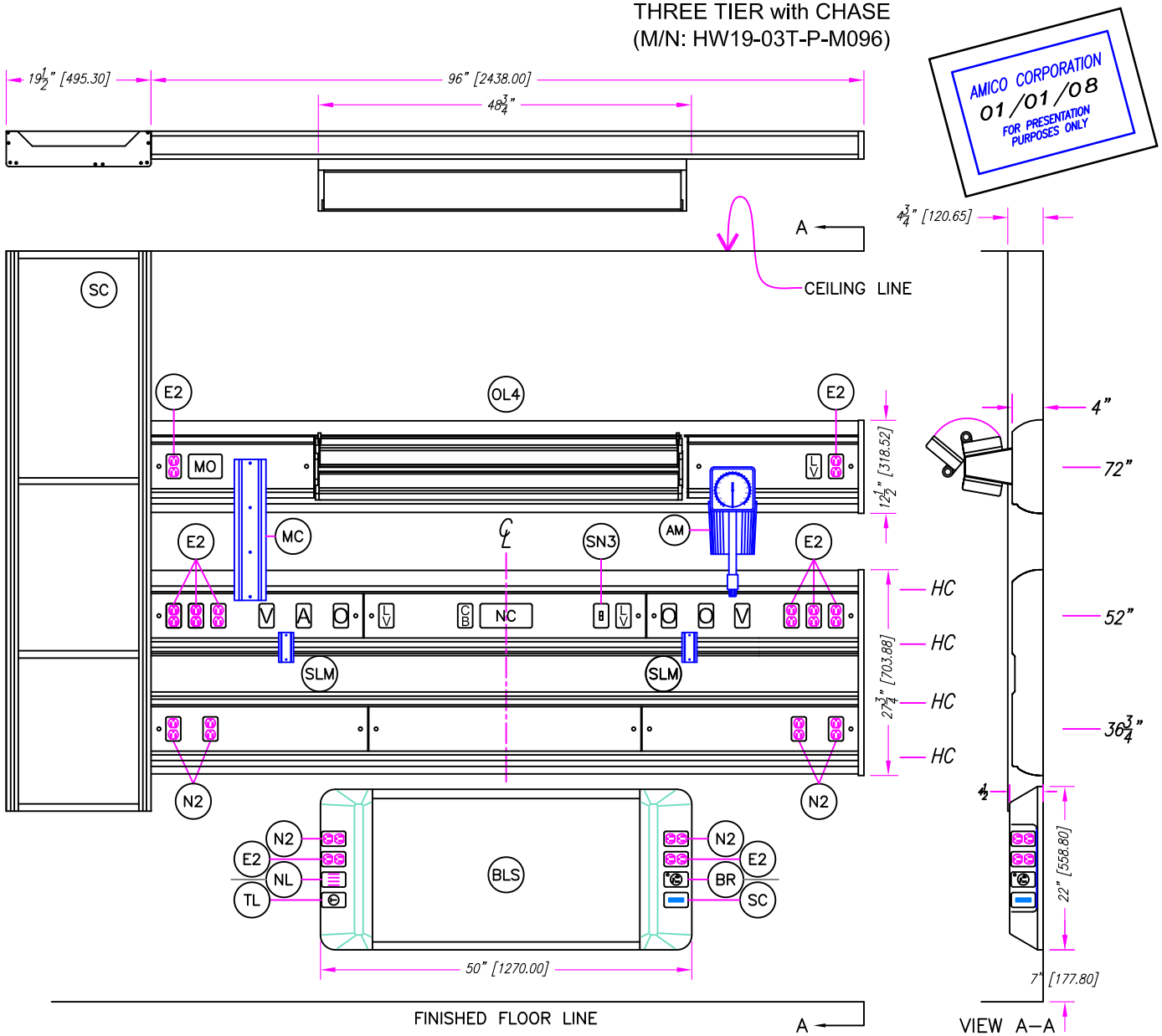
MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 41

THREE TIER with CHASE
(M/N: HW19-03T-P-M096)



TYPE:

QUANTITY:

SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
HC	6	HORIZONTAL EQUIP. TRACK
SC	1	SERVICE CHASE, 19"
N2	4	RECEPTACLE - DUPLEX IVORY
E2	8	RECEPTACLE - DUPLEX RED
NC	1	PROVISION - NURSE CALL
CB	1	PROVISION - CODE BLUE
LV	3	PROVISION - LOW VOLTAGE
MO	1	PROVISION - MONITOR
SN3	1	SWITCH, 3 POSITION L.V.
OL4	1	4' OVERBED LIGHT
LVC	1	LOW VOLTAGE CONTROLLER
SLM	2	VACUUM SLIDE, ON TRACK
MC	1	MONITOR CHANNEL, ON TRACK
BP	1	BLOOD PRESSURE DEVICE
O	3	GAS, OXYGEN
A	1	GAS, MED AIR
V	2	GAS, VACUUM

*INSTALLED IN OVERBED LIGHT BY AMICO

NOTE:
-MED GAS PIPES WILL EXTEND 10" ABOVE FINISHED CEILING
- OXYGEN: ½" ID PIPE
- MED AIR: ½" ID PIPE
- VACUUM: ¾" ID PIPE
-SC PROVIDED WITH 12' CABLES TO NC

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: HOSPITAL

LOCATION: LOCATION

QTY. 1 (____) TYPE ____ UNITS AS SHOWN / (____) TYPE ____ UNITS OPPOSITE

A. NURSE CALL MFGR: _____ MODEL NO.: _____

B. MEDICAL GAS MFGR.: _____ TYPE CONNECTION: _____

C. FINISH: _____ CEILING HEIGHT: _____

DRWG. NO.
PRICEBOOK–45
DRAWN BY:
CHECKED BY:
REV.NO.:
DATE: