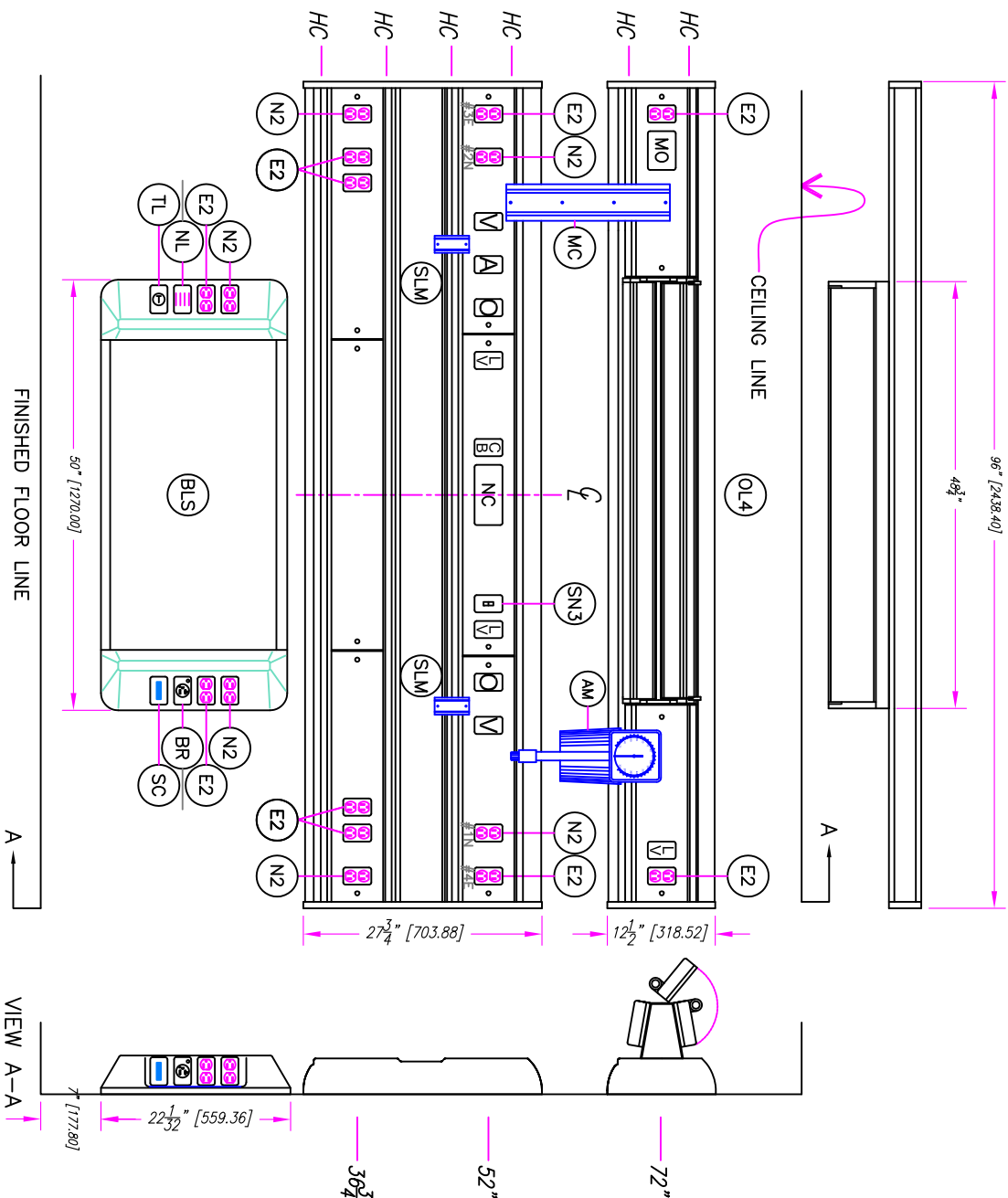


# MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

THREE TIER with NO CHASE

(M/N: HW00-03T-P-M096)

DRAWING # 40



TYPE:  
QUANTITY:

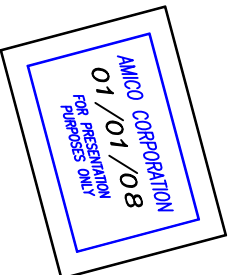
SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
HC	6	HORIZONTAL EQUIP. TRACK
O	2	GAS, OXYGEN
A	1	GAS, MED AIR
V	2	GAS, VACUUM
E2	8	RECEPTACLE - DUPLEX RED
N2	4	RECEPTACLE - DUPLEX IVORY
SN3	1	SWITCH, 3 POSITION L.V.
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G
LV	3	PROVISION - LOW VOLTAGE 1G
MO	1	PROVISION - MONITOR OUT 2G
SLM	2	VACUUM SLIDE, TRACK MTD.
OL4	1	4' OVERBED LIGHT
LVC*	1	LOW VOLTAGE CONTROLLER
MC	1	MONITOR CHANNEL, TRACK MTD
AM	1	ANEROID MANOMETER w/ BSKT

\*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 \_\_\_\_\_

MODEL NO.: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

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HOSPITAL	HOSPITAL
LOCATION	LOCATION
QTY.	QTY.
( ) TYPE	UNITS AS SHOWN / ( ) TYPE
	UNITS OPPOSITE

A. NURSE CALL	MFR:	MODEL NO.:	DRWG. NO.:
B. MEDICAL GAS MFR.:	TYPE CONNECTION:	CHECKED BY:	REV. NO.:
C. FINISH:	CEILING HEIGHT:	DATE:	