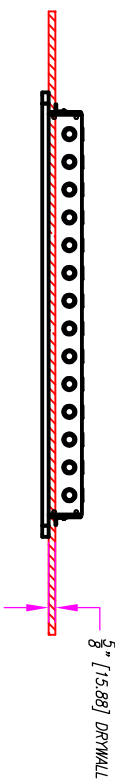


# SELECT SERIES RECESSED WALL CONSOLE

DRAWING # 0X

(M/N: E-CON-14R)



TYPE:  
QUANTITY:

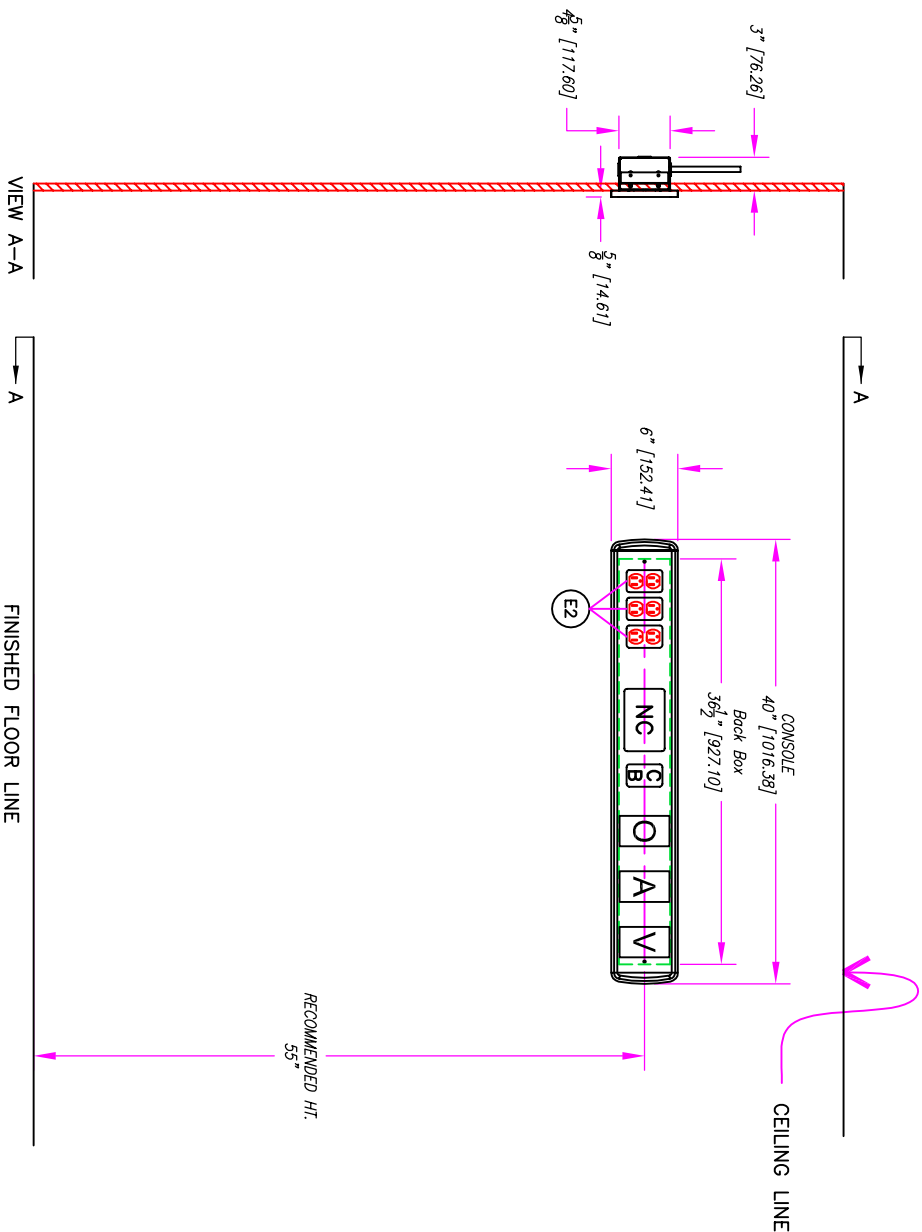
IF MIRRORED UNITS ARE REQUIRED, THE CUSTOMER MUST INDICATE THE QUANTITY OF UNITS BELOW AND AMICO WILL PROVIDE A SEPARATE DRAWING SHOWING THE MIRRORED LAY OUT AND QUANTITY QUANTITY MIRRORED: \_\_\_\_\_

SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
O	1	AMICO GAS OUTLET, OXYGEN
A	1	AMICO GAS OUTLET, MED AIR
V	1	AMICO GAS OUTLET, VACUUM
E2	3	RECEPTACLE DUPLEX - RED
NC	1	PROVISION - NURSE CALL 3G
CB	1	PROVISION - CODE BLUE 1G

NOTE:

1. PUNCH OUT CENTRE TO CENTRE IS 2 1/2"
2. BACK BOX WILL INCORPORATE 1/2" AND 3/4" KNOCKOUTS ON TOP AND BOTTOM. BACK BOX IS PROVIDED WITH ADJUSTABLE FLANGES TO ACCOMMODATE VARIOUS WALL THICKNESS.
3. FASCIA WILL BE EXTRUDED ANODIZED ALUMINIUM.



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

APPROVAL - PRINT AND SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_

85 Fulton Hwy,  
Richmond Hill, Ontario  
L4B 2N4, CANADA  
Tel: (905) 764-0960  
Fax: (905) 764-0982  
www.amico.com

HOSPITAL	HOSPITAL NAME
LOCATION	LOCATION
QTY	UNITS AS SHOWN

A. NURSE CALL MFR:	MODEL NO.:
B. MEDICAL GAS MFR:	TYPE CONNECTION:
C. FINISH: SEE NOTE #3	CEILING HEIGHT:
DRWG. NO.: XX	DATE: MM/DD/YY
AMDDYY-XXXX	
DRAWN BY: XX	
CHECKED BY: XX	
REV. NO.: 00	

