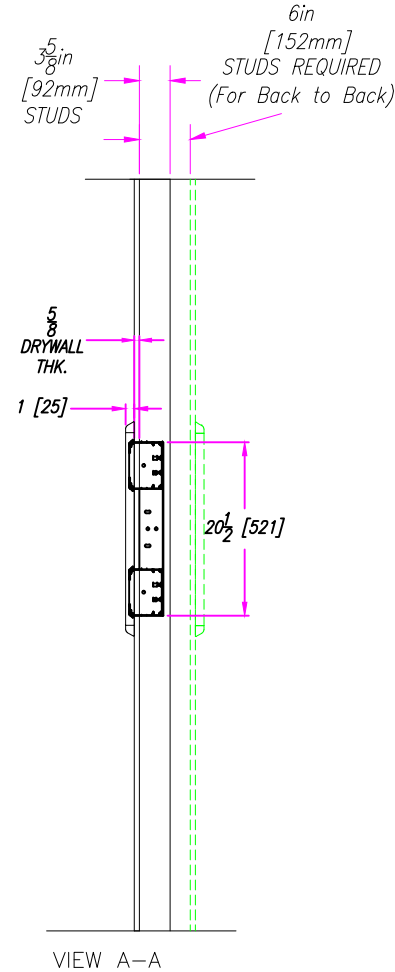
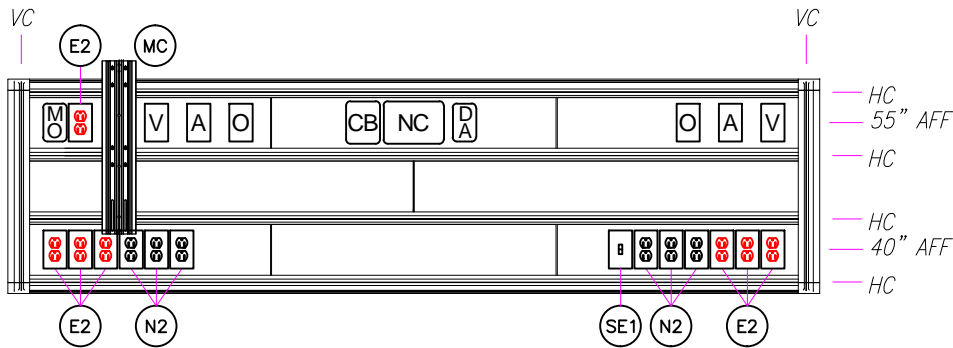
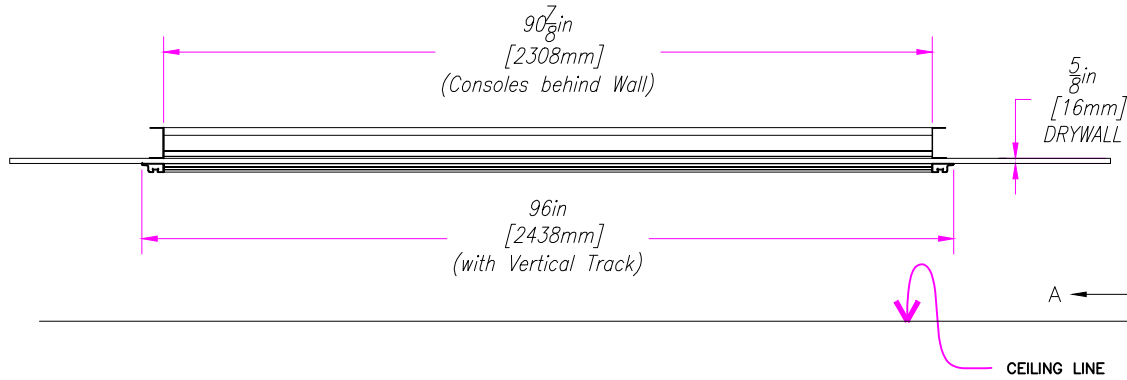


RECESSED MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING #0X

TWO TIER
(M/N: HW00-02T-P-R096)

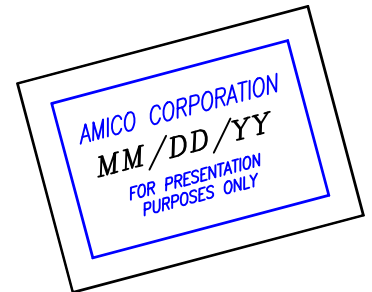


TYPE:
QUANTITY:

IF MIRRORED UNITS ARE REQUIRED, THE CUSTOMER MUST INDICATE THE QUANTITY OF UNITS BELOW AND AMICO WILL PROVIDE A SEPARATE DRAWING SHOWING THE MIRRORED LAY OUT AND QUANTITY

QUANTITY MIRRORED: _____

SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
HC	4	HORIZONTAL EQUIP. TRACK
VC	2	VERTICAL EQUIP. TRACK
O	2	AMICO GAS OUTLET, OXYGEN
A	2	AMICO GAS OUTLET, MED AIR
V	3	AMICO GAS OUTLET, VACUUM
E2	6	RECEPTACLE - DUPLEX RED
N2	6	RECEPTACLE - DUPLEX IVORY
SE1	1	SWITCH - S.P.S.T. - RED
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G
DA	1	PROVISION - DATA 1G
MO	1	PROVISION - MONITOR OUT 1G
MC	1	MONITOR CHANNEL, TRACK MTD.




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

APPROVAL - PRINT AND SIGNATURE

DATE

PHONE NO.

 85 Fulton Way Richmond Hill, Ontario L4B 2N4, CANADA Toll-Free: 1-877-482-6426(T) 1-866-440-4986(F) Tel: (905) 764-0800 Fax: (905) 764-0862 www.amico.com	HOSPITAL HOSPITAL	A. NURSE CALL MFGR: _____ MODEL NO.: _____	DRWG. NO. MMDDYY-XXXX
	LOCATION LOCATION	B. MEDICAL GAS MFGR.: _____ TYPE CONNECTION: _____	DRWN BY: XX CHKD BY: XX
	QTY. X UNITS AS SHOWN	C. FINISH: _____ CEILING HEIGHT: _____	REV NO: 00 DATE: MM/DD/YY