

## Drawing Index

These sheets are a document set and should not be separated.  
Electrical information and references are contained on all sheets.

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These equipment IS drawings indicate the placement and interconnection of the listed equipment components. These drawings are not construction or site preparation drawings. Customer remains ultimately responsible for preparing the site to accommodate the IS and operation of such equipment in compliance with GE Healthcare's written specifications and all applicable federal, state, and/or local requirements.

**\* REQUIRED REFERENCE \***

## LAP & GAMMEX LASERS Pre Installation Manual N/A

A mandatory component of this drawing set is the GE Healthcare Pre Installation manual. Failure to reference the preIS manual will result in incomplete documentation required for site design and preparation.

Pre Installation documents for GE Healthcare products can be accessed on the web at:

[www.gehealthcare.com/siteplanning](http://www.gehealthcare.com/siteplanning)

# GE Healthcare



## CT Site Planning



imagination at work

## Customer Site Readiness Requirements

- Any deviation from these drawings must be communicated in writing to and reviewed by your local GE Healthcare Installation Project Manager prior to making changes.
- Make arrangements for any rigging, special handling, or facility modifications that must be made to deliver the equipment to the installation site. If desired, your local GE Healthcare Installation Project Manager can supply a reference list of rigging contractors.
- New construction requires the following; 1. Secure area for equipment, 2. Power for drills and other test equipment, 3. Capability for image analysis, 4. Restrooms.
- Provide for refuse removal and disposal (e.g. crates, cartons, packing)
- Contact a radiation physicist or consultant to specify radiation containment requirements.

## GE Equipment Delivery Requirements

The items on the GE Healthcare Site Readiness Checklist are REQUIRED to facilitate equipment delivery to the IS site. Equipment will not be delivered if these requirements are not satisfied.

| GE Healthcare Site Readiness Checklist   |   |                            |                       |                      |   |
|--|---|----------------------------|-----------------------|----------------------|---|
| GEHC Global Order # : _____  |   | Customer: _____            |                       |                      |   |
| GEHC PMI : _____   |   | FE / Installer: _____      |                       |                      |   |
| The customer is responsible for proper site preparation regardless of any GEHC measurements/inspections/assessments. |   |                            |                       |                      |   |
| Inspection Date: _____   |   |                            |                       |                      | Comments<br>If "N", enter comments or action plan |
| Item #   | GEHC Minimum Requirements   | Storage:<br>Is item ready? | PMI<br>Is item ready? | FE<br>Is item ready? |   |
| 1  | <b>MR Magnet Delivery Requirements:</b> Ensure cryogen venting system is designed and installed with objective evidence that it is compliant with the GEHC Pre-Installation Manual (PMI) requirements, exhaust fan system is installed and operational, 480V power, and chilled water supply is available 24x7 that meets system cooling requirements. External connectivity is available for magnet monitoring and phone service is available during delivery.   |                            |                       |                      |   |
| 2  | <b>MR RF Screen Room Requirements:</b> RF Screen Room is tested with objective evidence that it is compliant with GEHC specifications.  |                            |                       |                      |   |
| 3  | <b>Site Drawing Requirements:</b> Final version of equipment installation drawings (including red lined versions) verified to match actual room and has been provided to installer. X-ray shielding plan and state acknowledgment letter provided to installer for AR, DC, NC, SC & WA.   |                            |                       |                      |   |
| 4  | <b>Surface Penetration Requirements:</b> Customer/Contractor scheduled to provide required drilling or cutting into floors, ceilings, and walls; OR surface penetration permit available and posted in the room when GEHC will perform the work.  |                            |                       |                      |   |
| 5  | <b>Delivery Route Requirements:</b> The equipment delivery route from the truck to the final destination within the facility has been reviewed with all key stakeholders to safely meet the minimum requirements for equipment access, and all communications/notifications have occurred. Arrangements have been made for special handling (elevator, rigging, floor protection, fork lift, rollback truck, etc).  |                            |                       |                      |   |
| 6  | <b>Finished Room Requirements:</b> Rooms that will contain equipment, including storage areas not in scan suite, are dust free. Provisions taken to maintain a dust free room. Precautions must be taken to prevent dust from entering rooms containing equipment when construction is incomplete in adjacent areas. All walls primed (final coat not needed on Day 1). No contractor work being done during or after the installation that will cause dust in the installation areas or potential equipment damage. Room security to prevent unauthorized access and theft has been discussed with customer. The customer is aware of these security issues, implications and responsibility. For Storage Room must meet PMI requirements for storage. |                            |                       |                      |   |
| 7  | <b>Electrical Requirements:</b> Main Disconnect Panel (MDP) is installed and system power is available. Conduits, electrical cable ducting/dividers/cable trays, and access flooring is installed in proper location and height. Surface floor duct and load-side wires can be installed at time of system installation.  |                            |                       |                      |   |
| 8  | <b>HVAC Requirements:</b> The HVAC/Chilled Water systems designed to maintain the environment are running and appear to provide the desired environmental conditions (temperature and humidity) for system operation.   |                            |                       |                      |   |
| 9  | <b>Flooring Requirements:</b> Floor is clean and prepared for final floor covering. Floor levelness/flatness is measured and within tolerance, and there are no visible defects per GEHC specifications.  |                            |                       |                      |   |
| 10   | <b>Ceiling Requirements:</b> Unistrut (or equivalent) location, levelness and spacing is measured (or vendor confirmed) and consistent with the requirement of the installation drawings. Ceiling grid is installed. Permanent lighting is installed and operational. HVAC diffusers are installed and connected to ductwork. Ceiling tiles installed per PMI discretion.   |                            |                       |                      |   |



GE Healthcare

IS Services Design Center

Minwaukee, Wisconsin  
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SHEET TITLE: SITE READINESS

MODALITY TYPE: LAP & GAMMEX LASERS

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS. ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS, IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO THE LATEST AVAILABLE INFORMATION. THE CUSTOMER SHALL BE RESPONSIBLE FOR ACTUAL CONSTRUCTION. GE HEALTHCARE SHALL NOT BE RESPONSIBLE FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

LAP & GAMMEX LASERS

TYPICAL FINAL  
WALL, FLOOR & BRIDGE MOUNTS

PROJECT TYPLAS

REVISION 03

DATE: 27.Mar.15  
DRAWN BY: JCA  
CHECKED BY: JCA

REVISION HISTORY:

SHEET

C1



| GE EQUIPMENT LISTING   |  |                    |                           |   |           |           |   |  |  |
|--|--|--------------------|---------------------------|---|-----------|-----------|---|--|--|
| EQUIPMENT ON ORDER FROM GE HEALTHCARE, INSTALLED BY GE HEALTHCARE, PER : NEITHER A QUOTE OR GON WAS ISSUED AT THE DATE OF THESE DRAWINGS |  |                    |                           | EQUIPMENT CROSS REFERENCE CHART   |           |           |   |  |  |
| NOTE: LOCAL CONDITIONS MAY DICTATE THAT ITEMS IDENTIFIED IN THIS CATEGORY BE INSTALLED BY OTHERS.  |  |                    |                           | P = PREAPPROVAL<br>C = CALCULATIONS/<br>SEISMIC STATUS<br>S = SPECIFICATIONS ONLY |           |           |   |  |  |
| ITEM NO.   | QUANTITY ORDERED                                 | REFER TO SHEET "D" |                           | DETAIL NO.  | STRC PLAN | ELEC PLAN |   |  |  |
|  | ITEM DESCRIPTION<br>(* = EXISTING/REINSTALL)     | WEIGHT             | HEAT OUTPUT<br>(PER HOUR) |   |           |           |   |  |  |
|  |  |                    |                           |   |           |           |   |  |  |
| THE FOLLOWING ITEMS, WHICH HAVE BEEN ORDERED FROM GE HEALTHCARE, ARE TO BE INSTALLED BY THE CUSTOMER OR HIS CONTRACTOR.                  |  |                    |                           |   |           |           |   |  |  |
| 59   | 3 GAMMEX LASERS                                  |                    |                           |   |           |           |   |  |  |
| 51   | 3 PATIENT POSITIONING LASER LIGHT                | 39 lbs             |                           |   | B79 97    | CL2       | S |  |  |
| 52   | 1 GAMMEX LASER LIGHT LAPTOP CONTROL              | 6 lbs              |                           |   |           | CLC       | - |  |  |
| 53   | 1 GAMMEX LASER LIGHT DESKTOP CONTROL             |                    |                           |   |           | CLC       | - |  |  |
| 54   | 3 LAP LASERS                                     |                    |                           |   |           |           |   |  |  |
| 55   | 1 PATIENT POSITIONING LASER LIGHT                | 66 lbs             |                           | B7998B  | B79 98E   | CL        | - |  |  |
| 56   | 1 WORKSTATION COMPUTER                           | 66 lbs             |                           | B7998B  | B79 98B   | CLC       | S |  |  |
| 57   | 1 PATIENT POSITIONING LASER LIGHT                | 66 lbs             |                           | B7998B  | B79 98D   | CLC       | S |  |  |
| 58   | 1 PATIENT POSITIONING LASER LIGHT                | 66 lbs             |                           | B7998A  | B79 98C   | CL        | S |  |  |
| 59   | 1 KEYPAD   | 2 lbs              |                           | B7998F  | ---       | KP        | - |  |  |
| 60   | 1 LASER SERVER                                   | 22 lbs             | 1501 btu                  |   |           | -         | - |  |  |
| 61   | 1 LASER CONTROL MONITOR WITH ARM (WALL MOUNT)    | 26 lbs             |                           |   |           | CLC       | S |  |  |
| 62   | 1 LASER CONTROL MONITOR WITH ARM (CEILING MOUNT) | 30 lbs             |                           |   |           | CLC       | S |  |  |
| 63   | 1 LASER CONTROL MONITOR (COUNTER TOP MOUNT)      | 15 lbs             |                           |   |           | CLC       | S |  |  |
| 64   | 1 LASER CONTROL MONITOR WITH ARM (BRIDGE MOUNT)  | 26 lbs             |                           |   |           | -         | S |  |  |

SCALE: 1/4" = 1'-0"

EQUIPMENT LAYOUT

RECOMMENDED CEILING HEIGHT = 9'-0"

This equipment layout indicates the placement and interconnection of the indicated equipment components. There may be federal, state, and/or local requirements that could impact the placement of these components. It remains the Customer's responsibility for ensuring the site and final equipment placement complies with all applicable federal, state, and/or local requirements.

62

61

EXAM ROOM

LAP LASER CONTROL (CEILING MOUNT)

61

EXAM ROOM

LAP LASER CONTROL (WALL MOUNT)

60

LAP LASER SERVER (CARINAsim OR MR ONLY)  
FOR CT - LOCATE ANYWHERE  
FOR MR - LOCATE IN EQUIP. ROOM

63

61

EXAM ROOM

LAP LASER CONTROL (DESK TOP)

56

60

CONTROL ROOM

LAP LASERS CONTROL (ROOM MOVE ONLY)

59

EXAM ROOM

LAP LASERS KEYPAD (ROOM MOVE ONLY)

57

58

57

EXAM ROOM

1'-7 8/8" TO GANTRY ISO CENTER

LAP LASERS WALL MOUNTED

55

58

55

EXAM ROOM

1'-7 8/8" TO GANTRY ISO CENTER

LAP LASERS FLOOR MOUNTED

54

54

54

EXAM ROOM

1'-7 8/8" TO GANTRY ISO CENTER

LAP LASERS BRIDGE MOUNTED W/ CONTROL MONITOR & ARM

50

50

50

EXAM ROOM

1'-11 8/8" TO GANTRY ISO CENTER

53

61

60

52

CONTROL ROOM

GAMMEX LASERS WALL MOUNTED

51

51

51

EXAM ROOM

1'-11 8/8" TO GANTRY ISO CENTER

53

61

60

52

CONTROL ROOM

GAMMEX LASERS FLOOR MOUNTED

1'-7 8/8"

TYPICAL LOCATION FOR LAP CEILING MOUNTED CONTROL

LAP LOCATION TO A CT GANTRY (SIMILAR WITH PET/CT)

1'-11 8/8"

GAMMEX LOCATION TO A CT GANTRY (SIMILAR WITH PET/CT)

ANCILLARY ITEMS

CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED ITEMS

ITEM NO.

ITEM DESCRIPTION  
(\* INDICATES EXISTING)

60

61

LEAD GLASS WINDOW  
COUNTER TOP FOR EQUIPMENT - PROVIDE GROMMETED OPENINGS AS REQUIRED TO ROUTE INTERCONNECT CABLES TO RACEWAY BELOW COUNTERTOP.

THE FOLLOWING ITEMS ARE AVAILABLE FROM GE HEALTHCARE TECHNOLOGIES. CONTACT YOUR LOCAL GE HEALTHCARE SERVICE REPRESENTATIVE FOR PRICING AND AVAILABILITY.

GENERAL SPECIFICATIONS

o THE REQUIRED CEILING HEIGHT INDICATED ON THESE PLANS IS TO ENSURE EQUIPMENT FUNCTION IS NOT INHIBITED. CONSULT WITH YOUR LOCAL GEHC IS SPECIALIST REGARDING ACCEPTABILITY OF OTHER CEILING HEIGHTS.

o CHECK ALL DOOR OPENINGS AND HALLWAYS FROM DELIVERY LOCATION TO WHERE EQUIPMENT IS TO BE INSTALLED TO ENSURE THE ROUTE PHYSICALLY AND STRUCTURALLY WILL ACCOMMODATE THE EQUIPMENT AS SHIPPED.

o RADIATION PROTECTION REQUIREMENTS ARE NOT INDICATED ON THIS PLAN. WHERE NEEDED PER NATIONAL OR LOCAL CODE THEY SHALL BE SPECIFIED BY A QUALIFIED RADIOLOGICAL PHYSICIST.

o THE DEVELOPMENT OF THE EQUIPMENT LAYOUT, ROOM DIMENSIONS, MECHANICAL AND ELECTRICAL SUGGESTIONS IS PREDICATED UPON THE BEST INFORMATION OBTAINABLE FROM THE SITE, COUPLED WITH THE CUSTOMER'S KNOWN DESIRES. ARCHITECTURAL OR ELECTRICAL CHANGES INCLUDING RELOCATION OF EQUIPMENT ILLUSTRATED ON THIS DRAWING IS ALLOWED ONLY WITH NOTIFICATION, IN WRITING, AND REVIEW BY GEHC SERVICE DEPARTMENT. EQUIPMENT OPERATION, SERVICEABILITY, AND RESTRICTING CABLE LENGTHS, ETC., MAKE THIS ESSENTIAL FOR A PROPER IS. GEHC RESERVES THE RIGHT TO MAKE ON THE JOB CHANGES BECAUSE OF CUSTOMER REQUIREMENTS AND/OR OBSTACLES IN CONSTRUCTION, ETC..

o ALL WORK TO BE IN COMPLIANCE WITH NATIONAL AND LOCAL BUILDING SAFETY CODES.

o DIMENSIONS ARE TO FINISHED SURFACES OF ROOM

SITE ENVIRONMENT SPECIFICATIONS

MAGNETIC INTERFERENCE SPECIFICATIONS

GE Healthcare

IS Services Design Center

Minwaukee, Wisconsin

SHEET TITLE: EQUIPMENT LAYOUT

MODALITY TYPE: LAP & GAMMEX LASERS

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PROJECT TITLE:

LAP & GAMMEX LASERS  
TYPICAL FINAL  
WALL, FLOOR & BRIDGE MOUNTS

PROJECT

REVISION

TYPLAS

03

DATE: 27.Mar.15

DRAWN BY: JCA

CHECKED BY: JCA

REVISION HISTORY:

SHEET

A1

THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED

## S48



## STRUCTURAL LAYOUT

STRUCTURAL SUPPORT METHODS

TEM  
NO.  
☐

ITEM DESCRIPTION  
(\* INDICATES EXISTING)

- UNISTRUT OR EQUIVALENT SUPPORTS FOR FASTENING THE STEEL BACKING PLATE. SUPPORT TO BE LOCATED AS SHOWN. THE STEEL BACKING PLATE SHALL BE LOCATED WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL. BE SURE TO LOCATE UNISTRUT CHANNELS AND IN THE HORIZONTAL PLANE, ABOVE FINISHED CEILING. METHODS OF SUPPORT THAT WILL PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH CONCRETE (NOT RECOMMENDED) MUST BE PROVIDED. DO NOT USE SCREW ANCHORS IN DIRECT TENSION.
- 1/4" (31.75mm) MINIMUM THICKNESS 1/8" (3.18mm) THICK METAL PLATE PROVIDED BY THE CUSTOMER OR CONTRACTOR FOR FLUSH INSTALLATIONS. FOR SURFACE MOUNT, LOCATE UNISTRUT CHANNELS WITH FLUSH FINISHED CEILING. (SEE 8991) BELOW FINISHED CEILING. SEE DETAIL B7997 ON SHEET S2.
- 50% CEILING MODIFICATIONS MAY BE NECESSARY FOR LASERLIGHT INSTALLATION.
- 2 LASER LIGHT MOUNTS MOUNTS ON STANCHIONS PLEASE SEE DETAIL B7979 ON SHEET S2.
- 3 SUPPORT BACKING. LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S48. SUPPORTS MUST SPAN EITHER THREE WOOD STUDS OR FOUR STEEL STUDS.
- 15" (381mm) W X 34" (1378mm) L X 3/8" (10) THICK METAL BACKING PLATE FOR FASTENING LIGHT MOUNTS TO STRUCTURAL STEEL.
- 4 LASER LIGHT MOUNTS DIRECTLY TO THE METAL MOUNTING PLATE. DO NOT COVER METAL PLATE WITH DRYWALL OR FINISHED WALL.
- 5 FLOOR MOUNTED SIDE LASER LIGHT. LOCATE AS SHOWN. REFER TO STRUCTURAL DETAIL B7998E.
- 6 SUPPORT BACKING. LOCATE AS SHOWN, REFER TO STRUCTURAL DETAIL B7998D.
- 7 FOR SUPPORT LENGTHS LONGER THAN 96 IN. ADDITIONAL BRACING MAYBE REQUIRED.
- 8 UNISTRUT OR EQUIVALENT SUPPORTS FOR FASTENING THE CEILING LASER IDENTIFICATION LIGHT. SUPPORT TO BE LOCATED AS SHOWN. THE CEILING LASER IDENTIFICATION LIGHT SHALL BE LOCATED WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL. BE SURE TO LOCATE UNISTRUT CHANNELS AND IN THE HORIZONTAL PLANE, ABOVE FINISHED CEILING (SUGGESTED). METHODS OF SUPPORT THAT WILL PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH CONCRETE CONSTRUCTION SHOULD BE FAVORED. DO NOT USE SCREW ANCHORS IN DIRECT TENSION. SEE DETAIL B7997 FOR ALTERNATIVE CUSTOMER REQUESTED OPTIONS. PLEASE CONSULT WITH YOUR GE PROJECT MANAGER IF INSTALLATIONS.
- 7 MINIMUM 8'-0" X 2'-8" OPEN CEILING SPACE REQUIRED FOR OVERHEAD LASER INSTALLATION.
- 8 TO BE FINISHED BY THE CUSTOMER/CONTRACTOR ONCE LASER INSTALLATION IS COMPLETE.
- 9 THE LASER CONTROL WALL MOUNT STRUCTURE REQUIRES TO BE BOLTED TO TWO WALL STUDS.
- 10 2" X 4" ALUMINUM PLATE. THE WIDTH OF THE 1/4" X 1 1/4" X THE WIDTH OF THE TWO WALL STUDS.
- 11 SEE DETAIL B8013 ON SHEET S2.
- 9 THE LASER CONTROL CEILING MOUNT STRUCTURE REQUIRES TO BE BOLTED TO THE CONCRETE CEILING OR STRUCTURAL STEEL. SUPPORT MANUFACTURER SUGGESTS P1000 UNISTRUT OR EQUIVALENT. SEE DETAIL B8012 ON SHEET S2 FOR UNISTRUT DIMENSIONS.
- 12 METAL PLATE IS TO BE MODIFIED TO FIT THE STUDS.

- o ALL STEEL WORK AND PARTS NECESSARY TO SUPPORT CEILING MOUNTED EQUIPMENT IS TO BE SUPPLIED BY THE CUSTOMER OR HIS CONTRACTORS.
- o METHODS OF SUPPORT FOR THE STEELWORK THAT WILL PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH BOLTS IN CONCRETE CONSTRUCTION SHOULD BE FAVORABLE, BUT NOT USE CONCRETE OR MASONRY ANCHORS IN DIRECT TENSION.
- o ALL UNITS THAT ARE WALL MOUNTED OR WALL SUPPORTED ARE TO BE PROVIDED WITH SUPPORTS WHERE NECESSARY. WALL SUPPORTS ARE TO BE SUPPLIED AND INSTALLED BY THE CUSTOMER OR HIS CONTRACTORS. SEE PLAN AND DETAIL SHEETS FOR SUGGESTED LOCATIONS AND MOUNTING HOLE LOCATIONS.
- o ALL CEILING MOUNTED FIXTURES, AIR VENTS, SPRINKLERS, ETC. TO BE FLUSH MOUNTED, OR SHALL NOT EXTEND MORE THAN 1/4" BELOW THE FINISHED CEILING.
- o FLOOR SLABS ON WHICH EQUIPMENT IS TO BE INSTALLED MUST BE LEVEL TO 1/8" IN 10'-0"
- o DIMENSIONS ARE TO FINISHED SURFACES OF ROOM.
- o CUSTOMERS CONTRACTOR MUST PROVIDE ALL PENETRATIONS IN POST TENSION FLOORS.
- o CUSTOMERS CONTRACTOR MUST PROVIDE AND INSTALL ANY NON-STANDARD ANCHORING. DOCUMENTS FOR STANDARD ANCHORING METHODS ARE INCLUDED WITH GE EQUIPMENT DRAWINGS FOR GEOGRAPHIC AREAS THAT REQUIRE SUCH DOCUMENTATION.
- o CUSTOMERS CONTRACTOR MUST PROVIDE AND INSTALL HARDWARE FOR "THROUGH THE FLOOR" ANCHORING AND/OR ANY BRACING UNDER ACCESS FLOORS. THIS CONTRACTOR MUST ALSO PROVIDE FLOOR DRILLING THAT CANNOT BE COMPLETED BECAUSE OF AN OBSTRUCTION ENCOUNTERED WHILE DRILLING BY THE GE INSTALLER SUCH AS REBAR ETC.
- o IT IS THE CUSTOMER'S RESPONSIBILITY TO PERFORM ANY FLOOR OR WALL PENETRATIONS THAT MAY BE REQUIRED. THE CUSTOMER IS ALSO RESPONSIBLE FOR ENSURING THAT NO SUBSURFACE UTILITIES (E.G., ELECTRICAL OR ANY OTHER FORM OF WIRING, CONDUITS, PIPING, DUCT WORK OR STRUCTURAL SUPPORTS (I.E. POST TENSION CABLES OR REBAR)) WILL INTERFERE OR COME IN CONTACT WITH SUBSURFACE PENETRATION OPERATIONS (E.G. DRILLING AND INSTALLATION OF ANCHORS/SCANS) PERFORMED DURING THE INSTALLATION PROCESS. TO ENSURE WORKER SAFETY, GE INSTALLERS WILL PERFORM SURFACE PENETRATION OPERATIONS ONLY AFTER THE CUSTOMER'S VALIDATION AND COMPLETION OF THE "GE SURFACE PENETRATION PERMIT

SHEET TITLE: STRUCTURAL LAYOUT

MODALITY TYPE: LAP &amp; GAMMEX LASERS

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS, ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS. IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO ACTUAL EQUIPMENT EXPECTED TO BE INSTALLED. IT IS NOT TO BE USED FOR ACTUAL CONSTRUCTION PURPOSES, HOWEVER, AND THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

# LAP & GAMMEX LASERS TYPICAL FINAL

WALL, FLOOR &amp; BRIDGE MOUNTS

|             |          |
|-------------|----------|
| PROJECT     | REVISION |
| TYPLAS      | 03       |
| DATE:       | 27.Mar.1 |
| DRAWN BY:   | JO       |
| CHECKED BY: | JO       |

REVISION HISTORY:

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\_\_\_\_\_

SHEET

S1

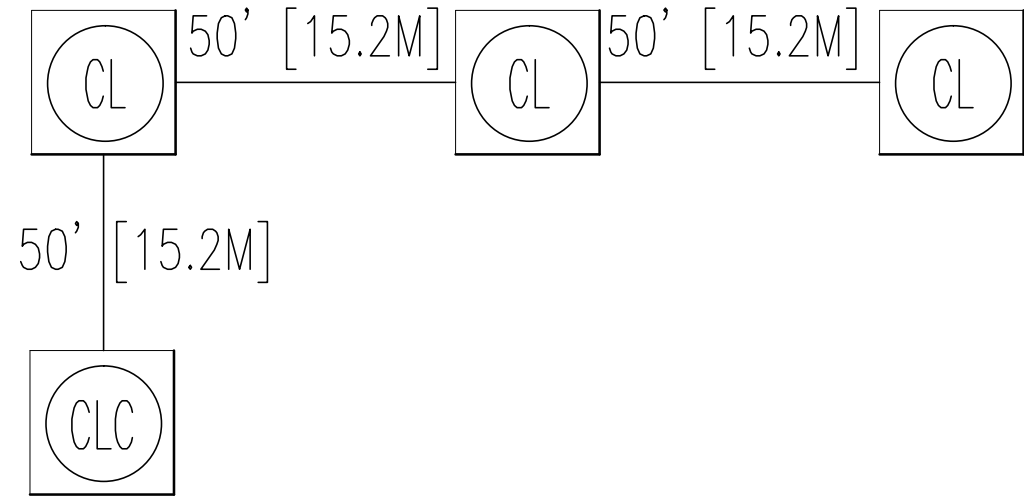
THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED



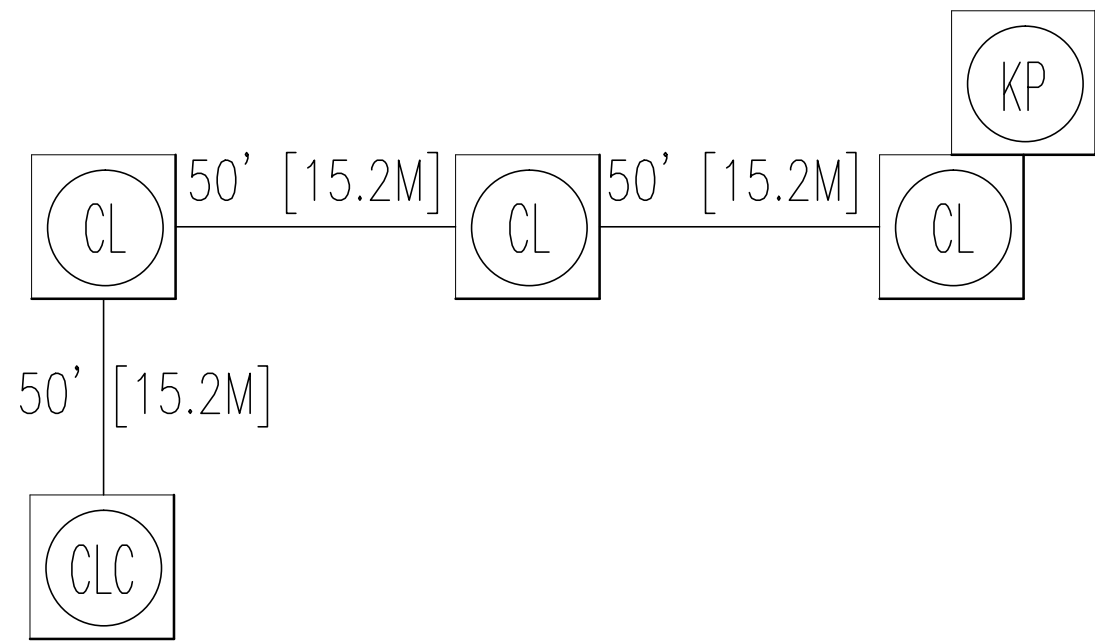




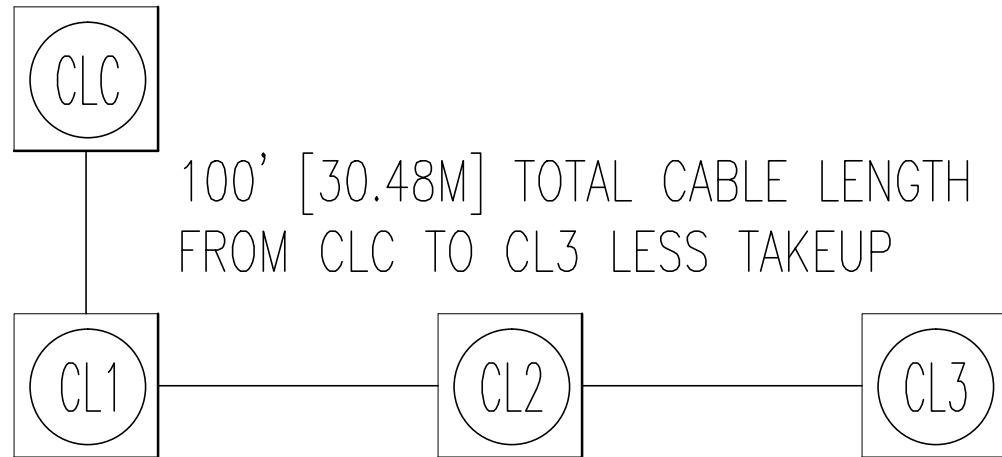
INTERCONNECT DIAGRAM



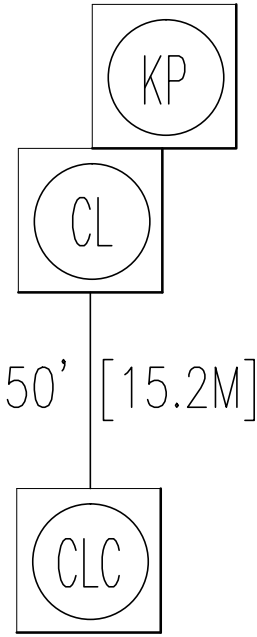
LAP LASER WALL & FLOOR MOUNT



LAP LASER WALL & FLOOR MOUNT  
(ROOM MOVE ONLY)



GAMMEX WALL & FLOOR MOUNT



LAP LASER BRIDGE MOUNT  
(ROOM MOVE ONLY)

POWER SPECIFICATIONS

ELECTRICAL NOTES

- NOTE 1: ALL WIRES SPECIFIED SHALL BE COPPER STRANDED, FLEXIBLE, THERMO-PLASTIC, COLOR CODED, CUT 10 FOOT LONG AT OUTLET BOXES, DUCT TERMINATION POINTS OR STUBBED CONDUIT ENDS.  
ALL CONDUCTORS, POWER, SIGNAL AND GROUND, MUST BE RUN IN A CONDUIT OR DUCT SYSTEM. ELECTRICAL CONTRACTOR SHALL RING OUT AND TAG ALL WIRES AT BOTH ENDS. WIRE RUNS MUST BE CONTINUOUS COPPER STRANDED AND FREE FROM SPLICES. **ALUMINUM OR SOLID WIRES ARE NOT ALLOWED.**
- NOTE 2: WIRE SIZES GIVEN ARE FOR USE OF EQUIPMENT. LARGER SIZES MAY BE REQUIRED BY LOCAL CODES.
- NOTE 3: IT IS RECOMMENDED THAT ALL WIRES BE COLOR CODED, AS REQUIRED IN ACCORDANCE WITH NATIONAL AND LOCAL ELECTRICAL CODES.
- NOTE 4: CONDUIT SIZES SHALL BE VERIFIED BY THE ARCHITECT, ELECTRICAL ENGINEER OR CONTRACTOR, IN ACCORDANCE WITH LOCAL OR NATIONAL CODES.
- NOTE 5: CONVENIENCE OUTLETS ARE NOT ILLUSTRATED. THEIR NUMBER AND LOCATION ARE TO BE SPECIFIED BY OTHERS. LOCATE AT LEAST ONE CONVENIENCE OUTLET CLOSE TO THE SYSTEM CONTROL, THE POWER DISTRIBUTION UNIT AND ONE ON EACH WALL OF THE PROCEDURE ROOM. USE HOSPITAL APPROVED OUTLET OR EQUIVALENT.
- NOTE 6: GENERAL ROOM ILLUMINATION IS NOT ILLUSTRATED. CAUTION SHOULD BE TAKEN TO AVOID EXCESSIVE HEAT FROM OVERHEAD SPOTLIGHTS. DAMAGE CAN OCCUR TO CEILING MOUNTING COMPONENTS AND WIRING IF HIGH WATTAGE BULBS ARE USED. RECOMMEND LOW WATTAGE BULBS NO HIGHER THAN 75 WATTS AND USE DIMMER CONTROLS (EXCEPT MR). DO NOT MOUNT LIGHTS DIRECTLY ABOVE AREAS WHERE CEILING MOUNTED ACCESSORIES WILL BE PARKED.
- NOTE 7: **ROUTING OF CABLE DUCTWORK, CONDUITS, ETC., MUST RUN DIRECT AS POSSIBLE OTHERWISE MAY RESULT IN THE NEED FOR GREATER THAN STANDARD CABLE LENGTHS (REFER TO THE INTERCONNECTION DIAGRAM FOR MAXIMUM USABLE LENGTHS POINT TO POINT).**
- NOTE 8: CONDUIT TURNS TO HAVE LARGE, SWEEPING BENDS WITH MINIMUM RADIUS IN ACCORDANCE WITH NATIONAL AND LOCAL ELECTRICAL CODES.
- NOTE 9: A SPECIAL GROUNDING SYSTEM IS REQUIRED IN ALL PROCEDURE ROOMS BY SOME NATIONAL AND LOCAL CODES. IT IS RECOMMENDED IN AREAS WHERE PATIENTS MIGHT BE EXAMINED OR TREATED UNDER PRESENT, FUTURE, OR EMERGENCY CONDITIONS. CONSULT THE GOVERNING ELECTRICAL CODE AND CONFER WITH APPROPRIATE CUSTOMER ADMINISTRATIVE PERSONNEL TO DETERMINE THE AREAS REQUIRING THIS TYPE OF GROUNDING SYSTEM.
- NOTE 10: THE MAXIMUM POINT TO POINT DISTANCES ILLUSTRATED ON THIS DRAWING MUST NOT BE EXCEEDED.
- NOTE 11: PHYSICAL CONNECTION OF PRIMARY POWER TO GE EQUIPMENT IS TO BE MADE BY CUSTOMERS ELECTRICAL CONTRACTOR WITH THE SUPERVISION OF A GE REPRESENTATIVE. THE GE REPRESENTATIVE WOULD BE REQUIRED TO IDENTIFY THE PHYSICAL CONNECTION LOCATION, AND INSURE PROPER HANDLING OF GE EQUIPMENT.

DIAGRAM KEY

- CUSTOMER/CONTRACTOR SUPPLIED WIRING. ROUTE IN ADEQUATE CONDUIT OR RACEWAY.
- \_\_\_\_\_ GE FURNISHED CABLE RUNS. ROUTE IN EMPTY CONDUIT OR RACEWAY.
- 59' [18M] MAXIMUM RUN LENGTH BETWEEN JUNCTION POINTS.  
Feet [Meters]

SHEET TITLE: ELECTRICAL SPECIFICATIONS

MODALITY TYPE: LAP & GAMMEX LASERS

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS. ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS, IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE, THE NATIONAL FIRE PROTECTION ASSOCIATION CONSTRUCTION PRACTICES HANDBOOK, AND THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

LAP & GAMMEX LASERS  
TYPICAL FINAL

WALL, FLOOR & BRIDGE MOUNTS

| PROJECT     | REVISION  |
|-------------|-----------|
| TYPLAS      | 03        |
| DATE:       | 27.Mar.15 |
| DRAWN BY:   | JCA       |
| CHECKED BY: | JCA       |

REVISION HISTORY:

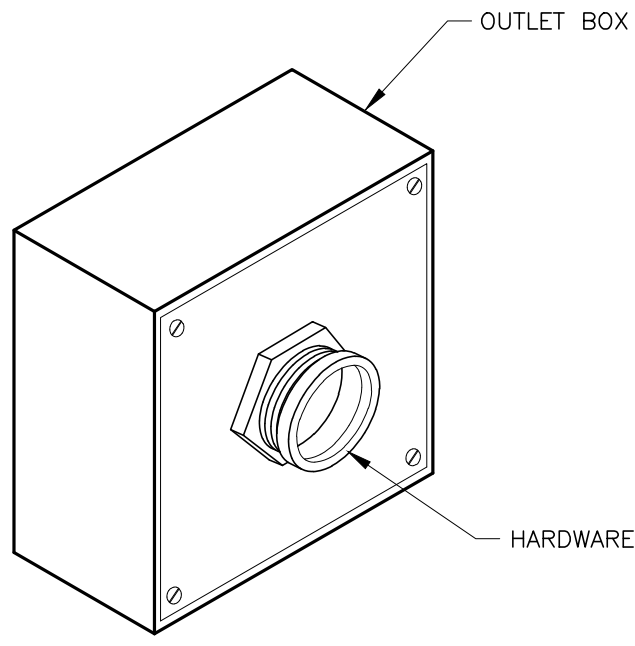
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SHEET

E2

ELECTRICAL DETAIL  
BOX WITH COVERPLATE (TYPICAL)

ELEC-8  
REV. DATE: 09/30/94



OUTLET BOX

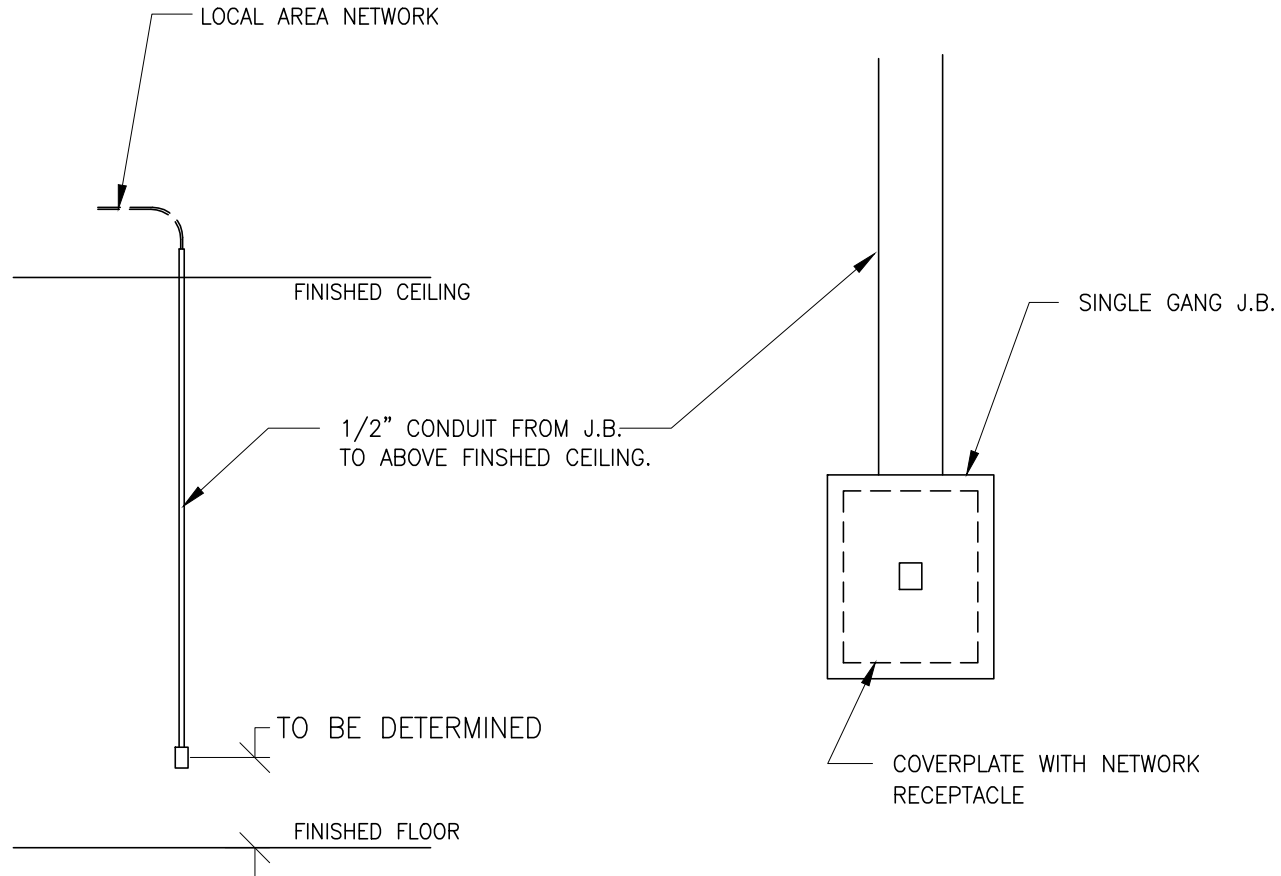
HARDWARE

DETAIL NOT TO SCALE

ELECTRICAL DETAIL  
NETWORK CONNECTION (TYPICAL)

ELEC-84  
REV. DATE: 03/06/04

• FOR NUCLEAR SYSTEMS A DIRECT NETWORK CONNECTION IS TO BE MADE BETWEEN THE SYSTEM AND THE REVIEW WORKSTATION.



LOCAL AREA NETWORK

FINISHED CEILING

1/2" CONDUIT FROM J.B. TO ABOVE FINISHED CEILING.


TO BE DETERMINED

FINISHED FLOOR

SINGLE GANG J.B.

COVERPLATE WITH NETWORK RECEPTACLE

DETAIL NOT TO SCALE



GE Healthcare

IS Services Design Center

Madison, Wisconsin

SHEET TITLE: ELECTRICAL DETAILS

MODALITY TYPE: LAP & GAMMEX LASERS

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS. ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS, IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE, THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES, AND THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

LAP & GAMMEX LASERS  
TYPICAL FINAL

WALL, FLOOR & BRIDGE MOUNTS

| PROJECT         | REVISION |
|-----------------|----------|
| TYPLAS          | 03       |
| DATE: 27.Mar.15 |          |
| DRAWN BY: JGA   |          |
| CHECKED BY: JGA |          |
|                 |          |
|                 |          |

REVISION HISTORY:

SHEET

E3

