



## Airflow Direction Inc.

2 Livingston Lane, Newbury, MA 01951

Toll Free Tel: (888) 334-4545 <> Toll Free Fax: (888) 257-3555

Local Tel: (978) 462-9995 <> Local Fax: (978) 462-9996

[www.airflowdirection.com](http://www.airflowdirection.com)

# VISUAL-ONLY, BALL-IN-THE-WALL<sup>®</sup> ORDER FORM

- 1) Refer to the following two pages for the model number designations used to fill out the order form.
  
- 2) Submit the last three pages of this order form. To prevent duplication of an order, please note on top of the "Billing & Shipping Information" sheet, your method of submission(s).
  - FAX TOLL FREE: 888-257-3555 (in the US Only)
  - FAX LOCAL: 978-462-9996
  - EMAIL: [orders@airflowdirection.com](mailto:orders@airflowdirection.com)
  - VERBAL TOLL FREE TEL: 888-334-4545 (in US Only)
  - VERBAL LOCAL TEL: 978-462-9995
  - Any questions? Please feel free to contact customer service toll free (888) 334-4545 or email sales: [brian@airflowdirection.com](mailto:brian@airflowdirection.com)



# BALL-IN-THE-WALL<sup>®</sup>

## ROOM PRESSURE MONITOR

### VISUAL-ONLY MODEL NUMBERS

ADI -- 69 -- V -- (APPLICATION) -- (BARRIER WIDTH) -- (OPTIONS)

### HEALTHCARE

### GENERAL

- **FS** = Fire Stop Kit for 1&2 Hr Fire Rated Walls.  
 - **INSEC** = Inside Security Plate (Jails, Prisons, & Healthcare Pscyh Holding)

#### BARRIER/WALL FINISHED THICKNESS

Specify the finished thickness of the barrier where the indicator is installed.  
 Examples of format:  
 -- 4.75" or 4-3/4" (actual width)  
 -- 6B, 8B, 10B, 12B (for 6", 8", 10" or 12" nominal BLOCK (CMU) walls)  
 -- GLZ (for glass/glazing)  
 -- DOOR (for door)

- N (Negative) Airflow Into Room:**
- N (General)
  - N-CONST (ICRA Construction Barrier)
  - N-ISO (Airborne Infectious Isolation)
  - N-LAB (Laboratory)
  - N-PSYCH (Psychiatric Holding)

- N (Negative) Airflow Into Room:**
- N (General)

- P (Positive) Airflow Out Of Room**
- P (General)

- N/P (Manually Switchable)**
- N/P (Lab Vivarium w/switchable HVAC)

- P (Positive) Airflow Out Of Room**
- P (General)
  - P-OR (Operating Rm)
  - P-ISO (Protective Isolation)
  - P-PHARM (Pharmacy)
  - P-RAD (Radiology)
  - P-CATH (Catheterization)
  - P-OBGYN (Caesarean Delivery)

Examples	
ADI-69-V-N-5"	(General Negative room with 5" finished wall)
ADI-69-V-P-OR-7.25"-FS	(Healthcare Positive OR, 7-1/4" wide 2hr fire rated wall)
ADI-69-V-N-ISO-5"	(Healthcare Negative Infectious Isolation, 5" finished Wall)
ADI-69-V-N/P-8B	(Lab Vivarium Holding, HVAC Neg/Pos switchable, 8"CMU)

- CSS (Central Sterile Supply, see reverse side)**
- CSS-CLNS/SD (Clean Supply to Soiled Decon)
  - CSS-CLNS/COR (Clean Supply to Corridor)
  - CSS-CLNS/OFF (Clean Supply to Office)
  - CSS-COR/SD (Corridor to Soiled Decon)
  - CSS-STER/SD (Sterilization to Soiled Decon)
  - CSS-STER/CLNS (Sterilization to Clean Supply)

- ES (Endoscopy, see reverse side & for Bronchoscopy)**
- ES-PROC/IC (Procedure to Instrument Cleaning)
  - ES-PROC/COR (Procedure to Corridor)
  - ES-PROC/CLNS (Procedure to Clean Supply)
  - ES-COR/IC (Corridor to Instrument Cleaning)
  - ES-CLNS/IC (Clean Supply to Instrument Cleaning)
  - ES-CLNS/COR (Clean Supply to Corridor)



**NOTE: BALL-IN-THE-WALL<sup>®</sup> indicator requires a minimum of 0.01" water column (w.c.) room differential pressure to activate the integral failsafe feature.**

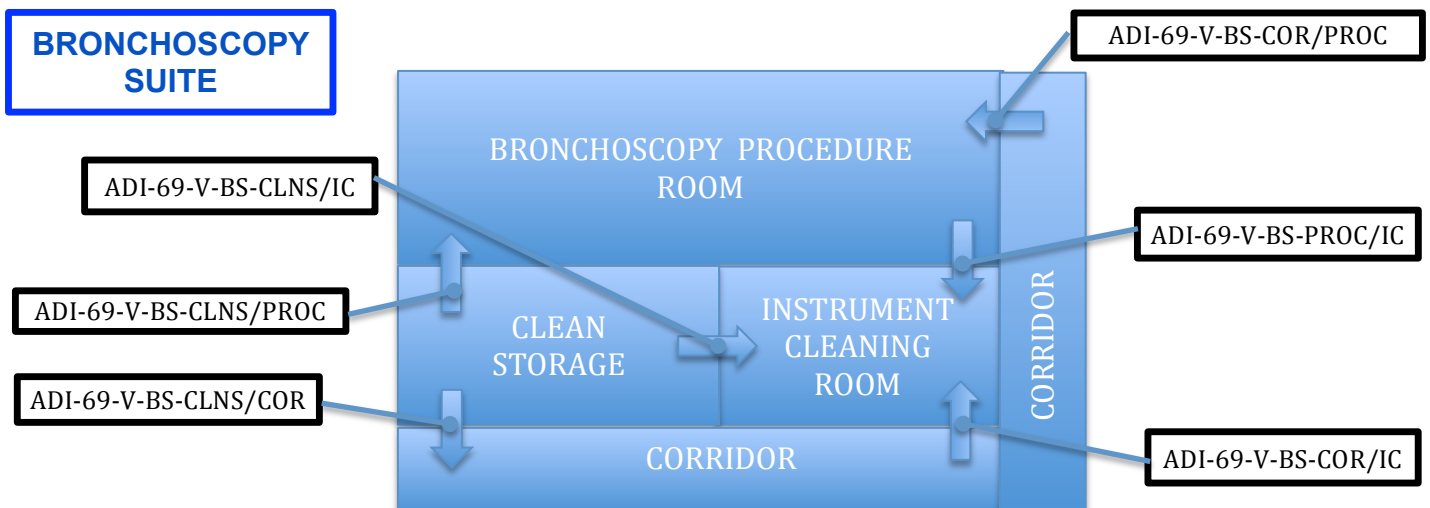
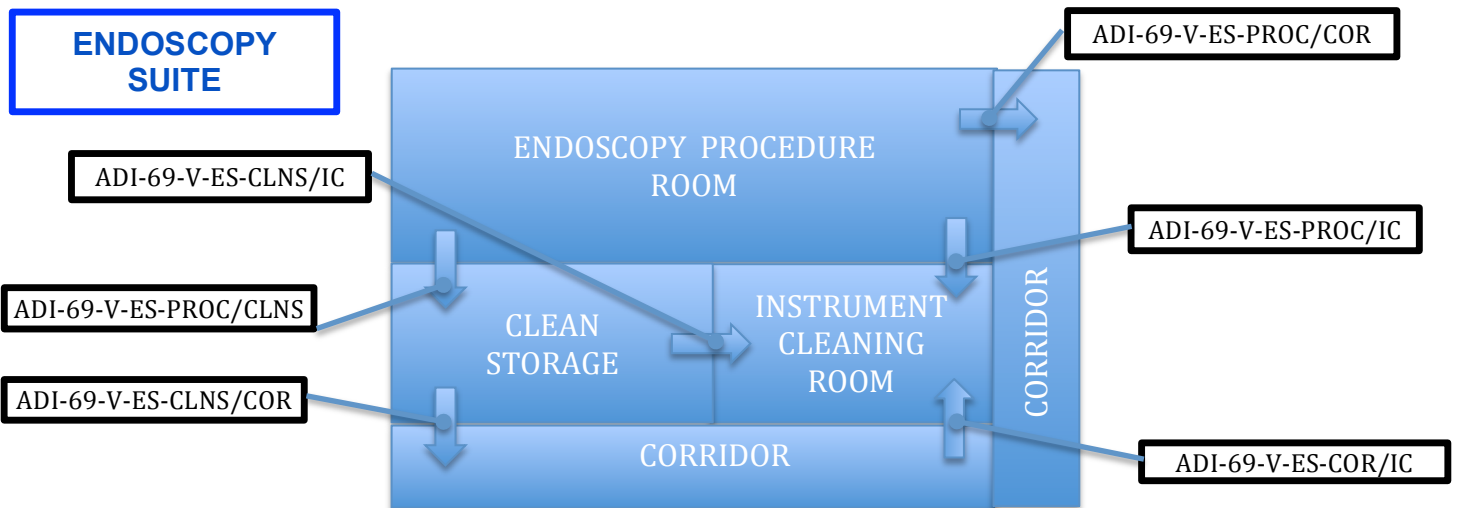
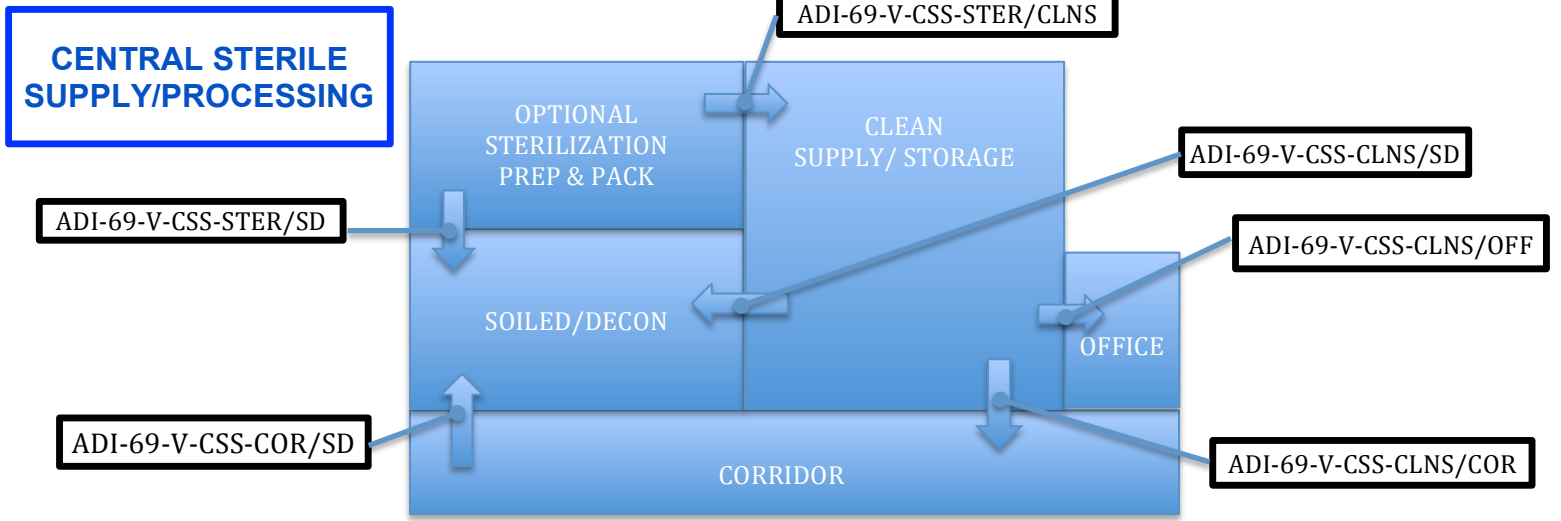
Models shown are subject to change without notice. Contact ADI for updates.

**Airflow Direction Incorporated**  
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Central Sterile Supply, Endoscopy & Bronchoscopy Ball-In-The-Wall® indicators come with two room specific labels, one for each side of the wall. This allows the occupants to understand how the indicator works without the need to enter the adjacent room.





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## VISUAL-ONLY MODEL ORDER FORM <sup>1</sup>

LINE ITEM	QUANTITY <sup>2</sup> OR ROOM DESIGNATION	VISUAL ONLY BASE MODEL DESIGNATION	ROOM <sup>1</sup> APPLICATION CODE	FINISHED <sup>1</sup> BARRIER WALL WIDTH (inches)	OPTIONS <sup>3</sup> (FS) & (INSEC)	Cost <sup>4</sup>
E.G.	(2)	ADI-69-V-	P-OR	7.25		
E.G.	RM315-OR#1	ADI-69-V-	P-OR	7.25		
E.G.	RM316-OR#2	ADI-69-V-	P-OR	7.25		
1		ADI-69-V-				
2		ADI-69-V-				
3		ADI-69-V-				
4		ADI-69-V-				
5		ADI-69-V-				
6		ADI-69-V-				
7		ADI-69-V-				
8		ADI-69-V-				
9		ADI-69-V-				
10		ADI-69-V-				
11		ADI-69-V-				
12		ADI-69-V-				
13		ADI-69-V-				
14		ADI-69-V-				
15		ADI-69-V-				
<b>Prepaid &amp; Added Freight: Delivery Time</b> (circle choice): <b>Ground</b> <b>2-Day</b> <b>Next-Day</b>						\$
						Tax <sup>5</sup>
<b>TOTAL COST</b>						\$

### FOOTNOTES:

1. Refer to and use the formats shown in the "VISUAL-ONLY MODEL NUMBERS" sheet preceding this order form.
2. You can either list the total quantity of a particular model for multiple rooms that have the same barrier/wall dimension, for example: (2) ADI-69-V-P-OR-7.25, or you can list each room number/name per line item, e.g., RM315-OR#1 ADI-69-V-P-OR-7.25 and RM316-OR#2 ADI-69-V-P-OR-7.25.
3. Leave blank if no options apply.
4. Visual-Only models are \$385.00 each. Option "FS" is \$45.00 and "INSEC" is \$47.00. Contact ADI to confirm.
5. ADI does not collect sales tax outside of Massachusetts. Purchaser is responsible to submit any tax due.



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## Billing & Shipping Information:

	<b>TODAY'S DATE:</b>	
	<b>ORDER SUBMITTED BY (circle): FAX    EMAIL    USMAIL    VERBAL</b>	
	<b>BILL TO:</b>	<b>SHIP TO:</b>
<b>Person *</b>		
<b>Department</b>		
<b>Company *</b>		
<b>PO BOX</b>		(Not Applicable – Cannot Ship To PO BOX)
<b>Street *</b>		
<b>City *</b>		
<b>State *</b>		
<b>Zip Code *</b>		
<b>Telephone *</b>	(       )	(       )
<b>Fax *</b>	(       )	(       )
<b>Email Address of person placing the order **:</b>		
<b>Email Address of person's name on credit card **:</b>		
<b>Please indicate below or call ADI with payment information:</b>		
<b>Credit Card Type (circle one):    VISA    MasterCard    AMEX    DISCOVER</b>		
<b>Name on Card:</b>		
<b>Number on Card:</b>		
<b>Expiration Date:</b>	<b>Security Code:</b>	<b>Assigned Zip Code:</b>
<b>Your Reference Job or Purchase Order Number to ADI:</b>		
<b>Reference Tag for Shipping Label:</b>		

\* Required for Billing and Shipping.

\*\* Required to send receipt of paid invoice.



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**To fulfill this order and for lifetime warranty purposes, ADI requires the following installation information:**

INSTALLATION - END USER INFORMATION	
Today's Date:	
Project Name:	
Name of Facility:	
Street Address:	
City/Town:	
State & Zip Code:	
Facility Contact Person's Name:	
Facility Contact Person's Telephone:	
Facility Contact Person's EMAIL	