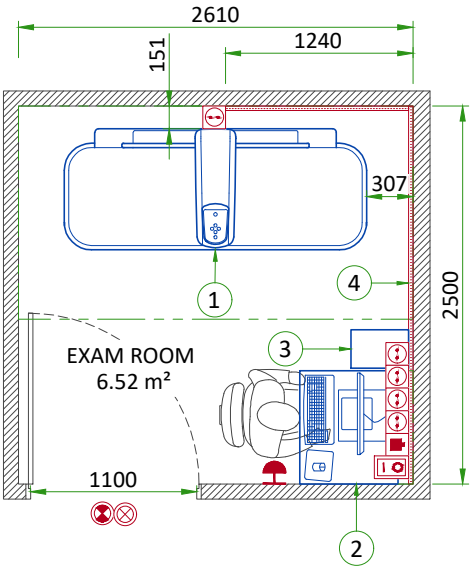










EQUIPMENT LAYOUT



ITEM	QTY	DESCRIPTION	DIMENSIONS LxWxH (mm)	WEIGHT (kg)
1		SCANNER TABLE	2000x800x1240	275
2		CONTROL STATION	-	12.7
3		SMALL ROOM KIT	381x254x152	11.34
4		25x25 wall duct		
Basic system				
	5	Electrical outlet 10/16A 230V + G		
	1	RJ 45 network socket		
	1	System remote control (Y), locked when power OFF "ON" and "OFF" impulse buttons with indicator lamps red=ON / green=OFF located at 1.50m above floor		
	1	System emergency off (SEO), (recommended height 1.50m-1.85m above floor)		
	1	System ON light (L) - 24V		
	1	X-Ray ON lamp (L1) - 24V		
	WALL - ACCORDING TO RECEIVED DRAWING			
	Wall duct			
EXAM ROOM HEIGHT				
FINISHED FLOOR TO SLAB HEIGHT				-
FALSE CEILING HEIGHT				min. 2.10 m

TEMPERATURE AND HUMIDITY SPECIFICATIONS

IN-USE CONDITIONS

Environmental conditions must ensure patient and operator comfort and must be maintained within the range below:

Temperature	Min	Recommended	Max
	18°C	22°C	27°C
Temperature gradient	≤ 1.5°C/h		
Relative humidity (1)	20% to 80%		
Humidity gradient	≤ 10%/h		

System heat dissipation	Stand by	Max
	0.04 kW	0.38 kW

STORAGE CONDITIONS

Temperature	-30°C to +65°C
Relative humidity (1)	0 to 95%
Air pressure	500 hPa to 1060 hPa

(1) Non-condensing

AIR RENEWAL

According to local standards.

NOTE
In case of using air conditioning systems that have a risk of water leakage it is recommended not to install it above electric equipment or to take measures to protect the equipment from dropping water.

DELIVERY

THE CUSTOMER/CONTRACTOR SHOULD:

- Provide an area adjacent to the installation site for delivery and unloading of the GE equipment.
- Ensure that the dimensions of all doors, corridors, ceiling heights are sufficient to accommodate the movement of GE equipment from the delivery area into the definitive installation room.
- Ensure that access routes for equipment will accommodate the weights of the equipment and any transportation, lifting and rigging equipment.
- Ensure that all necessary arrangements for stopping and unloading on public or private property not belonging to the customer have been made.

DIMENSIONS OF DELIVERY			
EQUIPMENT	DIMENSIONS		WEIGHT
SCANNER TABLE	LENGTH	2000 mm	275 kg
	WIDTH	800 mm	
	HEIGHT	1300 mm	

POWER REQUIREMENTS

POWER SUPPLY

POWER SUPPLY	1 PHASE+N+G 100-240 VAC ± 10%
FREQUENCIES	50/60 Hz ± 3 Hz
POWER CONSUMPTION DURING PATIENT SCAN	360 W
POWER CONSUMPTION WHEN IDLE	40 W

SUPPLY CHARACTERISTICS

- Power input must be separate from any others which may generate transients (elevators, air conditioning, radiology rooms equipped with high speed film changers...).
- All equipment (lighting, power outlets, etc...) installed with GE system components must be powered separately.

DISCLAIMER

This drawing is a preliminary drawing. Site conditions and/or equipment configuration may have a significant impact on room layout and site preparation. Final study must be done before installation of the GE equipment. GE cannot accept any responsibility for errors due to lack of information.

The room dimensions used to create the equipment layout may originate from a previous layout and may not be accurate as they may not have been verified on site. GE cannot take any responsibility for errors due to lack of information.

It is the responsibility of the customer to prepare the site in accordance with the specifications stated in the final drawings. These drawings are not to be used for actual construction purposes. The company cannot take responsibility for any damage resulting therefrom.

The customer must ensure the floor strength is sufficient to support the fixings as required. A qualified structural engineer must be consulted and all work carried out according to his specifications.

Suitable radiological protection must be determined by a qualified radiological physicist in conformation with local regulations. GE does not take responsibility for the specification or provision of radio-protection.

THE UNDERSIGNED, HEREBY CERTIFIES THAT I HAVE READ AND APPROVED THE PLANS IN THIS DOCUMENT.		
DATE	NAME	SIGNATURE