



SALT WALL & ROOM CHECK LIST

Name Title
 Office Phone Cell
 Email
 Street
 City, State & Zip

1. Room Dimensions Length Width Ceiling Height

2. Walls with Salt Tiles or Panels:

Wall 1:	Length	Width	Height of Salt
Wall 2:	Length	Width	Height of Salt
Wall 3:	Length	Width	Height of Salt
Wall 4:	Length	Width	Height of Salt

3. Ceiling Solid Drop In

4. Photos/scale floor plans of walls to receive tiles provided Yes No
 (send to sales@touchamerica.com with **Halotherapy Inquiry** in subject box.)

5. Salt walls to be backlit? Yes No

6. How many light zones for walls?

7. New construction? Yes No

8. Existing structure with finished walls? Yes No

9. Could salt weight be an issue? (Approx. 12 lbs psf) Yes No

10. Salt color preference (8" x 4" x 1"bricks) Pink White Mixed Pink

11. If custom-sized brick is required, please specify size:

12. Halo Generator needed Yes No

13. If Halo Generator included, will it be running continuously to allow clients to come and go at will? Yes No

14. Granular salt for floor? Yes No

15. Preferred location of power switch for lights behind salt:
Top left corner Top right corner

16. HVAC: Room is part of larger system and regulated by remote thermostat
Room is part of a larger system and regulated by thermostat in the room (zoned system)
Room has own HVAC system
No ventilation currently installed
Air return is Remote from room Located in room

17. FREIGHT:
Location has loading dock No loading dock & no lift gate needed
Location in residential area?
Shipping address:

What are delivery hours?

COMMENTS: