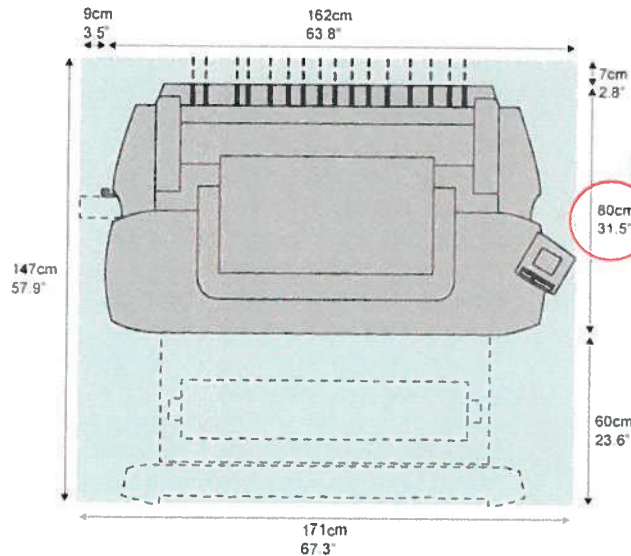


Space Requirements

The printing system requires a floor space / working area of at least 1710 mm x 1470 mm (67.3 inch x 57.9 inches).



Note Machine width of 31.5" - check all doors!

Environmental Conditions

Temperature and relative Humidity	Temperature		R.H.
	C	F	%
Guaranteed performance area	20	68	30
	27	81	30
	27	81	60
	20	68	60
Reasonable performance area	17	63	20
	30	86	20
	30	86	80
	17	63	80

Room volume and ventilation	System
minimum room volume	25 m ³
minimum room ventilation (natural ventilation)	12,5 m ³ /hour

Electrical Requirements

Customer is responsible for providing the electrical power as outlined below prior to the machine installation. Electrical receptacle (as shown below) is required.

- 115 Volt
- 20 Amps for Plotwave
- 3 Wire Ground
- Electrical Supply must be a dedicated line



NEMA 5-20R
for Printer

The electrical service will be available on:

upon delivery

Please note 31.5" machine depth, and be sure to check door widths.

Shipping Information

Machine dimensions unpacked	Depth		Width		Height without Top Delivery Tray and User Interface		Height with Top Delivery Tray and User Interface	
	(mm)	(")	(mm)	(")	(mm)	(")	(mm)	(")
Océ PlotWave 300 to 360	800	31.5	1527	60.1	1052	41.4	1495	58.9
Océ PlotWave 300 to 360 multifunction Express	800	31.5	1527	60.1	1110	43.7	1495	58.9

Machine dimensions Packed on pallet	Depth		Width		Height	
	(cm)	(")	(cm)	(")	(cm)	(")
Océ PlotWave 300 to 360	145	57.1	85	33.5	126	49.6

Machine weight	Unpacked		Packed	
	Kg	lbs	Kg	lbs
Océ PlotWave 300 to 360	180	397	285	629
Océ PlotWave 300 to 360 multifunction Express (includes PW and Scanner Express)	200	441	Not available Packed.	Not available Packed.
Scanner Express	20	44	47	104

Key Operator

Key Operator (s) will be trained upon completion of install:

Key Operator Name: Ron Lombardo Phone/Ext: 140

 Name: _____ Phone/Ext: _____

Field Service

Installation Technician: _____ Number: _____

Primary Technician: _____ Number: _____

Back Up Technician: _____ Number: _____

Please ensure that all signatures are present

Océ Representative: _____ Date: _____

Customer: _____ Date: _____

Field Service Manager: _____ Date: _____

Please return completed form to your Branch Administrator. Notify your Region Administrator and COF (HQ) if any changes occur prior to installation date.

Return to:

R. S. Knapp Co., Inc
Attn: Bob Loppe
1000 Wall Street West
Lyndhurst, NJ 07071
201-438-1500