

FREEDOM SERIES SURFACE MOUNTED PANEL WALL

FULL LENGTH GENERAL CARE
(M/N: SFW2460-CPO)

DRAWING # XX

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
PS	1	PANEL WALL
O	1	AMICO GAS, OXYGEN
A	1	AMICO GAS, MED AIR
V	1	AMICO GAS, VACUUM
E2	2	RECEPTACLE - DUPLEX RED
N2	1	RECEPTACLE - DUPLEX IVORY
SL3	1	SWITCH - MOMENTARY
NL	1	NIGHT LIGHT
NC	1	PROVISION - NURSE CALL 3G
LV	2	PROVISION - LOW VOLTAGE 1G
SLM	1	VACUUM SLIDE, ON TRACK

60" [1524.0]

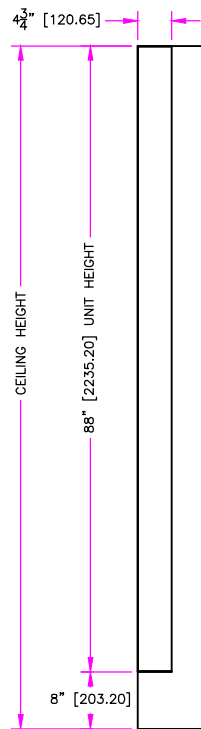
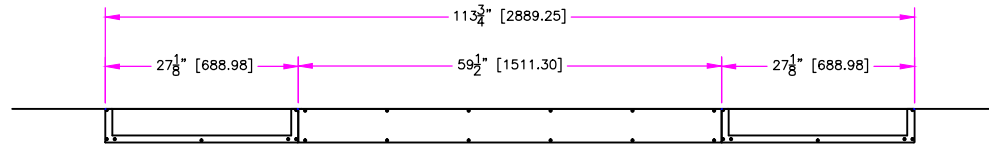
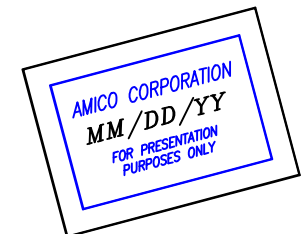
48" [1219.2]

30" [762.0]

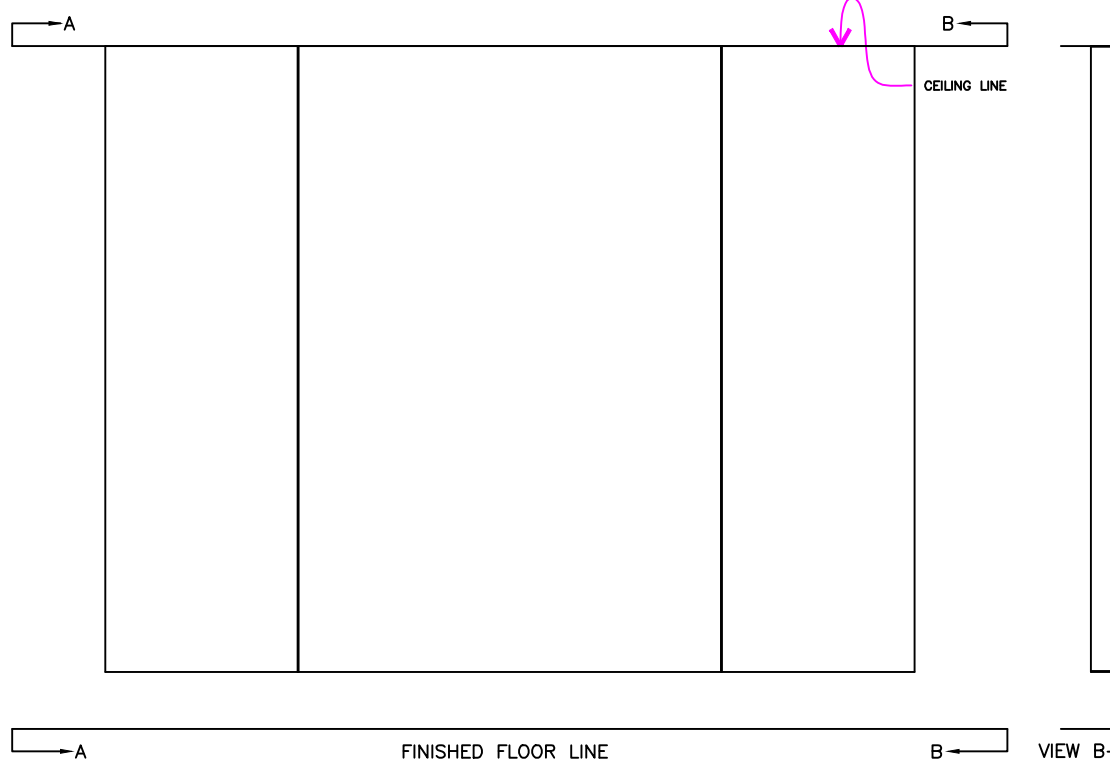
24" [609.6]

18" [457.2]

12" [304.8]



VIEW A-A



FINISHED FLOOR LINE

VIEW B-B

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	A. NURSE CALL MFGR: _____	MODEL NO.: _____	DRWG. NO.
LOCATION	LOCATION	B. MEDICAL GAS MFGR.: _____	TYPE CONNECTION: _____	MMDDYY-XXXX
QTY.	UNITS AS SHOWN	C. FINISH: _____	CEILING HEIGHT: _____	DRAWN BY: XX
X				CHECKED BY: XX
				REV. NO.: 00
				DATE: MM/DD/YY