

# Christie Laser Projection System Installation Checklist

## General information (all installations)

Complete this portion of the checklist for all installations.

Site information		
Site or theater name:	Address:	
Site or theater number:	Phone:	
Technician responsible for verifying product: Name: Phone:	Installation date:	
Christie Class 1 Risk Group 3 laser training completed	<b>Yes</b>	<b>No</b>

Projection system information		
Model:		
Part number:		
Serial number:		
Laser hazard classification:	Class 4	Class 1 Risk Group 3

Installer information	
Company name:	Address:
	Phone:
Name of representative responsible for safety and compliance:	
Christie training certification date:	

**Laser compliance information (United States installations only)**

Only complete this portion of the checklist for installations in the United States. Use this section to ensure the Christie Laser Projection System installation meets local, municipal, and federal requirements.

<b>Government or regulatory agency notifications (where required)</b>
For Class 4 or Class 1 Risk Group 3 laser systems, identify the state, local, and other agencies notified about the projector installation:

<b>Training/documentation provided to local operator</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Training on safe operation and maintenance of laser projection system?			
FDA/CDRH installation requirements? (modifications must be approved)			
User Manual provided with the laser projection system?			

<b>Projector and projection room inspection</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Laser warning and restricted access signs are posted?			
Projector is securely mounted?			
Housing is assembled properly?			
Shutter, E-stop, key control, and emission status indicators function correctly?			
Laser warning labels are affixed to the projector (including aperture locations)? Refer to the label placement drawing for label locations.			
Projection system safety features have not been modified?			
For projectors using a third-party laser light source, the fiber connector safety cover was installed to protect the fiber optic cable during set up?			

<b>Clearance distances confirmed</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Nominal Ocular Hazard Distance (NOHD) or Hazard Distance (HD) is confirmed to be _____ meters from the projector?			
Christie Nominal Ocular Hazard Distance (NOHD) calculator or Hazard Distance (HD) table in the manual used for this installation? (If not, complete the next line.)			
Describe how the NOHD/HD was confirmed and calculated (such as, the Christie NOHD/HD was not used):			
(Note: If measurements are taken, attach the detector and meter model, serial number, and calibration date.)			
For theater installations, beam is 2.5 meters above the floor where the audience is permitted to stand and/or 1.0 meters below or lateral?			
For enterprise installations, beam is 3.0 meters above the floor where the audience is permitted to stand and/or 2.5 meters below or lateral?			

Clearance distances confirmed	Yes	No	N/A
No objects (except projection window, if applicable) intercept beam path within NOHD/HD?			
If required, barriers have been installed around the hazard zone?			
Site meets applicable variance requirements?			
Is this a temporary show installation? (If yes, complete the next line.)			
Valid laser light show variance number?			
Is this a Cinema installation?			
Is this a permanent installation?			

**RealLaser™ /RGB PureLaser™ brightness warranty information (all installations)**

Complete this portion of the checklist and submit to Christie within 30 days of installation to register baseline performance data for qualification of RealLaser™ brightness or RGB PureLaser™ warranty. Christie may, upon advance written notice and during normal business hours, randomly perform audits of RealLaser™ and RGB PureLaser™ installations to confirm compliance to the terms of the warranty.

Projection system parameters		
Screen width:		
Screen type, gain, and approximate age:		
Optical measurement device:		
Last calibration date:		
Location of color meter in auditorium when taking optical measurements (row/seat number):		
Installation location ambient temperature and humidity	Temperature:	Humidity:
Is the installation location climate controlled?	<b>Yes</b>	<b>No</b>
HVAC system type (tonnage)	Brand:	Tonnage:
Is HVAC extraction connected?		
<b>Yes</b>	If yes, approximate CFM:	<b>No</b>
3D system (if applicable)	Make:	Model:

**2D baseline optical measurements**

x=.314 y=.351 target	Projector output—lumens/optical watts	fL	X	Y	Laser power		
					(%R)	(%G)	(%B)
Baseline laser power					100%	100%	100%
Laser File-Set Up Menu—uncorrected							
With PCT/MCGD applied							

**3D baseline optical measurements**

x=.314 y=.351 target	Projector output—lumens/optical watts	fL	X	Y	Laser power		
					(%R)	(%G)	(%B)
Laser File-Set Up Menu—uncorrected							
With PCT/MCGD applied							

**Printed name:** \_\_\_\_\_

**Installer’s signature:** \_\_\_\_\_

**Signature date:** \_\_\_\_\_

**Company (If not Christie):** \_\_\_\_\_

**Return completed forms to *LaserCompliance@christiedigital.com***

**Provide a copy of the completed form to management of the installation site.**

Christie internal use only.

Reviewed by: \_\_\_\_\_

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

Reviewer signature: \_\_\_\_\_