

# Christie Cinema laser projection system installation checklist

Use this checklist to ensure the Christie laser projection system installation meets local, municipal, and federal requirements.

## Installation information

<b>Theater</b>			
Name:	Address:		
Theater number:	Phone:		
Technician responsible for verifying product installation: Name: Phone:	Installation date:		
Site meets the following variance requirements:			
2013-v-0698 (CP42LH, D4KLH60, Mirage 4KLH, E3LH)	<b>Yes</b>	<b>No</b>	<b>N/A</b>
2016-v-2488 (CP2208-LP, CP4325-RGB, CP2315-RGB, CP2320-RGB)	<b>Yes</b>	<b>No</b>	<b>N/A</b>

<b>Projection system</b>		
Manufacturer:		
Date of manufacture:		
Model:		
Serial number:		
Laser hazard classification:	Class 4	Class 1 Risk Group 3

<b>Installer</b>	
Company name:	Address:
	Phone:

<b>Other</b>
List of state, local, and other agencies notified about Risk Group 3 Digital Cinema Projector installation:

<b>Training/documentation provided to theater 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) <b>USA ONLY</b>			
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 posted			
Projector securely mounted			
Housing is assembled properly			
Laser warning labels are affixed to the projector (including aperture locations) See the label placement drawing for label locations.			
Projection system safety features have not been modified			

<b>Theater clearance distances confirmed</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Nominal Ocular Hazard Distance (NOHD) is confirmed to be ____ meters from the projector.			
Christie Nominal Ocular Hazard Distance (NOHD) calculator or Hazard Distance (HD) used to determine NOHD/HD?			
Describe how the NOHD/HD was confirmed and calculated (if the Christie NOHD/HD was not used):			
(Note: If measurements are taken, attach the detector and meter model, serial number, and calibration date.)			
Beam is 2.5 meters above floor where the audience is permitted to stand and/or 1.0 meters below or lateral			
No objects (except projection window) intercept the beam path within the NOHD/HD			

**Warranty information**

Use this section of the document for warranty qualification and setting baseline acceptance criteria around performance, operating/environmental conditions, and preventative maintenance for eligibility of the RealLaser™ Warranty Plan.

For standard or extended service plan eligibility, this information must be filled out by a Christie technician or Christie Certified technician and signed off in agreement by both the installer and owner/purchaser.

Christie may perform random audits of RealLaser™ installations that are under an extended service plan.

Unless otherwise noted, power levels must be no higher than 80% at time of installation for extended warranty certificates to be validated.

Lens type (HB or UHC) and serial number	Type:		Serial number:	
Throw distance:				
Screen width:				
Screen type, gain, and approximate age:				
Booth ambient temperature and humidity	Temperature:		Humidity:	
Is the booth climate controlled?	Yes			No
HVAC system type (tonnage)	Brand:		Tonnage:	
Is HVAC extraction connected?	Yes	No	If yes, approximate CFM:	
3D system make and model (if applicable):				

<b>3D baseline optical measurements (if applicable)</b>						
<b>.314/.351 ft-L Target</b>	<b>X</b>	<b>Y</b>	<b>%R</b>	<b>%G</b>	<b>%B</b>	
Laser File (uncorrected)						
Laser File (color correction PCT and MCGD are applied)						

2D baseline optical measurements						
.314/.351 Target	ft-L	X	Y	%R	%G	%B
Laser File (uncorrected)						
Laser File (color correction PCT and MCGD are applied)						

Optical measurement device:	
Last calibration date:	
Location of color meter in auditorium when taking optical measurements (row and seat number)	

**Printed name:** \_\_\_\_\_  
**Technician Signature:** \_\_\_\_\_  
**Signature Date:** \_\_\_\_\_  
**Company (If not Christie):** \_\_\_\_\_  
**Return completed forms to *LaserCompliance@christiedigital.com***  
**Provide a copy of the completed form to theater management.**

Christie internal use only.  
 Reviewed by: \_\_\_\_\_  
 Date reviewed: \_\_\_\_\_  
 Reviewer signature: \_\_\_\_\_