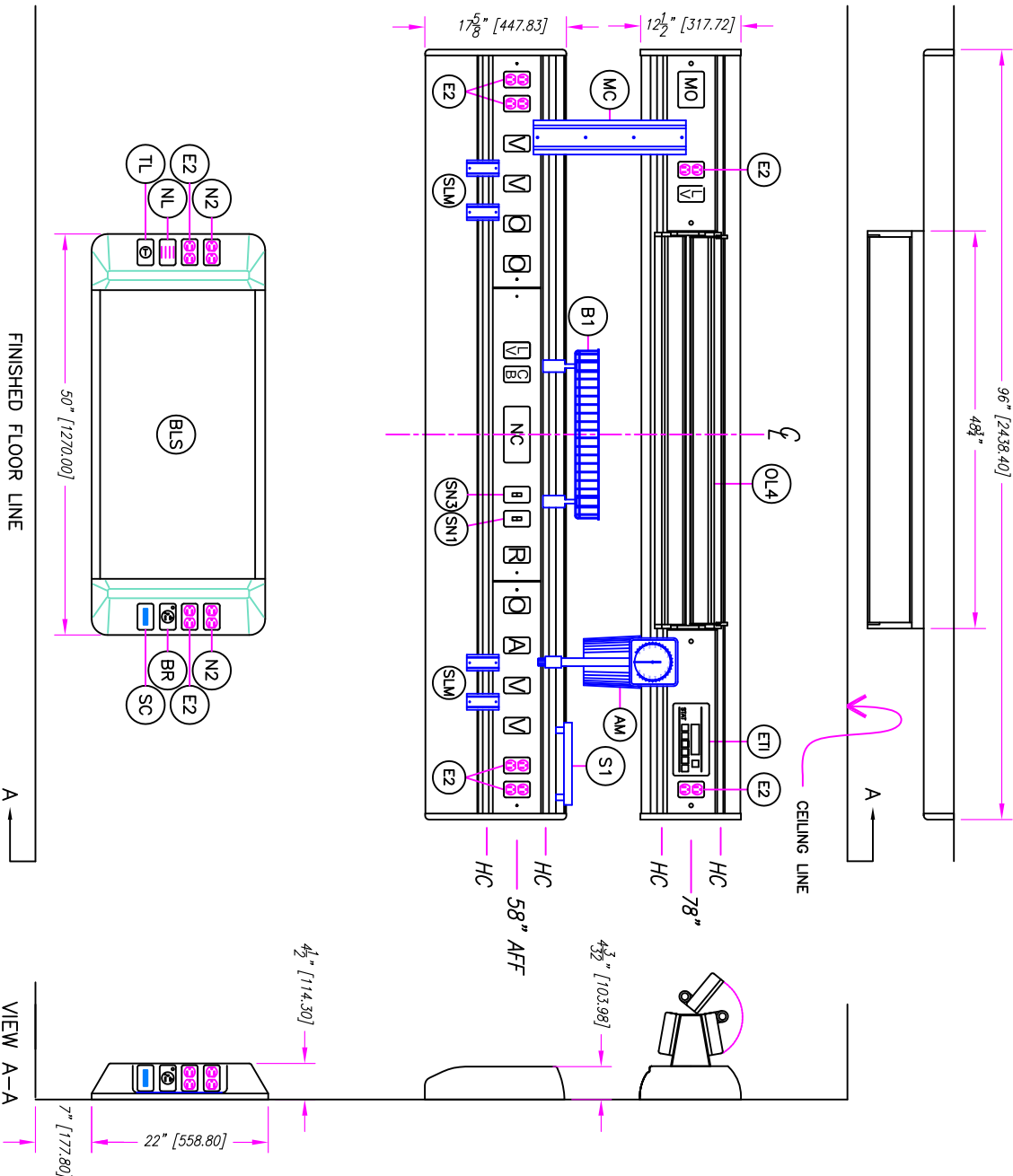


# MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 35

SINGLE TIER with LIGHT TIER  
(M/N: HW00-01L-P-M096)



TYPE:  
QUANTITY:

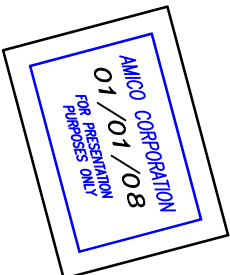
SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
HC	4	HORIZONTAL EQUIP. TRACK
E2	4	RECEPTACLE - DUPLEX RED
O	3	GAS, OXYGEN
A	1	GAS, MED AIR
V	4	GAS, VACUUM
SN1	1	SWITCH, S.P.S.T.
SN3	1	SWITCH, 3 POSITION L.V.
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G
LV	2	PROVISION - LOW VOLTAGE 1G
MO	1	PROVISION - MONITOR OUT 2G
SLM	4	VACUUM SLIDE, TRACK MTD.
ETI	1	ELAPSED TIME INDICATOR
R	1	E.T.I. RESET SWITCH
OL4	1	4' OVERBED LIGHT
LVC*	1	LOW VOLTAGE CONTROLLER
MC	1	MONITOR CHANNEL, TRACK MTD
S1	1	20"x12" SHELF, ON TRACK
B1	1	19"x5"x3" BASKET, ON TRACK
AM	1	ANEROID MANOMETER

\*INSTALLED IN OVERBED LIGHT BY AMICO

BED LOCATOR SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
E2	2	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
BR	1	RECEPTACLE - BED ONLY
NL	1	NIGHT LIGHT
SC	1	37 PIN CONNECTOR
TL	1	PROVISION - TELEPHONE 1G



IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION IS CORRECT, AND PROVIDE THE REMAINING DETAILS.

APPROVAL - PRINT AND SIGNATURE

DATE PHONE NO.

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HOSPITAL LOCATION: \_\_\_\_\_  
 HOSPITAL LOCATION: \_\_\_\_\_  
 QTY: 1  
 ( ) TYPE UNITS AS SHOWN / ( ) TYPE UNITS OPPOSITE

A. NURSE CALL MFR: \_\_\_\_\_ MODEL NO.: \_\_\_\_\_  
 B. MEDICAL GAS MFR: \_\_\_\_\_ TYPE CONNECTION: \_\_\_\_\_  
 C. FINISH: \_\_\_\_\_ CEILING HEIGHT: \_\_\_\_\_  
 DRWG. NO. \_\_\_\_\_  
 PRICEBOOK -38  
 DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 REV. NO.: \_\_\_\_\_  
 DATE: \_\_\_\_\_