Rapid Room Recovery Odor Abatement System
...with PHI™ Technology

Operation Manual

Thank you for purchasing the Rapid Room Recovery Odor Abatement System from RGF

Note: Please take the time to read the enclosed instructions for use. All instructions and precautions should be adhered to while operating this Rapid Room Recovery OAS.

RGF Environmental Group
1101 West 13th Street
Port of Palm Beach - Enterprise Zone
Riviera Beach Florida 33404
Phone: 561.848.1826
Fax: 561.848.9454
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WARNING: Do not use Unit if power cord is damaged. Improper installation could result in and electrical shock or short. This appliance is not intended for use by young children or infirm persons unless they have been adequately supervised by a responsible person to ensure the can use the appliance safely. Young children should be supervised to ensure that they do not play with the appliance.

PRECAUTIONS: Due to a variety of operational conditions and applications for this Unit, the user, through their own analysis of the application variables (i.e. square footage; organic load; airflow; structural configuration of room/area) is solely responsible for assuming that all performance, safety, and precaution requirements of the application are met*.

DANGER: Never look directly at the PHI Cell when it is in operation. PHI incorporates a UV lamp, and UV light will burn your eyes.

Operating Instructions

1. Plug the Unit into a standard wall outlet in the room/area.

2. To turn “ON” the Unit, actuate the Timer Switch to pre-determined hour turning clockwise or counter clockwise to “Hold” for constant on.

General Applications (Examples Only; May Differ by Property)
The intended function for the Rapid Room Recovery Odor Abatement System is the rapid remediation and recovery of Guest Rooms and Common Areas that have heavy organic loads or odors and must be turned around in an expeditious manner (alternative to ozone generators; can be utilized while the room is being serviced*)

**Guest Room Application**

**Area Treated:** ~300 to 500 square foot Guest Room  
**Targeted Odors:** smoke, mold/must, pet, cooking and other general odors

1. Centrally locate the Unit in the Guest Room (*safely position on sturdy flat surface or floor*)  
2. Turn the Guest Room A/C fan to high setting (*Optional: assists in air flow*)  
3. Follow Operation Instructions 1 through 3 on page 2 of this document  
4. Set Unit on “High” Setting and run for approximately fifteen (15) to thirty (30) minutes**

**Utilization of the timer setting will effect treatment time as will other variables including but not limited to: the square/cubic footage of the room; the room designation (smoking room Vs. non-smoking); the type and amount of organic load or odor; the structure of the room (single room Vs. suite)**

**Common Area Application**

**Area Treated:** Meeting / Conference Rooms, Hallways, Fitness Rooms, Spas  
**Banquet Halls, Bars, Lounges, Restaurants and other common areas**  
**Targeted Odors:** smoke, mold/must, cooking, sewer, bar rail, and other general odors

1. Centrally locate the Unit in the targeted Room/Area (*safely position on sturdy flat surface or floor*)  
2. If accessible, turn on Room/Area A/C fan to high setting (*Optional: assists in air flow*)  
3. Follow Operation Instructions 1 through 3 on page 2 of this document  
4. Set unit on “High” Setting and run until odor eradicated.

**Utilization of the timer setting will effect treatment time as will other variables including but not limited to: the square/cubic footage of the room or area; the type and amount of organic load or odor; the structure of the room or area**

*Note: Examples above are based on actual Property use of the Unit in the given applications*

**RELPLACEMENT CELL PART NUMBER:** PHIC-9A (two per unit).
LIMITED WARRANTY

RGF Environmental warrants this new Rapid Room Recovery Odor Abatement System to be free from defects in material and workmanship under normal use and service when operated and maintained in strict accordance with these instructions for a period of twenty four (24) months from the date of receipt. (For international orders twelve (12) months parts only. Shipping not included.) (Excludes PHI Cells and Cartridges)

The PHI Cell is warranted to be free from defects and workmanship under normal use and service when operated and maintained in strict accordance with these instructions for twelve (12) months from the date of receipt.

Warranty is void if sealed equipment is opened or tampered with.

Warranty obligation is limited to repair or replacement of any part determined to be defective.

This warranty does not cover: parts damaged from chemical action, moisture, or wear caused by abrasive materials; damage resulting from misuse, abuse, accident or neglect; damage resulting from improper operation, maintenance, installation, modification, adjustments, or any use other than its intended use.

RGF Environmental assumes no liability for any harm that may occur as a result of the use of this equipment and shall not be liable for consequential or any other damages whether or not caused by RGF Environmental Inc negligence or resulting from any express or implied warranty or breach thereof. Consequential damages for the purpose of this warranty shall include, but not be limited to, loss of use, income, profit, or damages to property, or injury or death to persons or animals occasioned by or arising out of operation, use, installation, repair or replacement of the equipment or otherwise.

THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF.

To obtain warranty service call RGF Environmental at: 561-848-1826

Or write us at:

RGF Environmental Group
1101 West 13th Street Riviera Beach, Florida 33404 USA
WARRANTY REQUEST FORM
(INCOMPLETE FORMS WILL NOT BE PROCESSED!)

RETURN AUTHORIZATION NO. ______________________________

CUSTOMER:
NAME ________________________________________________
ADDRESS _______________________________________________
CITY ______________________ STATE __________ ZIPCODE ______
CONTACT __________________ PHONE ________ FAX ____________

DISTRIBUTOR:
NAME ________________________________________________
ADDRESS _______________________________________________
CITY ______________________ STATE __________ ZIPCODE ______
CONTACT __________________ PHONE ________ FAX ____________

UNIT:
MODEL # ______________________________________________
SERIAL # ______________________________________________
INVOICE # _____________________________________________
DATE OF PURCHASE _____________________________________
SERIAL # FOR EXCHANGE UNIT: ____________________________

ITEM(S) SUBMITTED FOR WARRANTY:
1) __________________________________________________________________________
2) __________________________________________________________________________

REASON(S) FOR RETURN:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(FOR MANUFACTURER USE ONLY)
DATE ITEM(S) RECEIVED: ________________________________
RECEIVED BY: __________________________________________
REPLACEMENT UNIT OR PART SENT □

COMMENTS: ________________________________________________________________________

NOTE: THIS COMPLETED FORM MUST ACCOMPANY ALL RETURNED ITEMS.