

# *Owner's Guide*

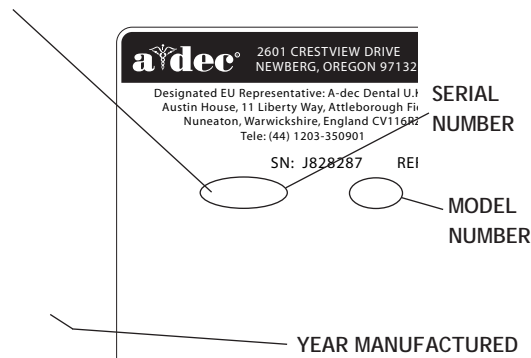
## *PERFORMER<sup>®</sup> III*

Warranty Information	
Serial Number	_____
Model Number	_____
Date Purchased	_____

Date of Service	Model/Description of Service	Technician's Initials

ALPHABETICAL EQUIVALENT TO THE  
NUMERAL OF THE MONTH MANUFACTURED

A	January
B	February
C	March
D	April
E	May
F	June
G	July
H	August
I	September
J	October
K	November
L	December



### Serial Number Identification

#### Performer Equipment:

- Delivery System: On the bottom of the control head.
- Cuspidor: Underneath the cuspidor, on the post.
- Assistant's Instrumentation: Underneath the assistant's instrumentation module, on the post.
- Light: On the light post, near the mounting end.
- Chair: On the upper structure, under the seat upholstery

For service information contact your local authorized A-dec dealer.

Check with local codes and A.D.A. (Americans with Disabilities Act) requirements for installation of this product.

### Warranty:

A-dec warrants all products in this owner's guide against defects in material or

workmanship for one year from time of delivery. A-dec's sole obligation under the warranty is to provide parts for the repair, or at its option, to provide the replacement product (excluding labor). The buyer shall have no other remedy. All special, incidental, and coincidental damages are excluded. Written notice of breach of warranty must be given to A-dec within the warranty period. The warranty does not cover damage resulting from improper installation or maintenance, accident or misuse. The warranty does not cover damage resulting from the use of cleaning, disinfecting or sterilization chemicals and processes. The warranty also does not cover light bulbs. Failure to follow instructions provided in the A-dec owner's guide (operation and maintenance instructions) may void the warranty. A-dec warrants A-dec dental chair cylinders, both lift and tilt, for ten years from the date of purchase of the chair or the cylinder. This warranty is retroactive to A-dec chair cylinders already in the field. The warranty covers chair cylinders A-dec finds to have manufacturing related irregularities. Stool cylinders are covered under A-dec's one-year warranty.

NO OTHER WARRANTIES AS TO MERCHANTABILITY OR OTHERWISE ARE MADE.

## Performer

### Return Policy:

U.S. and Canadian dealers wishing to return overstock (unopened) merchandise to A-dec for credit consideration must include a copy of the original invoice number. A return authorization form from an A-dec Territory Manager must be included with serial numbered equipment or A-dec/W&H handpieces. A 15% restocking fee will be assessed. Merchandise that cannot be returned for credit includes parts assembled to the dental unit, chair, light, or dental furniture; obsolete parts; and specials. Dental furniture cannot be returned for credit. Standard color upholstery ordered for obsolete chairs or stools cannot be returned for credit. In the case of a defective warranty item, a copy of the replacement invoice, serial number of the unit under which it was replaced, and a description of the symptoms of the defect must be returned with the part to:

A-dec Inc. 2601 Crestview Drive,  
Newberg, Oregon 97132, USA.

#### Equipment Alterations Policy:

Certain modifications or alterations of A-dec equipment which expand the use of A-dec equipment beyond its design and intent, or which override any safety features of A-dec equipment may jeopardize doctor, patient or staff safety. Field modifications that alter the electrical and/or mechanical safety of A-dec dental devices are in conflict with Underwriters Laboratory (UL) construction file requirements and are not sanctioned by A-dec. Examples of field modifications that diminish safety design include, but are not limited to, rendering access to the line voltage without the use of tools, modification of supporting elements that increase or shift loading characteristics, and the addition of any powered device that exceeds the design limits of the dental system. The use of accessory equipment not complying with the equivalent safety requirements of A-dec equipment may lead to a reduced level of safety of the resulting system. It is the responsibility of the equipment distributor and the installer to assure that the installation complies with all building code requirements. The responsibility to determine whether a modification or alteration of A-dec equipment falls within these constraints is with the person(s) who initiates, approves and/or performs such modification or alteration. A-dec will not respond to inquiries on an individual basis. This person(s) will be deemed to have assumed all associated risks with such alteration or modification and will hold A-dec harmless from resulting claims, including product liability claims. Additionally, such modification or alteration voids A-dec's warranty and may invalidate UL or other regulatory agency approval.

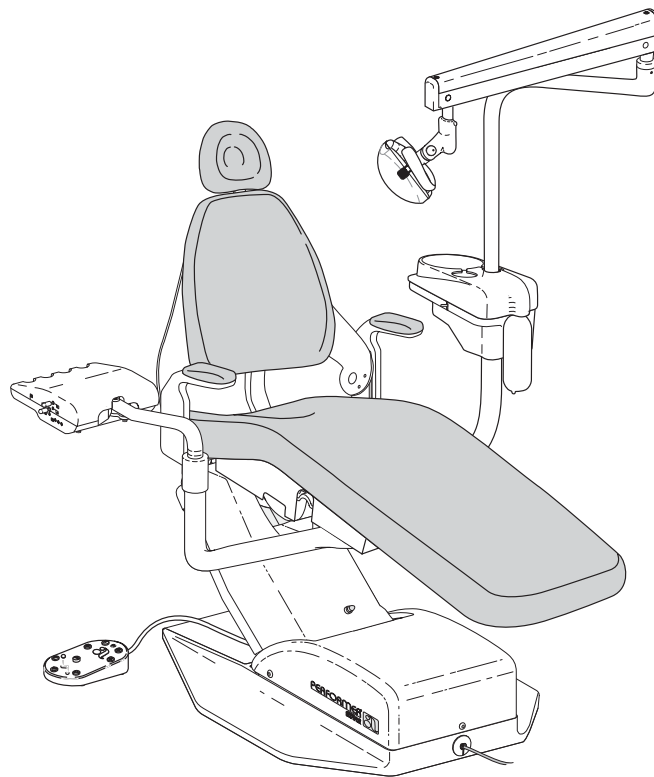


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## Performer

Serial number location, service information, and warranty information are located on the inside front cover and front page.



Performer III Chair

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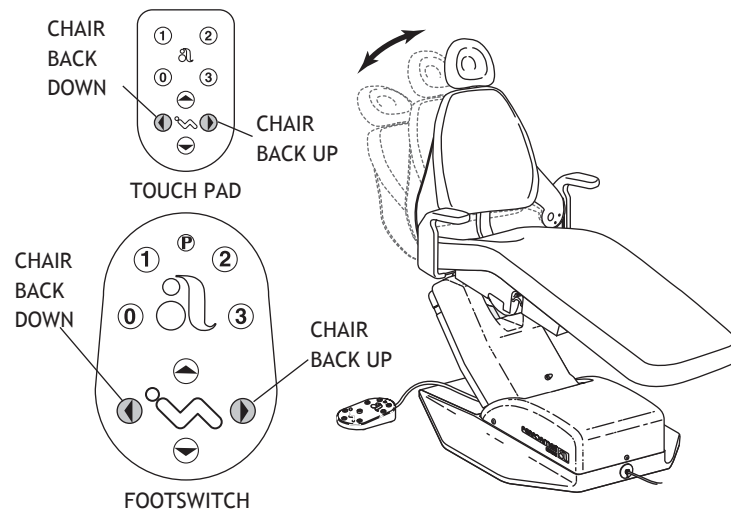
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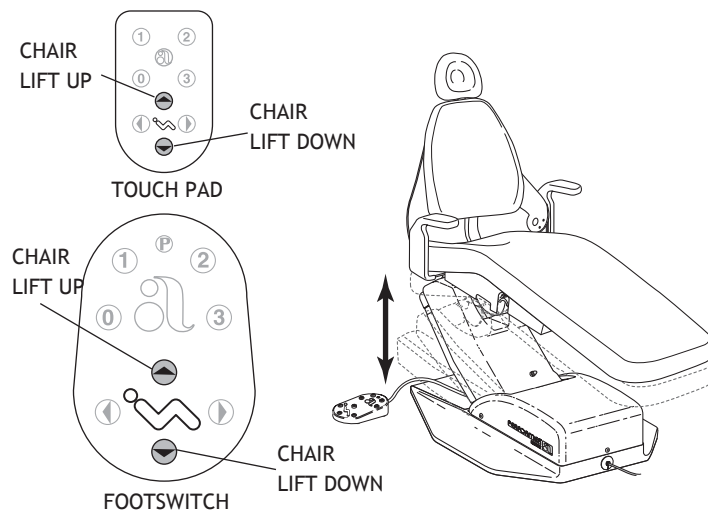


## PERFORMER III CHAIR

### Back Positioning



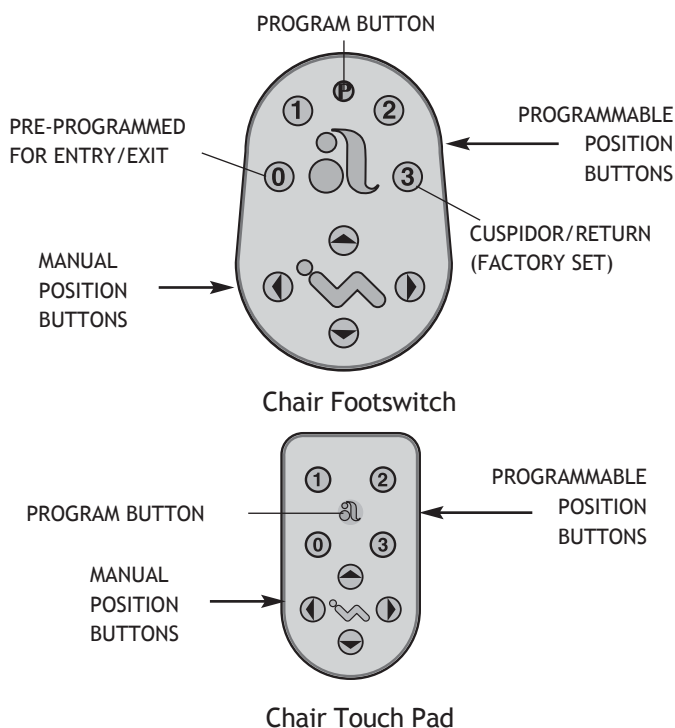
### Seat Positioning



## Programming Positions 0, 1, or 2

### NOTE

To stop the chair at any point, push any button on the footswitch or touch pad.



- Move the chair to the desired operating position.
- Press the program button. A tone will sound.
- Press the programmable position button for the desired setting (0, 1, or 2) within 4 seconds.
- A tone will sound 3 times confirming the position has been reprogrammed.

Position 3 is factory set in the cuspidor/return mode. Pressing the position 3 button moves the chair back up allowing patient access to the cuspidor. Pressing the position 3 button a second time returns the patient to the previous operating position.

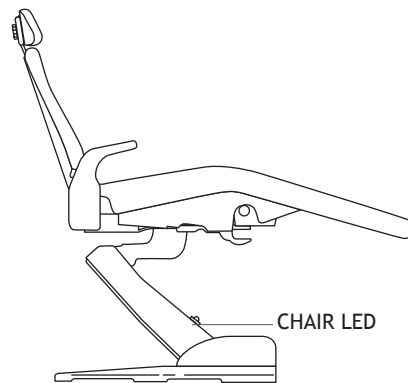
Contact an authorized A-dec Dealer to have Position 3 reconfigured to a third Pre-Position or as a last position recall.

## Chair LED

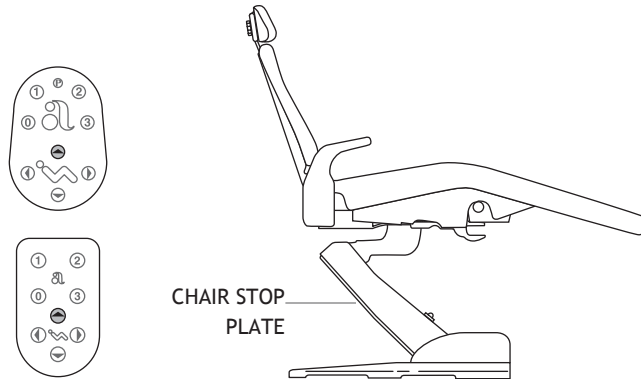
The chair LED indicates the status of the chair:

ON: Normal operation.

SLOW BLINK: The cuspidor or stop plate limit switches have been activated. Remove any obstructing object.

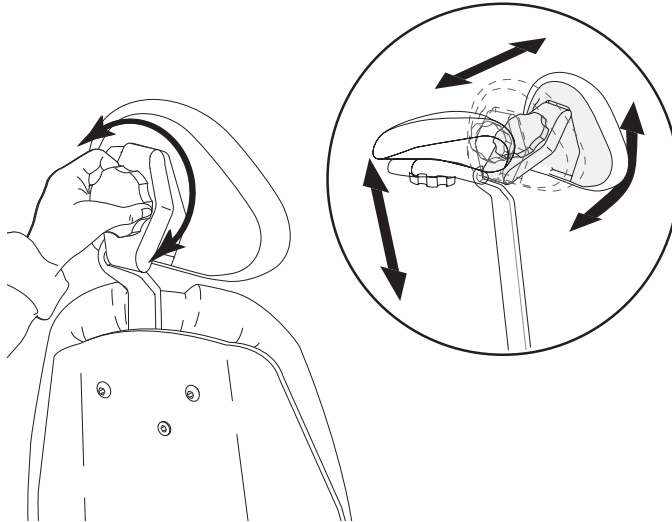


## Chair Stop Plate

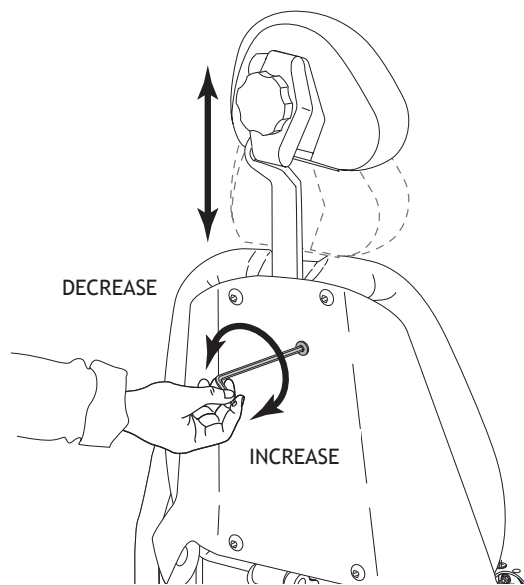


The chair stop plate stops the chair immediately when any part of it is pressed. Should anything inadvertently become lodged under the chair, press Base UP on the footswitch or touch pad to raise the chair so the object can be removed. As long as pressure is applied to the stop plate, the chair base will not go down any further

## Headrest Positioning

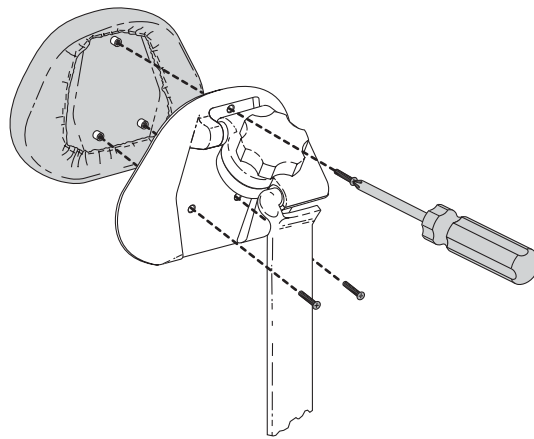


## Headrest Glide Bar Tension Adjustment

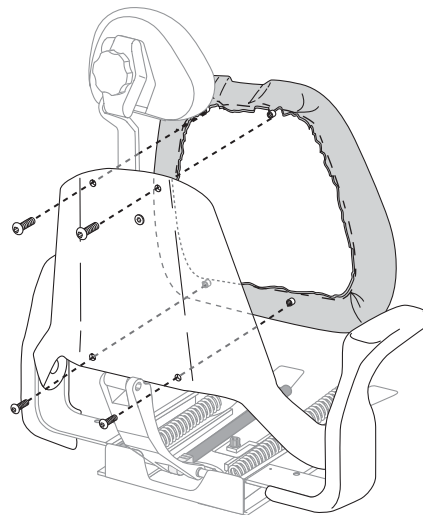


## Upholstery Replacement

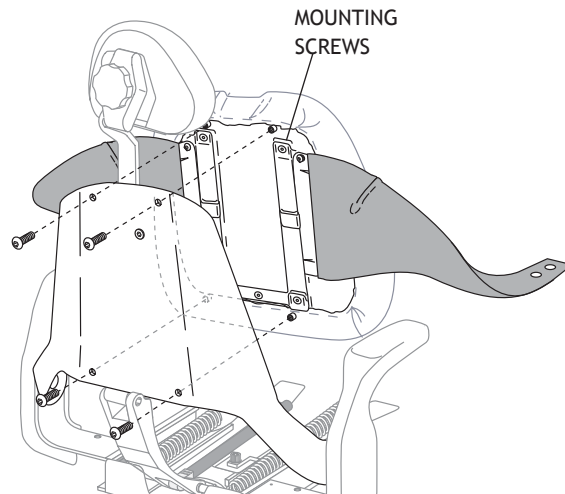
### Double-Articulating Headrest Upholstery



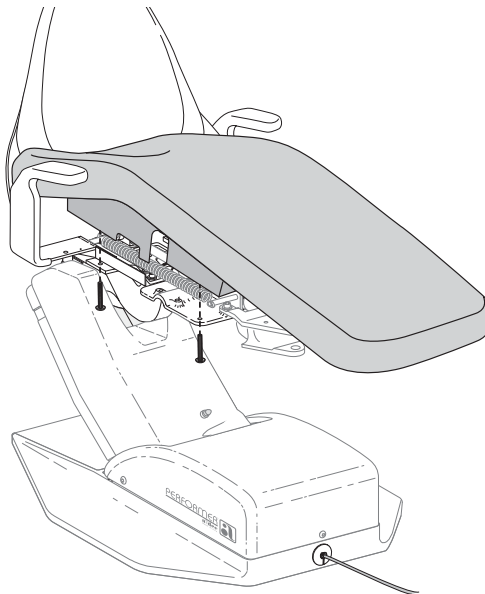
### Backrest Upholstery/Armrest Caps



## Narrow Backrest Upholstery with Slings

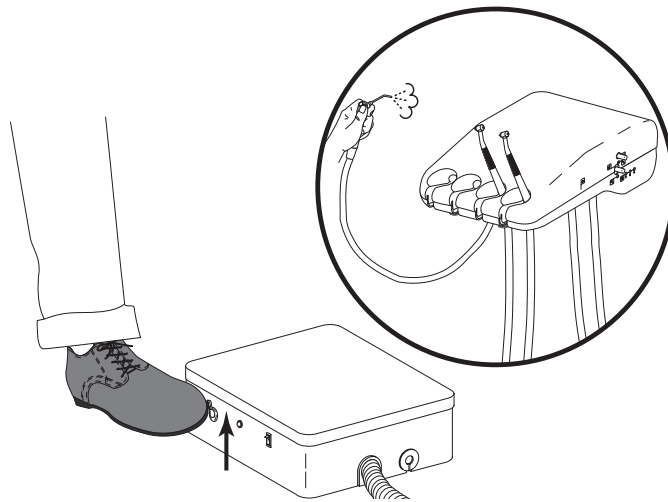


## Seat/Toeboard Upholstery

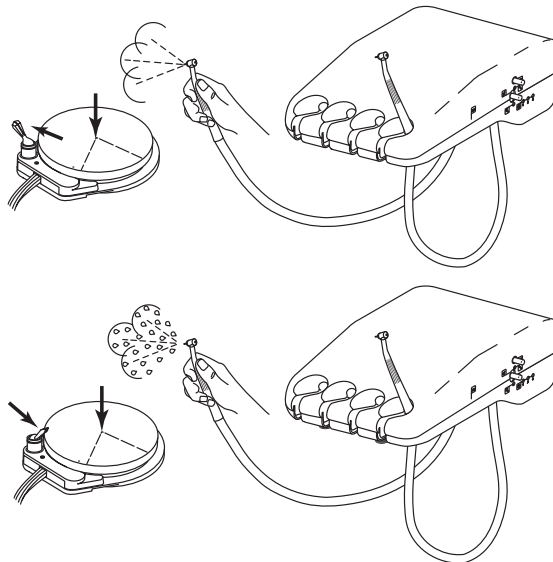


## PERFORMER HANDPIECE CONTROL

### Master On/Off Toggle

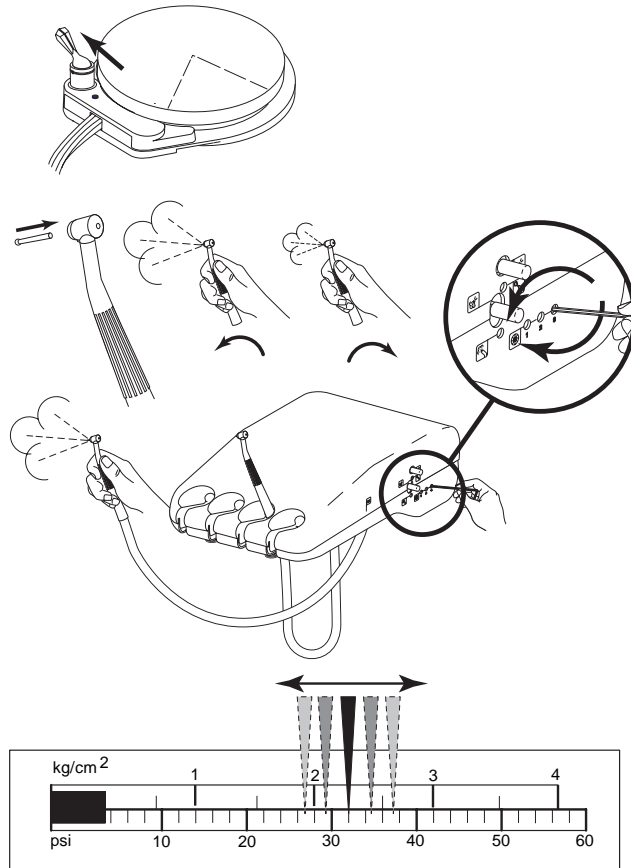


### Foot Control, Wet/Dry Toggle





## Drive Air Adjustment

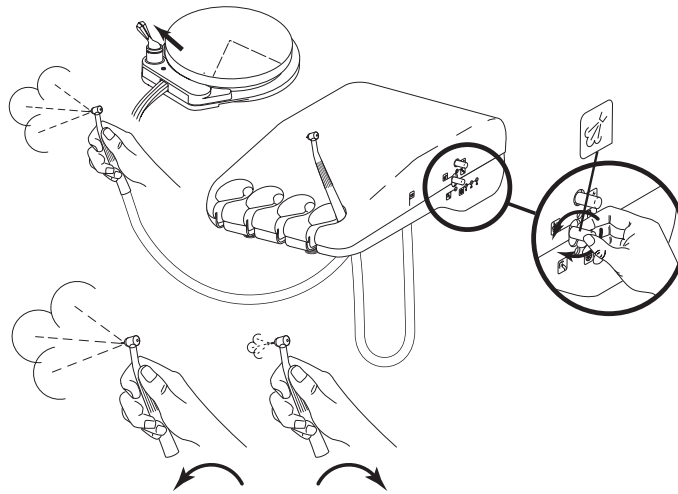


### NOTE

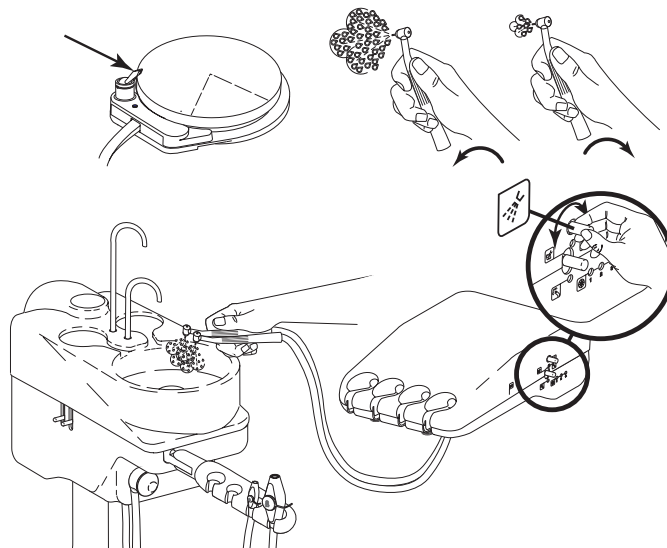
The drive air control must be adjusted to meet the handpiece manufacturer's drive air pressure specification. Refer to the documentation that came with your handpiece for drive air pressure.

The handpiece tubing flush system flushes more water through the tubings in less time than is

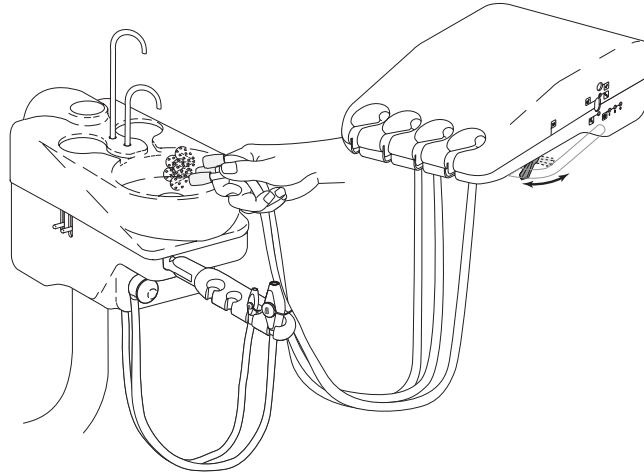
## Coolant Air Adjustment



## Coolant Water Adjustment



## Handpiece Tubing Flush



normally possible when operating the foot control only. The handpieces should not be connected when flushing the tubings.

*After each patient:*

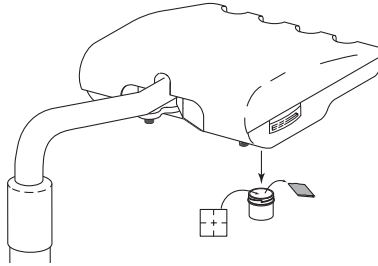
### How Often Should the Handpiece Tubings be Flushed?

Flush the tubings for about 20-30 seconds.

*At the beginning of each day:*

Flush the tubings for 2-3 minutes.

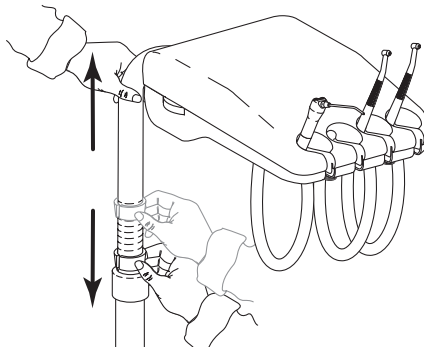
## Handpiece Oil Collector, Cleaning



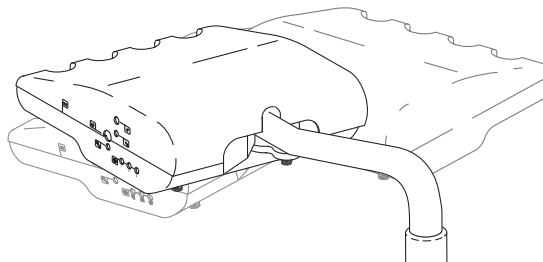
Change the 2" (50mm) square gauze pad once a week.

## Handpiece Control Adjustments

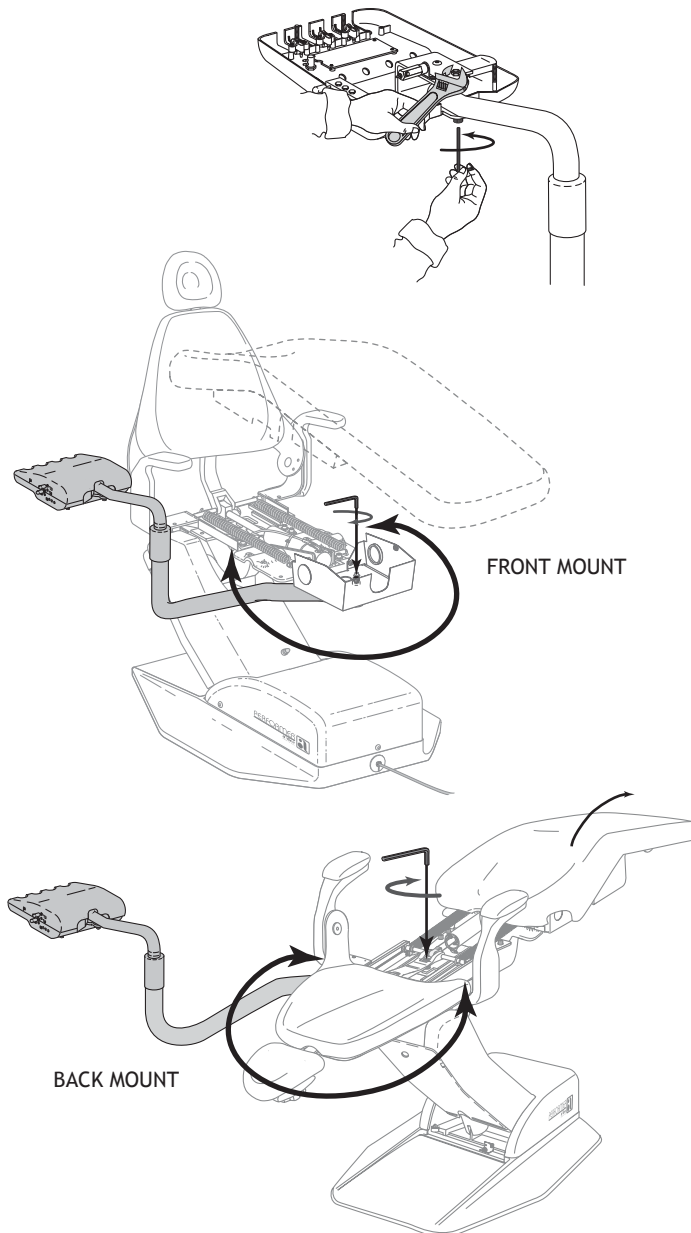
### Control Head Height Adjustment



### Control Head Positioning

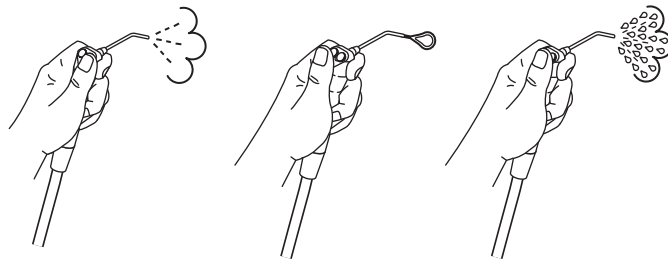


## Pivot Point Tension Adjustment

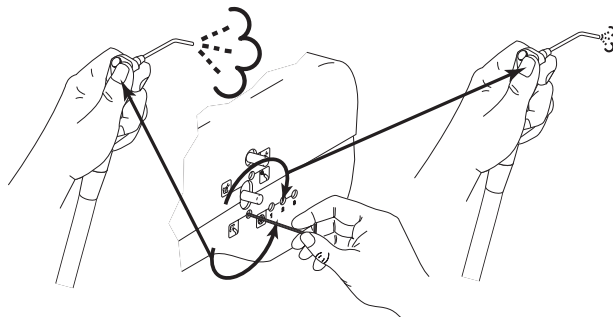
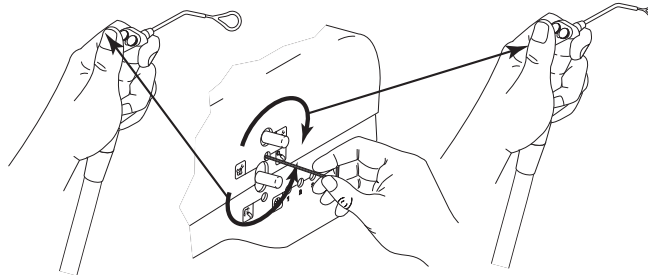


## A-DEC AUTOCLAVABLE SYRINGE

### Using the Autoclavable Syringe

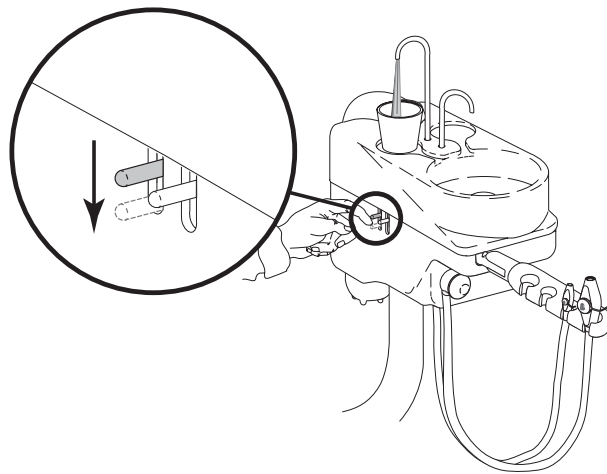


### Syringe Flow Adjustments

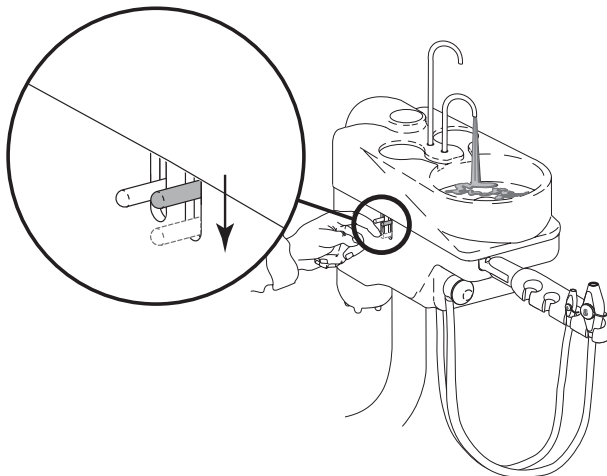


## PERFORMER CUSPIDOR

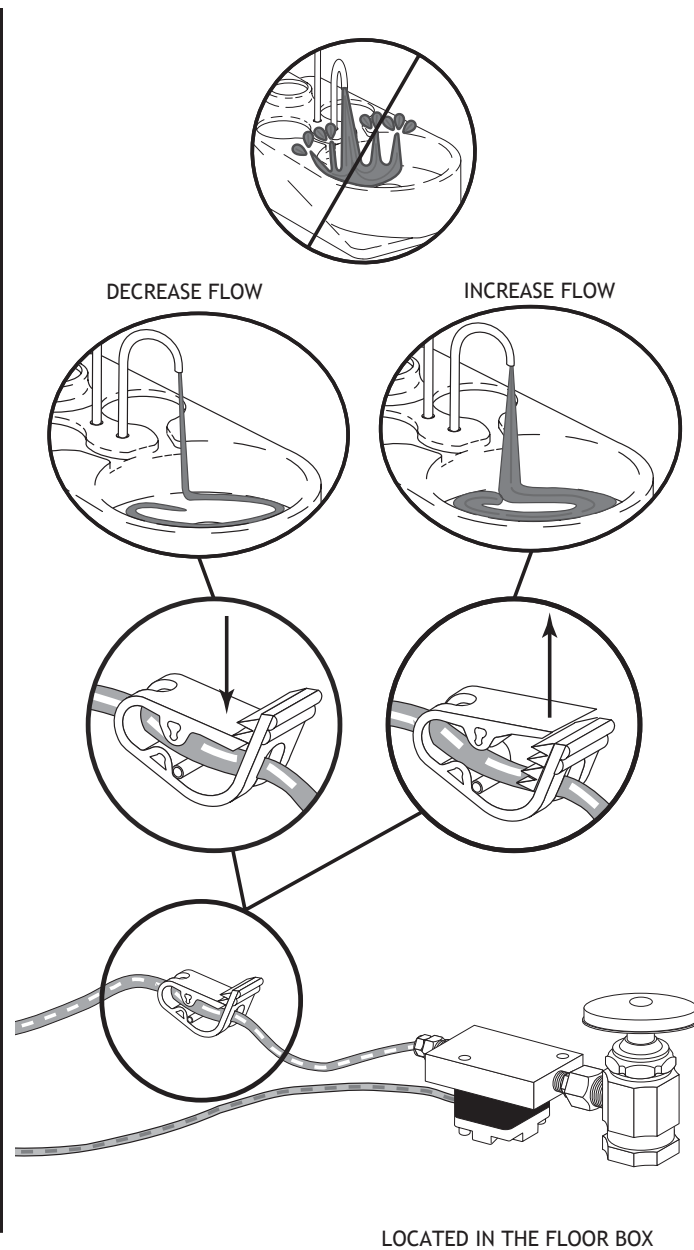
Cup Fill



Bowl Rinse



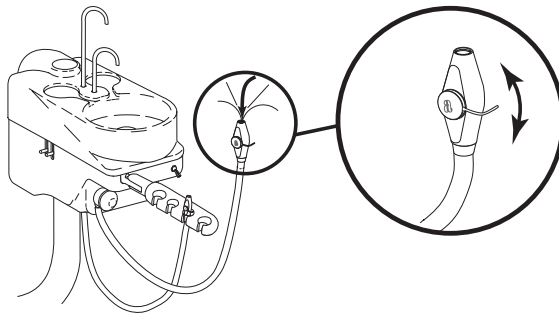
## Cuspidor Bowl Rinse Flow Adjustment



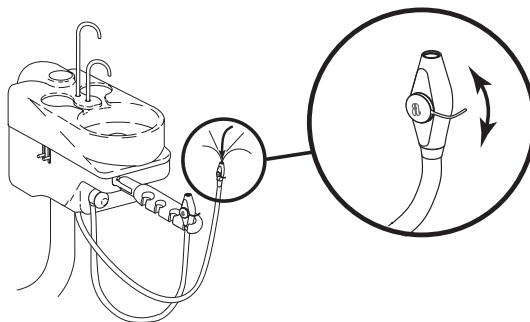


## ASSISTANT'S INSTRUMENTATION

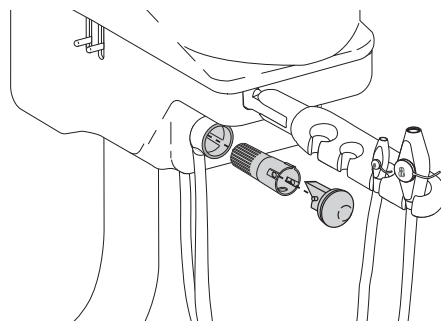
Autoclavable HVE



Autoclavable Saliva Ejector

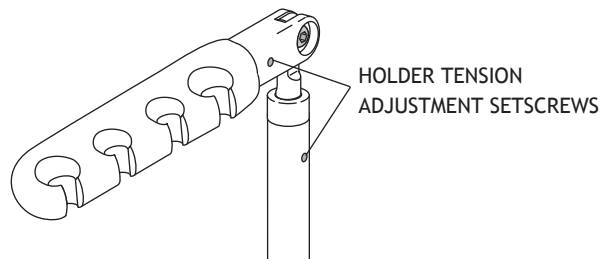


HVE Screen

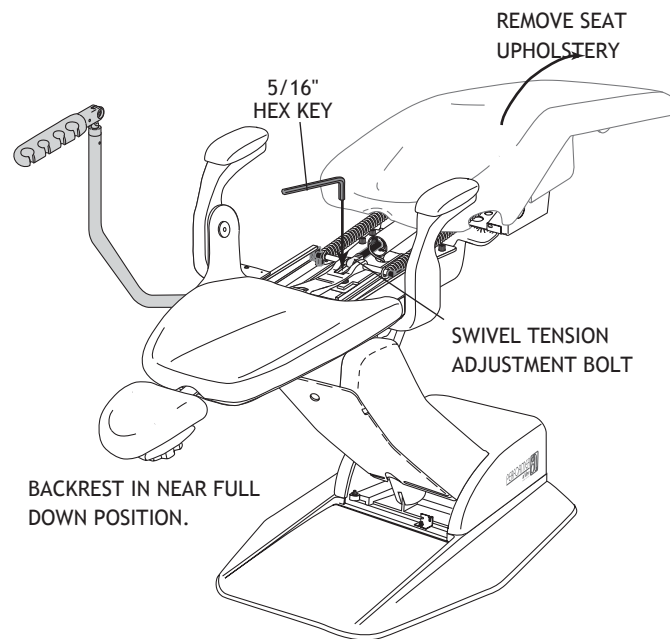


## PERFORMER ASSISTANT'S ARM (Option for Performer III Chair *ONLY*)

### Holder Tension Adjustment

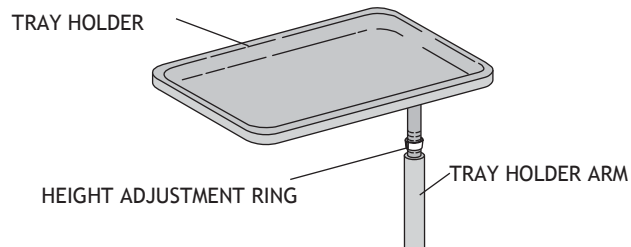


### Swivel Tension Adjustment



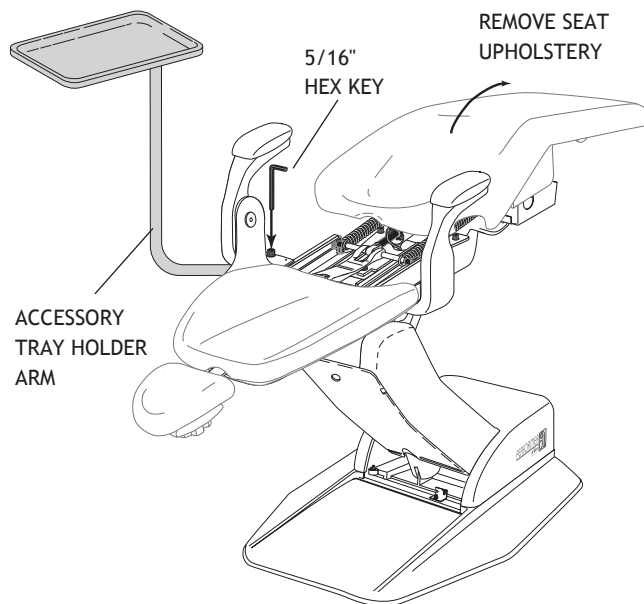
## PERFORMER ACCESSORY TRAY HOLDER (Option for Performer III Chair *ONLY*)

### Tray Holder Height Adjustment



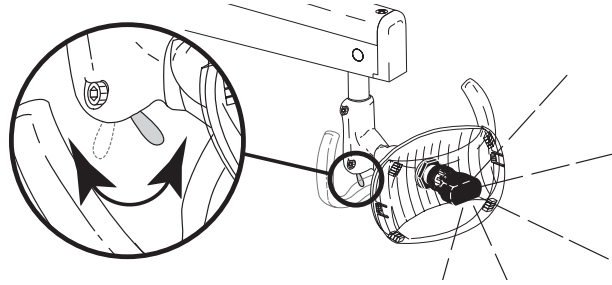
1. Lift the tray holder to access the height adjustment ring.
2. Slide the height adjustment ring to desired position.
3. Lower the tray holder onto the arm.

### Swivel Tension Adjustment

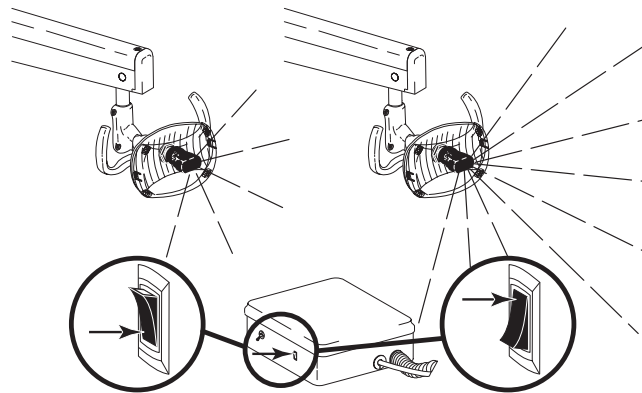


## PERFORMER DENTAL LIGHT

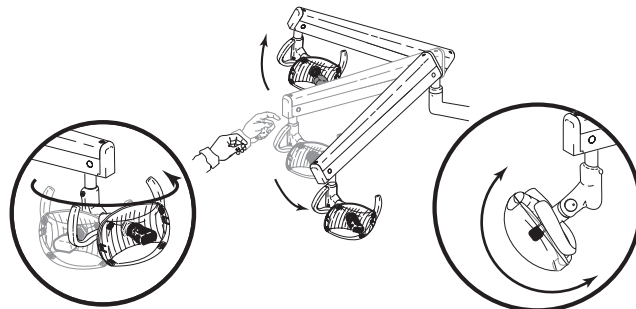
### Dental Light On/Off Toggle



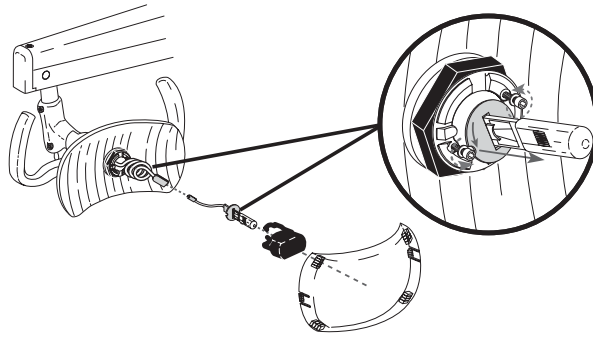
### Dental Light Intensity Switch



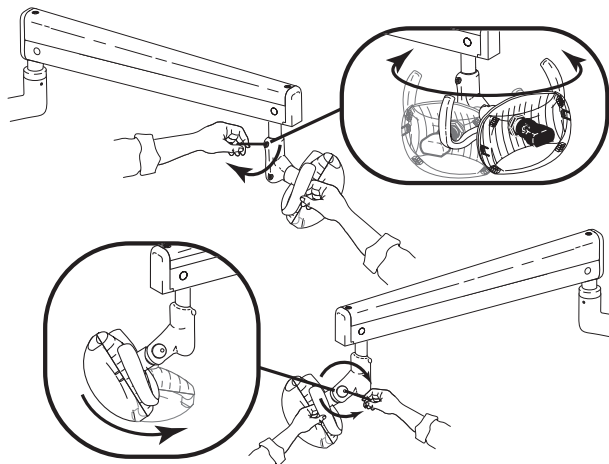
### Light Head Positioning



## Dental Light Bulb Replacement

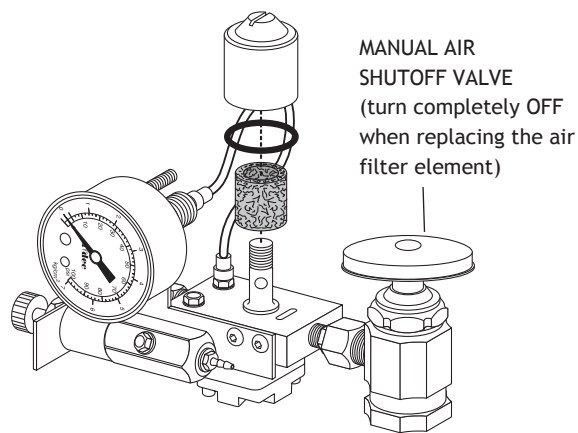


## Light Head Pivot Adjustment

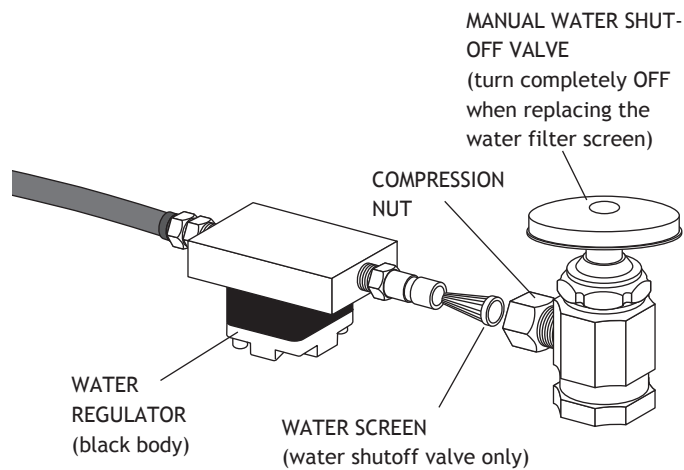


## FLOOR BOX

### Air Filter Element Replacement

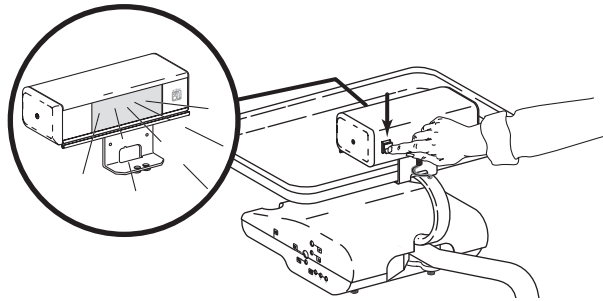


### Water Screen Replacement

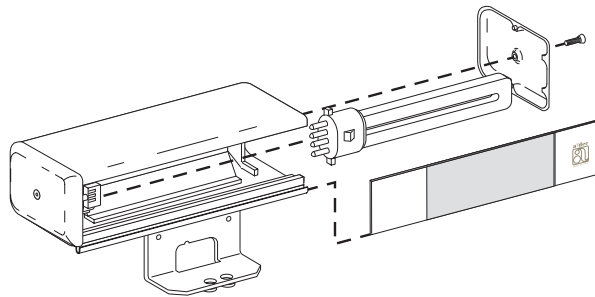


## ACCESSORIES

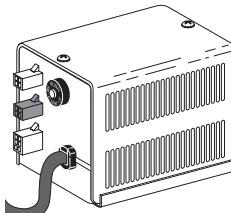
### Bitewing Viewer



### Bitewing Viewer Bulb Replacement



### 80 Watt Power Supply

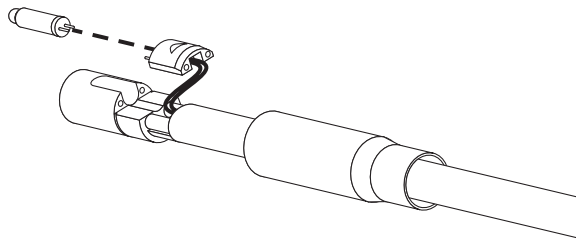


#### NOTE

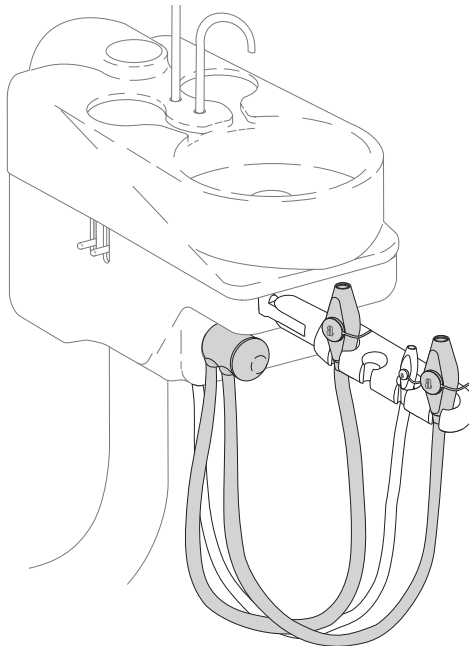
No cleaning or maintenance required. If the floor box has an indicator light, it will illuminate when the power supply is plugged in.

Performer

## Fiber-Optic Bulb Replacement



## Dual HVE





## GENERAL INFORMATION

### Adjustments and Specifications

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Minimum air, water, and vacuum service requirements for proper unit operation:	
Air: 2.50 cfm (70.80 L/min) at 80 psi (551 kPa).	
Water: 1.50 gpm (5.68 L/min) at 40 psi (276 kPa).	
Vacuum: 12 cfm (339.84 L/min) at 8 inches (27 kPa) of mercury.	
Maximum weight specifications:	
Maximum control head weight is 55 lbs. (30 kg).	
Maximum cuspidor and dental light weight is 27 lbs. (12.25 kg).	
Maximum Tray Holder (optional) weight is 12 lbs. (5.44 kg).	
Weight of optional scaler: 2 lbs. (.91 kg).	

## Maintenance

### Chair Capacity:

Patient Load: 300 lbs (135 kg) maximum.

Accessory Load: 130 lbs. (59 kg) maximum.

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80 Watt Power Supply.....page 23

Fiber-Optic Bulb Replacement .....page 24

Also refer to the following Owner's Guides for more maintenance information:

## Safety Considerations for Accessory Equipment

Autoclavable Syringe .....85.0680.00

Equipment Asepsis .....85.0696.00

Maintenance Parts .....85.2634.00











Self-contained Water System.....85.0675.00

The use of accessory equipment not complying with the equivalent safety requirements of this equipment may lead to a reduced level of safety of the resulting system.

Consideration relating to the use of accessory equipment shall include:

Evidence that Safety Certification of the accessory equipment has been performed in accordance to the appropriate IEC 60601 and IEC 60601-1 Harmonized National Standards.

## Identification of Symbols

Symbol	Description
	Recognized by Underwriters Laboratories Inc. with respect to electric shock, fire and mechanical hazards only in accordance with UL 60601-1 (2601-1) and under mutual recognition agreement with CAN/CSA C22.2, No. 601.1.
	Classified by Underwriters Laboratories Inc. with respect to electric shock, fire and mechanical hazards only in accordance with UL 60601-1 (2601-1) and under mutual recognition agreement with CAN/CSA C22.2, No. 601.1.
	UL listed to UL 61010A-1, BS EN 61010-2-010 and Canadian (CAN/CSA C22.2, No. 1010.1-92) safety standards.
	Conforms to applicable European Directives (refer to Declaration of Conformity).
	Protective earth (ground).
	Functional earth (ground).
	Attention, consult accompanying documents. No user servicable parts . Attention, line voltage. Only licensed electrician should remove cover.
	Type B applied part.
	Class II equipment.
	Caution: Metal surfaces can be hot during and following the dry cycle.

## Classification of Equipment (60601-1)

Type/Mode	Classification
Types of shock protection	CLASS I EQUIPMENT: Dental chairs, dental lights, and power supplies CLASS II EQUIPMENT: Chair, wall, and cart-mounted delivery systems
Degree of shock protection	TYPE B APPLIED PART: Delivery systems only
Degree of protection against water ingress	ORDINARY EQUIPMENT: All products
Mode of operation	CONTINUOUS OPERATION: All models except dental chairs CONTINUOUS OPERATION WITH INTERMITTENT LOADING: Dental chairs - 5% duty cycle
Flammable Gasses:	Not suitable for use in the presence of a flammable anesthetic mixture with air, oxygen, or nitrous oxide, where such gasses may accumulate in concentration (closed space).

## Performer

### Electrical Rating

Type	Specification
Volts	100/110-120/220-240 VAC
Frequency	50-60 Hz
Current	As configured and specified in equipment manual (products labeled 15A or greater require dedicated circuit, identified in distribution panel).

### Environmental Specifications

Temperature/Humidity	Specification
Storage/Transportation Temperature:	-40°C to 70°C (-40°F to 158°F) - Relative humidity: 80% for up to 31°C, decreasing linearly to 50% at 40°C.
Operating Temperature:	10°C to 40°C (40°F to 104°F) - Relative humidity: 80% for up to 31°C, decreasing linearly to 50% at 40°C.
Indoor Use:	Altitude up to 2,000M (6,563 ft.), installation category II, pollution degree 2. (UL 61010A-1 and CAN/CSA C22.2, No. 1010.1-92 only)

Performer

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