



COMPANY

Custom Medical Solutions is a leading distributor of healthcare equipment servicing LTAC's, LTC, Acute Care, Rehab Facilities, and Home Care organizations. Based in Brooklyn Park Minnesota, they have service centers nationwide to deliver prompt and professional service 24/7. The company was formed in 2005 and since has grown their customer base exponentially by providing flexible programs, quality products and custom solutions. Each office is staffed with professionally trained teams of support personnel who understand that integrated solutions not only have a favorable effect on your bottom line, but on who matters the most, your residents and staff!

PRODUCT INFORMATION

- Non-contact, automatic temperature taking while recognizing faces, efficiently and effectively
- Temperature range: 86-113 F o (30-45 C) o ±0.3o accuracy
- Detects people who are not wearing a protective mask, if required
- Push alarm messaging

Specifications

HARDWARE	
CHIPSET	Hi3516DV300
OPERATING SYSTEM	Linux
RAM	16G EMMC
IMAGE SENSOR	1/2.7" CMOS
LENS	4mm
CAMERA PARAMETERS	
EFFECTIVE PIXEL	2 Megapixel: 1920X1080
MINIMUM LUX	Color 0.01Lux @F1.2(ICR), B/W 0.001Lux @F1.2
SNR	≥50dB (AGC OFF)
WDR	≥80dB
FACE RECOGNITION	
HEIGHT	47¼" - 7' 2", Angle Adjustable
DISTANCE	20" - 9.8 Feet
VIEW ANGLE	Vertical ±30°
RECOGNITION TIME	<500ms
FUNCTION	Supports 22,400 Face Database and 100,000 Records
TEMPERATURE	
RANGE	86-113° F (30-45° C)
ACCURACY	±0.3°
DISTANCE	≤19½"
RESPONSE TIME	<300ms
INTERFACE	
INTERNET/INTERFACE	RJ45 10M/100M Ethernet
WEIGAND PORT	Support Input/Output 26 & 34
ALARM OUTPUT	1 Channel Relay Output
USB PORT	1USB Port (Can be Connected to ID Identifier)
GENERAL	
POWER INPUT	DC12V/3A
POWER CONSUMPTION	20W (MAX)
WORKING TEMPERATURE	32-122° F (30-45° C)
HUMIDITY	5~90% No Condensation
DIMENSION	12.6"H X 6"W X 3½"D
WEIGHT	4.6 Pounds

ORDERING INFORMATION

Temper-Sure Thermal Camera \$3295.00

Stand Options - Tall Floor Stand model: Cost 290.00 / TS Table Top Stand: Cost \$145.00

Average Shipping Cost for a unit plus stand = \$50.00

For additional product information contact Paul Bussey at pbussey@custommedicalsolutions.com • 952.913.5930

To order, complete the required information on the next page or contact your Value First representative for assistance.



Stand Options

- Standard Camera Column
- Desktop-Style Base



OUT OF THE BOX



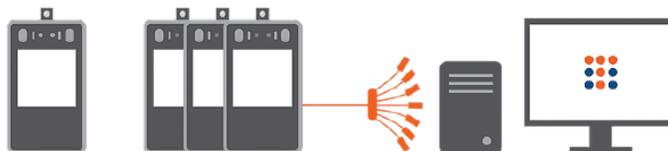
RIGHT OUT OF THE BOX, the Temper-Sure thermal camera requires very little setup and no professional installation to operate as a stand-alone unit. It can be easily programmed to monitor:

- Body Temp. ID
- Facial Recognition
- Mask Detection

Comes with wall mount and pipe mount. Or, the camera can be easily mounted to desktop and/or full height tripods.



CONNECTIVITY



Your thermal cameras may operate as individual stand-alone units right out of the box, or as numerous units connected in custom fashion. They can work 100% independent of a computer device or they may be easily integrated into your existing access/security network via the included cable bundle.

Camera settings can be easily controlled from a web browser pointed to an secure Temper-Sure camera IP/web address.

GROUP DESIGNATION FORM / LETTER OF COMMITMENT

TO: Custom Medical Solutions
(Company Name)

RE: CE3352 _____
(Contract Number) (Supplier Internal Contract Number)

FOR: Bariatric & Therapeutic Beds & Support Surfaces for Purchase
(Product Category)

Please be advised that this Member chooses to use your Products covered under the Vizient/ Value 1st contract referenced above. Please take steps necessary to ensure this Member receives correct Vizient/ Value 1st contract pricing and all other value-added services and benefits provided pursuant to such contract. Properly credit and report to Vizient/ Value 1st all purchases made by this Member as per the terms of the Agreement.

Branch Location: _____ Account #: _____

Member Name*: _____ **Member #*:** _____

Address*: _____ **GLN #:** _____

City, State, Zip*: _____ **Telephone*:** _____

Authorized By (Print Name)*: _____

E-Mail Address*: _____

Signature*: _____

Title*: _____

Date*: _____

Member Facility Type*: _____ **Annual Dollar Volume*:** _____

***Indicates required field**

Return completed form to:

Vizient/Value1st
2550 University Ave W #350
St Paul, MN 55114
Attn: Trish Korsgren tkorsgren@valuefirstonline.com

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****VENDOR RESPONSE REQUESTED****

Indicate approval/effective date for above Member: _____

Email back to: **Vizient/ Value 1st**
Trish Korsgren tkorsgren@valuefirstonline.com