Thank you for purchasing a Belmont dental chair.

Please read this booklet completely to familiarize yourself with the operation and care of your new X-Calibur V chair.

It is recommended that you retain this booklet for future reference.

1. Headrest Assembly
2. Backrest Cushion
3. Armrest
4. Main Link Cover
5. Sub Link Cover
6. Base Cover
7. Power Supply Cable
8. Pump Cover
9. Seat Cushion
10. Backrest Cover
11. Seat Back Support
12. Dome Casting Cover
13. Tilt Cover
14. Rotating Flange Cover
15. Rotation Lock Lever
16. Foot Control Ass'y
17. Sub Link Cover (Lower)
18. Main Power Switch
19. Fuse Holder
20. Backrest Control Panels
21. Side Frame (Left)
22. Side Frame (Right)

Figure 1

Figure 2
BACKREST CONTROL

Figure 3
FOOT CONTROL
1) Seat Height Adjustments
   a. Raise the seat by pressing foot, backrest or touchpad control labeled with a chair symbol identified by an arrow pointing in the UP direction.
   b. Lower the seat by pressing foot, backrest or touchpad control labeled with a chair symbol identified by an arrow pointing in the DOWN direction.

2) Backrest Adjustments
   a. Raise the backrest by pressing foot, backrest or touchpad control labeled with a chair symbol identified by an arrow pointing in the FORWARD direction.
   b. Lower the backrest by pressing foot, backrest or touchpad control labeled with a chair symbol identified by an arrow pointing in the RECLINE direction.

3) Programming a Seat Position
   One pre-set chair position can be stored in memory for repetitive use as follows:
   a. Set backrest angle and seat height at desired position using foot, backrest or touch pad controls.
   b. Hold program button or switch labeled (P) until buzzer sounds(approximately 20 seconds), then release.
   Chair position has been stored in the chair memory.

4) Automatic Return
   Chair can be returned to the patient entry/exit position by momentary pressing the button or switch labeled (A) on the foot, backrest or touchpad controls.

5) Safety Plate
   The chair has been designed with a safety plate mechanism that stops all chair motion if it is lowered onto an object.
   This feature prevents accidental injury to the user.

   Note:Chair motion can be stopped at any time by pressing any control button or switch.

6) Armrest Rotation
   Armrests rotate outward 180 degrees.

   Caution:To avoid damage to armrests and chair mechanisms, be certain that armrests are not positioned over the backrest during backrest position adjustment

7) Seat Rotation
   Seat may be rotated 30 degrees to the right or left of center.
   Seat position is locked or released using lever shown in Figure 1.
7) Positioning the Belmont Articulating Headrest
Seat patient upright and all of the way back on the chair.
Position the bottom of the headrest cushion so it is even with the occipital of the patient's head.

Viewing the lower arch:
Using the latch release button (white), pivot the headrest cushion halfway toward the patient's head.
Have the patient lean back on the headrest.
Using the chair controls, place the patient in the desired operating position.

Viewing the upper arch:
Lower the backrest and raise the base of the chair.
Slide the headrest in.
Support the patient's head/headrest cushion while pressing latch release button.
Tilt the headrest cushion until the desired upper arch position is obtained.
Care and Maintenance
X-Calibur V Chair Model BEL-50

Do not spray liquids directly onto chair surfaces. In order to prevent damage to electrical components and systems, do not apply excess cleaning solution onto chair surfaces.

Routine Care
Clean plastic and upholstery surfaces regularly using a mild soap and water solution. When cleaning, use a dampened cloth only, as excess cleaning solution can flow into the chair and cause permanent damage to electrical components.

Barrier Technique
Use of disposable barrier products should be the first choice for the protection of dental equipment. Disinfectants leave behind a surface residue that accumulates over time and eventually damages equipment and upholstery surfaces.

Chemical Disinfection
If a chemical disinfectant is to be used on chair or upholstery surfaces, contact the manufacturer of the disinfectant prior to use. Obtain verification from the disinfectant manufacturer that their product will not damage the chair or upholstery surfaces.

Unacceptable Disinfectants
The following chemicals may damage equipment and upholstery:
- Alcohol based solutions
- Bleach
- Phenol / Alcohol combinations
- Foam spray products

Use with Caution
- Water based phenolic disinfectants, following manufacturer's exact instructions for use.

Warranty does not cover damage to equipment and upholstery caused by disinfectant solutions.
X-CALIBUR V Dental Chair (Model BEL-50) Operation Procedures

SPECIFICATIONS

* Power sealed hydraulic system powered by 4.6 A motor pump
* Base plate: 1/2" steel
* Bearings at link points - low friction in steel jacket.
* Steel seat cradle
* Steel backrest support
* Electrical requirements: 115 VAC, 4.6 A
* Hospital grade plug
* Base component housing formed from solid color acrylonitrile ethylene styrene (AES)
* All exposed ferrous parts covered with corrosion-resistant paint or plating
* Weight: 381 lbs. (173 kg)

LIMITED WARRANTY

Belmont chairs are warranted to the original owner/user against failure of mechanical and electrical parts, material, and workmanship, for a period of five (5) years, from the date of installation, subject to normal use. Belmont is not responsible for failure caused by abuse by the owner, patient, or other personnel, or by acts of uncontrollable nature. Labor for repair or replacement is not included. Upholstery is warranted for one year; Belmont cannot be responsible for damage to surface finishes caused by disinfectants; always follow the disinfectant manufacturer's instructions for use. No other warranties as to merchantability, or otherwise, are made. NOTE: 5-year warranty applies to dental chairs purchased from, and installed and serviced by an authorized dealer. For this warranty to be in effect, the dealer must, upon installation, fill in and purchaser must keep this card with the following information.

Model No. ___________________________ Serial No. ___________________________
Date of Installation ___________________________ Ref. No. ___________________________
Purchaser ___________________________ Date ___________________________
Street ___________________________ Dealer: ___________________________
City ___________________________ Street ___________________________
State ___________________________ City ___________________________
Zip ___________________________ State ___________________________
 Zip ___________________________