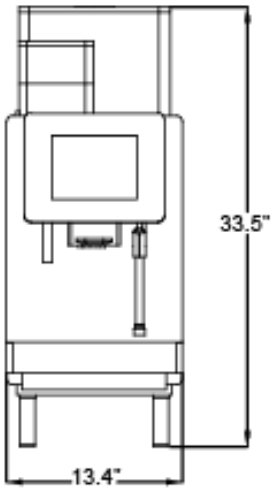
S700
SITE READINESS FORM

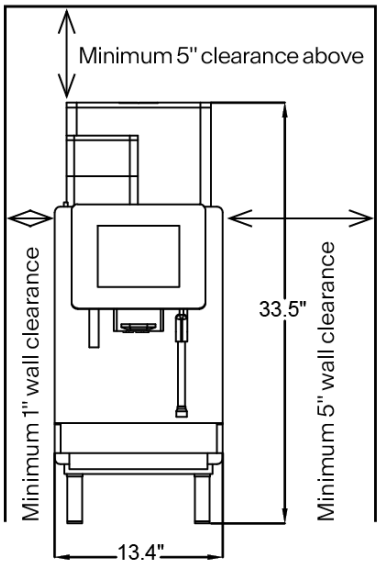
SITE CONTACT INFORMATION	INDIVIDUAL CONFIRMING SITE READINESS
SITE NAME/STORE #:	NAME:
STREET ADDRESS:	TITLE:
CITY, STATE, ZIP:	COMPANY:
SITE CONTACT NAME:	PHONE #:
SITE EMAIL:	PREFERRED INSTALLATION DATE:
SITE PHONE #:	PREFERRED TIME: MORNING ☐ AFTERNOON ☐

☐ **UNIT SPACE REQUIREMENTS – STANDARD CONFIGURATION**

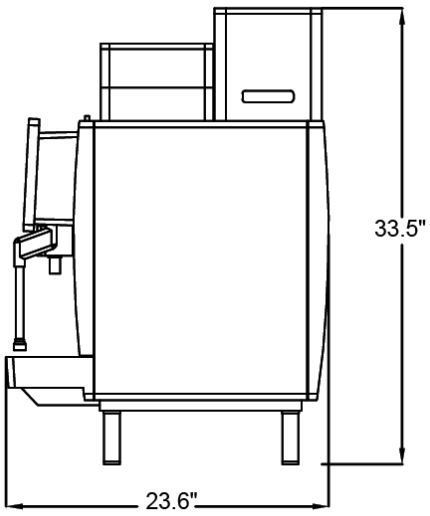
FRONT PROFILE



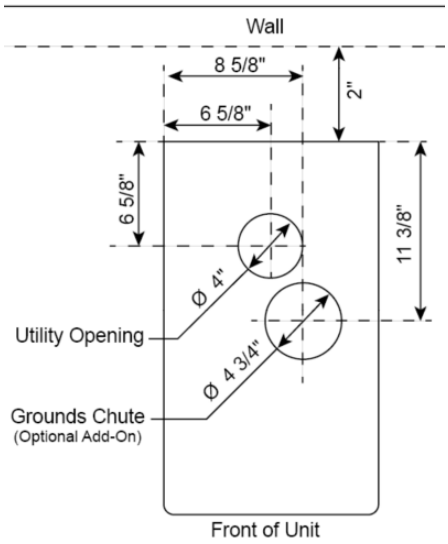
CLEARANCE



SIDE PROFILE



COUNTER HOLE(S) NEEDED



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S700
SITE READINESS FORM

☐ WATER SUPPLY REQUIREMENTS FOR EACH MACHINE

GENERAL	DEDICATED COLD WATER SUPPLY
AROMA & COLOR	FRESH AND PURE TASTE, WITH NO PERCEPTIBLE AROMA, CLEAR
TOTAL HARDNESS	70 – 140 PPM (MG/L), 4 – 8 GPG
CARBONATE HARDNESS	50 – 105 PPM (MG/L), 3 – 6° DH (CARBONATE HARDNESS)
WATER HARDNESS – TDS	30 – 150 PPM (MG/L) TOTAL DISSOLVED SOLIDS
TEMPERATURE	< 25 °C
PRESSURE & FLOW RATE	80 – 800 KPA (0.8 - 8 BAR), > 0.1 L/SEC
ACID CONTENT/PH VALUE	6.5 - 7.5 PH
CHLORINE & CHLORIDE CONTENT	< 0.5 MG/L, < 30 MG/L
IRON CONTENT	< 0.3 MG/L
MAX. DISTANCE TO WATER SUPPLY CONNECTION	3 FEET
REQUIRED CONNECTION WATER SUPPLY STOP VALVE/SHUT-OFF VALVE: 3/8" COMPRESSION (MALE)	 

☐ DRAIN REQUIREMENTS

OVERVIEW	EQUIPPED WITH ONE DRAIN HOSE	
TYPE FUNNEL-STYLE SANITARY INDIRECT (AIR GAPPED) WASTE RECEPTOR DRAIN OR FLOOR DRAIN COVER		
SIZE	DRAIN MUST BE ABLE TO ACCOMMODATE ONE WASTEWATER HOSE, WITH TOTAL INSIDE DIAMETER NO LESS THAN 2.5"	
POSITION	BELOW MACHINE - THE WASTEWATER HOSE **MUST MAINTAIN A CONTINUOUS DOWNWARD SLOPE** TO ENSURE PROPER DRAINAGE	
MAXIMUM DISTANCE TO DRAIN	3 FEET	

☐ ELECTRICAL REQUIREMENTS

  NEMA L6-30	**NEMA L6-30R**
	208 VAC / 60HZ/ SINGLE PHASE
	30 AMP BREAKER
	DISTANCE TO RECEPTACLE: MAXIMUM 3 FEET
	RECORD ACTUAL VOLTAGE **L6-30R (MUST BE 200-220V):**

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S700
SITE READINESS FORM

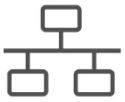
☐ ON-SITE PRODUCT SUPPLY REQUIREMENTS

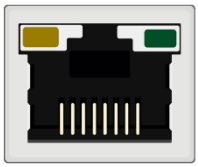
COFFEE	3 LBS. OF EACH WHOLE BEAN COFFEE (ESPRESSO, DECAF, ETC.)
MILK	2 GALLONS OF PREFERRED MILK TYPE (ONLY 1 MILK TYPE REQUIRED FOR CALIBRATIONS)
CUPS	1 SLEEVE OF EACH CUP SIZE TO BE OFFERED

☐ FRANKE DIGITAL SERVICES (IF APPLICABLE) UNLESS MODEM SOLUTION IS USED

OVERVIEW	LAN/ETHERNET CABLE (10 FEET) IF REQUESTED
RECEPTACLE TYPE REQUIRED	RJ45 ETHERNET PORT

Ethernet/LAN *Recommended Option*	**Connectivity Requirements Ethernet/LAN**	
Internet connection provided to machine over LAN/Ethernet Cable 	MQTT	Port 8883
	NTP	Port 123
	HTTPS	Port 443
	MQTT Websockets	Port 443/ Port 444





☐ ACKNOWLEDGEMENT - STAFFING REQUIREMENTS

MANAGER & CREW TO BE ON SITE AT THE CONCLUSION OF INSTALLATION FOR EQUIPMENT CLEANING & TRAINING

- All sections on this form must be confirmed and completed prior to scheduling installation.
- To help prevent delays in scheduling your installation, it is requested Franke receive this signed form at least 7 business days prior to the requested installation date/time. If this survey is not received by Franke at minimum 3 business days prior to the installation date/ time requested, scheduling delays may occur, and it's recommended to reschedule your installation to avoid potential delays and additional charges.
- After arrival, if the technician determines that site readiness differs from what was confirmed per this form or a required item is not complete, the technician will be asked to leave the site and the install will require rescheduling for a later date/time once all required items are confirmed to be complete. A newly completed form will be required prior to rescheduling installation. The Purchasing Customer or Dealer may be charged up to $650 for incomplete site readiness requirements should the installing technician need to return to complete the installation later. In the event the technician is available to wait for completion of any facility requirements or required product supply as part of the installation process, and the wait does not exceed 1 hour, then a delay fee of $150 may apply. If the wait time exceeds 1 hour, the installation will be required to be rescheduled for a later date/time and additional rescheduling charges of $650 may apply.

SIGN-OFF & SUBMISSION

PRINT NAME: **DATE:**

SIGNATURE:

Click here to submit completed form. Please wait while PDF prepares.