

Drawing Index

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

SITE READINESS

C1

EQUIPMENT LAYOUT

A1

(Equipment locations, heat loads, component weights, environmental specs)

STRUCTURAL LAYOUT

S1

(Structural support/mounting locations for floor/wall/ceiling, wall support elevations)

STRUCTURAL DETAILS

S2 THRU S3

(Floor and Ceiling loading information)

ELECTRICAL LAYOUT

E1

(Contractor supplied wiring, interconnect methods, junction point locations and descriptions)

ELECTRICAL SPECIFICATIONS

E2

(Maximum wiring run lengths, interconnect diagram, system power specifications)

ELECTRICAL DETAILS

E3 THRU E4

EQUIPMENT DETAILS

D1 THRU D4

These 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 operation of such equipment in compliance with GE Healthcare's written specifications and all applicable federal, state, and/or local requirements.

* REQUIRED REFERENCE *

Innova IGS 620, 630
Pre Installation Manual
5435414-1-1EN

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

GE Healthcare



Interventional
Site Planning

CUSTOMER ACCEPTANCE



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 Rev 19						
Before using this document ensure you have the latest Rev from MyWorkshop on DOC0422752						
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:				
GEHC Minimum Requirements		Storage is ready?	PMI is ready?	FE is ready?		Comments
						If "N", enter comments or action plan
1	MR Magnet Delivery Requirements: Ensure cryogen venting system is available for magnet connection as defined by GEHC Pre-Installation Manual (PIM) 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. Surface mount vibratmat installed where required. Magnet room final flooring is in place.					
2	MR RF Screen Room Requirements: RF Screen Room is tested with copy of Test Report, emailed to 56AdminCOEMBG@ge.com, that it is compliant with GEHC specifications. Dock Bolt and magnet anchors (if applicable) installed using 2 part anchor. For HDx systems, blower box mount bolts installed by RF vendor using 2 part anchors					
3	State Regulatory Requirements: Facility registration number provided for states of IL, KY, HI, RI, SC, TX, is WA. X-ray shielding plan and state acknowledgment letter provided to installer for AR, DC, NC, SC, CO					
4	Site Drawing Requirements: Final version of equipment network and antenna, installation drawings (including red lined versions) verified to match actual room and has been provided to installer.					
5	Surface Penetration Requirements: 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.					
6	Pre-Delivery Route Requirements: 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).					
7	Finished Room Requirements: 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). Shielding, doors, and windows are to be installed. 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 PIM requirements for storage.					
8	Electrical Requirements: Lockable (LOTO) Main Disconnect Panel (MDP) is installed per GE guidelines 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. Validate outlet location and requirements meet specifications for device/equipment.					
9	HVAC Requirements: The HVAC/Chilled Water systems designed to maintain the environment per spec/PIM is at running state and appears to provide the desired environmental conditions including location of vents, temperature and humidity for system operation.					
10	Flooring Requirements: 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. Confirm customer anchoring plan aligns with designed floor thickness. Final flooring installed where required for network racks.					
11	Ceiling Requirements: Unistrut (or equivalent) location, levelness and spacing is measured (or vendor confirmed) and consistent with the requirement of the installation drawings. Ensure unistrut and rails are not used as mounting surfaces. Ceiling grid is installed. Permanent lighting is installed and operational. HVAC diffusers are installed and connected to ductwork. Ceiling tiles installed per PMI discretion.					
12	Staging Requirements: Space has been identified to support the active installation process only. This area meets PIM/project book requirements. Storage space has been identified, if needed. This secured space would be used to store equipment indefinitely. If offsite, transportation plan has been developed at customer expense. This space must meet PIM requirements.					
13	Network Connectivity: Hardware for network connectivity(network drop) is in place prior to delivery with specified network firewall configuration where required. Site Surveys for wireless mobile XR units have been completed.					
14	Medical Gases Requirements: Systems (hard piped or portable) in place to allow testing and calibration of equipment (anesthesia, including ventilation).					

GE Healthcare

Healthcare Project Implementation – Design Center
Milwaukee, Wisconsin
Copyright 2009 General Electric Company – Proprietary to GE

SHEET TITLE: SITE READINESS

MODALITY TYPE: INNOVA IGS 620/630

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 TO DETAILS OF THE GE HEALTHCARE PROJECT. THE USER OF THIS PLAN FOR ANY OTHER ACTUAL CONSTRUCTION PURPOSES, HOWEVER, SHALL BE THE USER'S SOLE RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

INTERVENTIONAL RADIOLOGY (IR) LAB
TYPICAL FINAL DRAWINGS

PROJECT	REVISION
4-72F	00
DATE:	18.Dec.13
DRAWN BY:	JPH
CHECKED BY:	TST

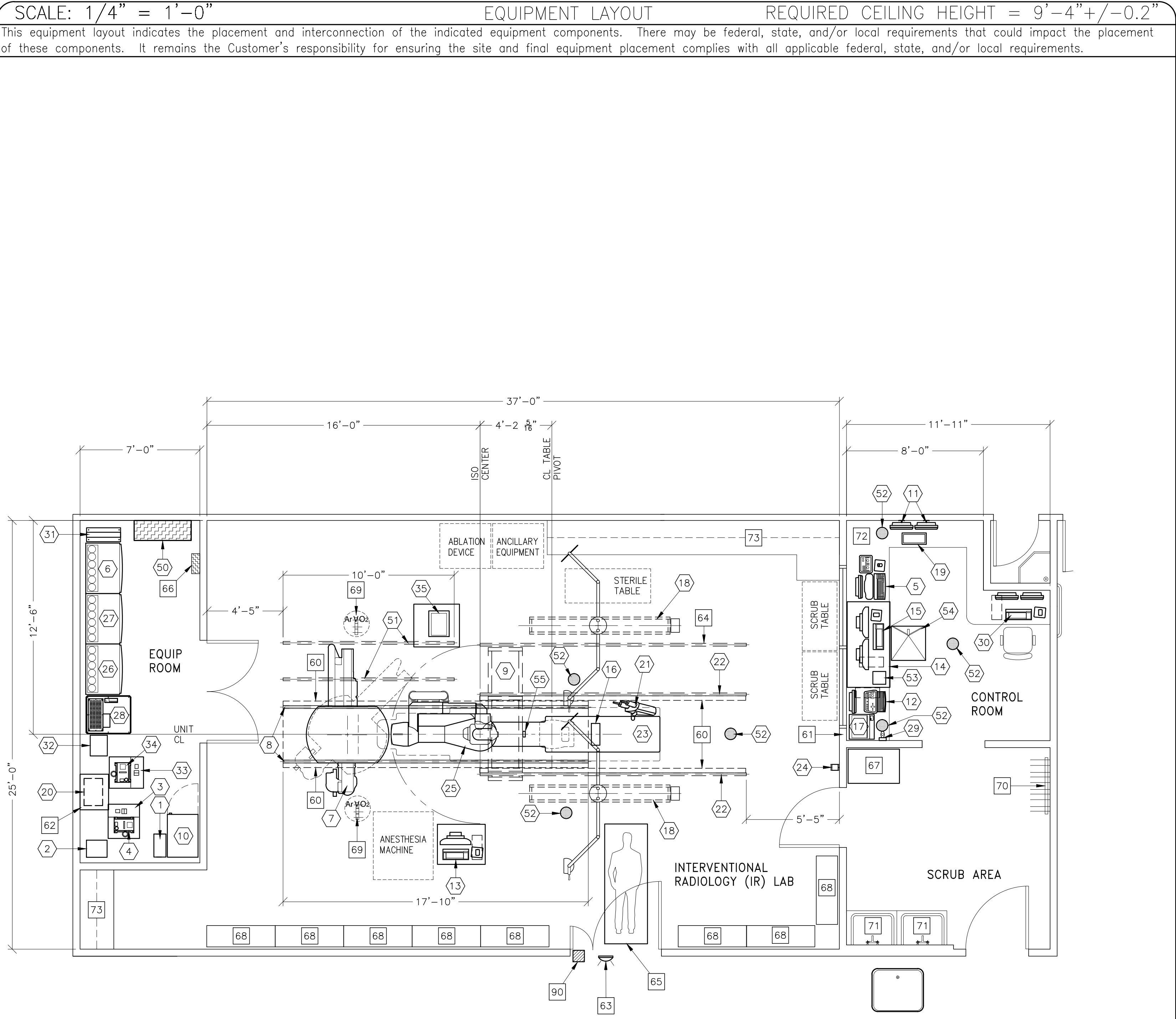
REVISION HISTORY:

SHEET

C1

This drawing is based on Sketch No.:
PIM R2
RQ - 140191

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.							SEISMIC STATUS	P = PREAPPROVAL C = CALCULATIONS/ PENDING APPROVAL S = SPECIFICATIONS ONLY	
ITEM NO.	QUANTITY ORDERED	REFER TO SHEET "D"	ITEM DESCRIPTION (* = EXISTING/REINSTALL)	WEIGHT	HEAT OUTPUT (PER HOUR)	DETAIL NO.	STRC PLAN	ELEC PLAN	
①	1		3 KVA UPS CABINET (LARGE DISPLAY SUBSYSTEM OPTION)	77 lbs	546 btu	B2016	-	UPS3	C
②	1		AP COOLIX 4100 AUTOTRANSFORMER	66 lbs	238 btu	B-1GS05	-	AT	-
③	1		AP COOLIX 4100 WATER CHILLER	264 lbs	18730 btu	B-1GS03 B-1GS04	-	CHLR	C
④	1		AP DETECTOR CHILLER	33 lbs	706 btu	B5049F	---	DC	S
⑤	1		OPERATORS CONSOLE	22 lbs	546 btu	C76117 C7502 B5050D	-	WBC1	C
⑥	1		LATERAL CABINET (C3)	703 lbs	2945 btu		-	C3	-
⑦	1		LATERAL POSITIONER BRIDGE MOUNT ASSEMBLY MOUNTED FROM CEILING SUPPORTS	1421 lbs	4126 btu	B3130B B3130C B3030K B5050L B5050M B5050N	-	LP4	C
⑧	2		LONGITUDINAL STATIONARY RAIL FOR LATERAL GANTRY INNOVA POSITIONER	68 lbs			B20083		C
⑨	1		LARGE DISPLAY MONITOR ON SINGLE MONITOR SUSPENSION (7'x4'9" IN INBOARD BRIDGE MOUNT TWO GE MONITORS ON BACKSIDE OF LD MONITOR)	784 lbs	1706 btu	B2004 B2015	-	LDM VBM1	C
⑩	1		LARGE DISPLAY MONITOR CABINET	253 lbs	3412 btu	B2014	0	LDC	C
⑪	2		18 in. MONITOR ON WALL SUPPORT	26 lbs	204 btu	C7617B	-	WBM2	C
⑫	1		IVUS VOLCANO S51 CONSOLE, INCLUDES FLAT PANEL MONITOR AND KEYBOARD (DESK MOUNTED)	68 lbs	1631 btu	B551	-	IVUS	-
⑬	1		NURSING NOTES WORKSTATION	46 lbs	682 btu		-		S
⑭	1		WORKSTATION CART				---		S
⑮	1		MAC-LAB CONSOLE, INCLUDES MONITORS AND KEYBOARD	566 lbs	2935 btu		---	PC	S
⑯	1		TRAM NET RACK	8 lbs		B5047	---	TRAM	S
⑰	1		COLOR PRINTER		1054 btu		---		S
⑱	2		COUNTERBALANCED EYE AND THYROID SHIELD WITH R96 LAMP	143 lbs		B5031E	B5031F	LMP	S
⑲	1		REMOTE CONTROL FOR INJECTOR	4 lbs		B5028		IEC	S
⑳	1		INJECTOR ELECTRONICS ON SHELF	37 lbs	320 btu	B5028	---	IE	S
㉑	1		INJECTOR HEAD ON TABLE RAIL	15 lbs		B5030A	---	IH	S
㉒	2		LONGITUDINAL STATIONARY RAIL FOR XT SUSPENSION	68 lbs			B20078		C
㉓	1		INNOVA V TABLE	1300 lbs	614 btu	B5061	B5049M	LU5	C
㉔	1		XR BUZZER (LOCATED ABOVE CEILING)	2 lbs		B5150H	-	XRBR	-
㉕	1		INNOVA POSITIONER (REFERENCE TABLE BASE-PLATE DETAIL FOR FLOOR MOUNTING INFORMATION)	1693 lbs	2416 btu	B5050A B5050B B5050C B5050D B5050E B5050F B5050H B5050J B5050K B5050P B5050R	-	LC1	C
㉖	1		ATLAS CABINET (C2)	621 lbs	4570 btu	B0558C	S100	C2	C
㉗	1		ATLAS CABINET (C1)	888 lbs	4413 btu	B0558C	S100	C1	C
㉘	1		UPS CABINET	1170 lbs	4061 btu	E4502SC	---	UPS	C
㉙	1		BOLUS CHASE HANDSWITCH	2 lbs			---	WBC2	-
㉚	1		AW WORKSTATION	81 lbs	1201 btu	M1013AW C76117	---		C
㉛	1		3 KVA UPS CABINET	77 lbs	546 btu	B2016	-	UPS1	C
㉜	1		LATERAL COOLIX 4100 AUTOTRANSFORMER	66 lbs	238 btu	B-1GS05	-	AT	-
㉝	1		LATERAL COOLIX 4100 WATER CHILLER	264 lbs	18730 btu	B-1GS03 B-1GS04	-	CHLR	C
㉞	1		LATERAL DETECTOR CHILLER	33 lbs	706 btu	B5049F	---	DC	S
㉟	1		LOGIQ I ULTRASOUND UNIT (ON CART)				---		I
THE FOLLOWING ITEMS, WHICH HAVE BEEN ORDERED FROM GE HEALTHCARE, ARE TO BE INSTALLED BY THE CUSTOMER OR HIS CONTRACTOR.									
㊱	1		INNOVA MAIN DISCONNECT, REFERENCE JUNCTION POINT "A" ON SHEET E1 FOR DETAILED DESCRIPTION.	899 lbs	2215 btu	E4502B8	-	PDB	-
㊲	2		CABLE DRAPE RAIL FOR LP POSITIONER				B20083		-
㊳	6		VITALING SPEAKER			B0566	-		-
㊴	1		VITALING CONSOLE				-		-
㊵	1		VITALING MICROPHONE				-		-
㊶	1		VITALING MICROPHONE (ONE ON MONITOR BRIDGE IN EXAM ROOM)				-		-



ANCILLARY ITEMS

CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED ITEMS

ITEM NO.	ITEM DESCRIPTION (* INDICATES EXISTING)
60	BEARING BLOCK OUTLINE, SEE S1 FOR MORE INFORMATION.
61	CONTROL WALL TO CEILING WITH LEAD GLASS VIEWING SHELF - CUSTOMER TO PROVIDE ADEQUATE WALL SUPPORT
62	X-RAY ON WARNING LIGHT - AVAILABLE FROM GE SUPPLY CALL 800-800-9760 GE CAT. NO. WXFABW-DF-XIU
63	CABLE DRAPE RAIL.
64	MINIMUM DOOR OPENING FOR EQUIPMENT DELIVERY IS 44 IN. W X 83 IN. H (118mm X 2108mm). CONTINGENT ON A 96 IN. (2438mm) CORRIDOR WIDTH.
65	150-AMP LOCAL SERVICE DISCONNECT FOR LOCK-OUT/TAG-OUT CAPABILITY. (MAY BE A FUSED DISCONNECT, CIRCUIT BREAKER OR SAFETY SWITCH.)
66	CUSTOMER SUPPLIED STORAGE CABINET
67	CATHETER CABINETS
68	MED GASES IN CEILING
69	LEAD APRON RACK
70	SCRUB SINK
71	COUNTER TOP FOR EQUIPMENT-SHELVING MAY BE REQUIRED
72	PROVIDE DIMENSIONED OPENINGS AS REQUIRED TO ROUTE INTERCONNECT CABLES TO RACEWAY BELOW COUNTERTOP.
73	COUNTER TOP WITH BASE AND WALL CABINETS

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

90	X-RAY ROOM WARNING LIGHT/ROOM LIGHTING CONTROL PANEL REFERENCE JUNCTION POINT "XRLC" ON SHEET E1 FOR DETAILED DESCRIPTION -CAT. NO. E4502SS FOR WARNING LIGHT & ROOM LIGHT CONTROL.
----	---

GENERAL SPECIFICATIONS

- THE REQUIRED CEILING HEIGHT INDICATED ON THESE PLANS IS TO ENSURE EQUIPMENT FUNCTION IS NOT INHIBITED. CONSULT WITH YOUR LOCAL GEHC SPECIALIST REGARDING ACCEPTABILITY OF OTHER CEILING HEIGHTS.
- 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.
- 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.
- 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..
- ALL WORK TO BE IN COMPLIANCE WITH NATIONAL AND LOCAL BUILDING SAFETY CODES.
- DIMENSIONS ARE TO FINISHED SURFACES OF ROOM.

SITE ENVIRONMENT SPECIFICATIONS

- AMBIENT OPERATING TEMPERATURE: EQUIPMENT ROOM WITH FLUORO UPS OPTION 68° TO 77° F. (20° TO 25° C)
- AMBIENT OPERATING TEMPERATURE: CONTROL ROOM 68° TO 77° F. (20° TO 25° C)
- AMBIENT OPERATING TEMPERATURE: EXAM ROOM-DESIGN FOR PATIENT/OPERATOR COMFORT TARGET TEMPERATURE 64° F. (18° C)
- HUMIDITY: 30° TO 75° FOR EQUIPMENT, CONTROL AND EXAM ROOMS
- ALTITUDE: NOT TO EXCEED 9,842 FT. (3000M) ABOVE SEA LEVEL.
- THE ENVIRONMENT FOR THE ELECTRONICS CABINET MUST BE CONTROLLED SO THE ABOVE RESTRICTIONS ARE NOT EXCEEDED.
- DO NOT RESTRICT THE AIR INTAKE OR AIR EXHAUST OF THE SYSTEM COMPONENTS.
- ENVIRONMENTAL CONDITIONS LISTED ABOVE MUST BE MAINTAINED AT ALL TIMES INCLUDING FOR EXAMPLE OVERNIGHT, WEEKENDS, AND HOLIDAYS.

MAGNETIC INTERFERENCE SPECIFICATIONS

IMAGE INTENSIFIERS MUST BE LOCATED IN AMBIENT STATIC MAGNETIC FIELDS OF LESS THAN 1 GAUSS TO GUARANTEE SPECIFIED IMAGING PERFORMANCE.

X-RAY TUBES MUST BE LOCATED IN AMBIENT STATIC MAGNETIC FIELDS OF LESS THAN 10 GAUSS TO GUARANTEE SPECIFIED PERFORMANCE.

SYSTEM ELECTRONICS MUST BE LOCATED IN AMBIENT STATIC MAGNETIC FIELDS OF LESS THAN 10 GAUSS TO GUARANTEE DATA INTEGRITY.

OPERATORS CONSOLE EQUIPMENT MUST BE LOCATED IN AMBIENT STATIC MAGNETIC FIELDS OF LESS THAN 10 GAUSS TO OBTAIN SPECIFIED GEOMETRIC LINEARITY.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: **INTERVENTIONAL RADIOLOGY (IR) LAB**

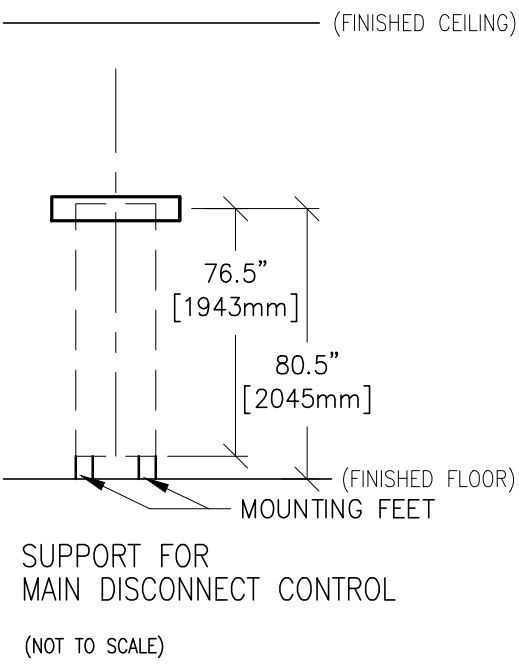
PROJECT TYPE: **INNOVA ICS 620/630**

THIS PLAN IS SUBMITTED TO REQUEST 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 TO THE ACTUAL CONSTRUCTION PROPOSAL. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

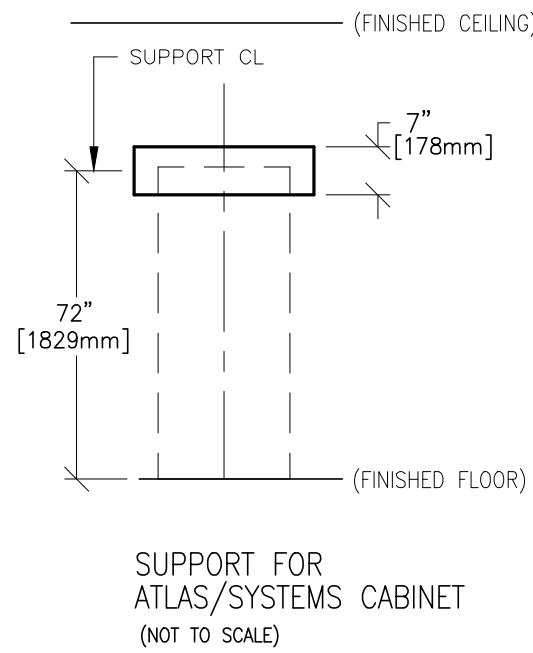
<

TYPICAL WALL SUPPORT ELEVATIONS

S120



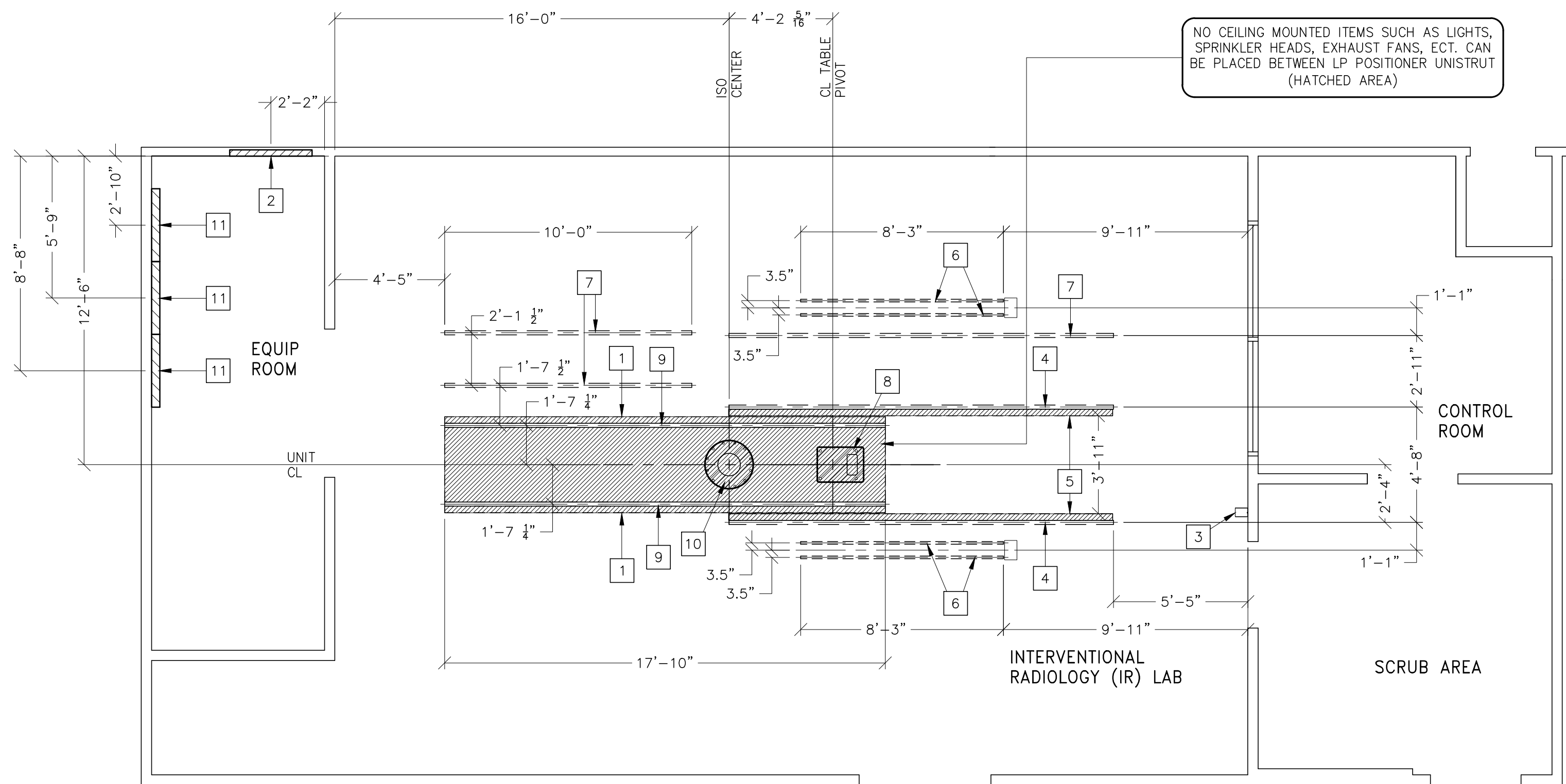
S100



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

STRUCTURAL LAYOUT

REQUIRED CEILING HEIGHT = 9'-4"+/-0.2"



STRUCTURAL SUPPORT METHODS

CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED ITEMS

ITEM NO.	ITEM DESCRIPTION (* INDICATES EXISTING)
1	HATCHED AREA INDICATES LP POSITIONER BEARING BLOCK PATH.
2	SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S120, FOR MAIN DISCONNECT CONTROL.
3	MOUNT XR BUZZER BRACKET ON WALL, ABOVE CEILING
4	UNISTRUT OR EQUIVALENT SUPPORT IN CEILING FOR FASTENING CEILING SUPPORTED EQUIPMENT. SUPPORTS TO RUN CONTINUOUS WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL. RUN WALL TO WALL, BE PARALLEL, SQUARE, AND IN THE SAME HORIZONTAL PLANE, FLUSH WITH THE FINISHED CEILING. RAILS ARE MOUNTED TO THESE SUPPORTS EVERY 2'-2" AND REQUIRE 350 LBS. (<397 LBS. IN SEISMIC REGIONS) PER BOLT LOAD. METHODS OF SUPPORT THAT PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH BOLTS IN CONCRETE SHOULD BE FAVORED. DO NOT USE SCREW ANCHORS IN DIRECT TENSION.
5	HATCHED AREA INDICATES MONITOR BRIDGE BEARING BLOCK PATH.
6	UNISTRUT OR EQUIVALENT SUPPORTS FOR FASTENING THE OVERHEAD COUNTERPOISED SUSPENSION. SUPPORT TO BE LOCATED AS SHOWN. SUPPORT SHOULD RUN CONTINUOUS WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL. BE PARALLEL, SQUARE, AND IN THE SAME HORIZONTAL PLANE, FLUSH WITH FINISHED CEILING. SUSPENSION REQUIRES 102 1/2" BOLT SUPPORT. METHODS OF SUPPORT THAT WILL PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH BOLTS IN CONCRETE CONSTRUCTION SHOULD BE FAVORED. DO NOT USE SCREW ANCHORS IN DIRECT TENSION.
7	>>COMPONENTS FLUSH WITH CEILING<< UNISTRUT OR EQUIVALENT SUPPORT IN CEILING FOR FASTENING CABLE DRAPE RAIL SUPPORTS TO RUN CONTINUOUS WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL. RUN WALL TO WALL, BE PARALLEL, SQUARE, AND IN THE SAME HORIZONTAL PLANE, FLUSH WITH THE FINISHED CEILING. RAILS ARE MOUNTED TO THESE SUPPORTS EVERY 2'-2" AND REQUIRE 50 LBS. PER BOLT LOAD. METHODS OF SUPPORT THAT PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH BOLTS IN CONCRETE SHOULD BE FAVORED. DO NOT USE SCREW ANCHORS IN DIRECT TENSION. TO ORDER, CALL UNISTRUT WISCONSIN AT 262-796-8710.
8	AREA OCCUPIED BY GE SUPPLIED TABLE BASEPLATE
9	UNISTRUT OR EQUIVALENT SUPPORT IN CEILING FOR FASTENING CEILING SUPPORTED EQUIPMENT. SUPPORTS TO RUN CONTINUOUS WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL. RUN WALL TO WALL, BE PARALLEL, SQUARE, AND IN THE SAME HORIZONTAL PLANE, FLUSH WITH THE FINISHED CEILING. RAILS ARE MOUNTED TO THESE SUPPORTS EVERY 2'-2" AND REQUIRE 350 LBS. (<397 LBS. IN SEISMIC REGIONS) PER BOLT LOAD. METHODS OF SUPPORT THAT PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH BOLTS IN CONCRETE SHOULD BE FAVORED. DO NOT USE SCREW ANCHORS IN DIRECT TENSION.
10	AREA OCCUPIED BY GE SUPPLIED POSITIONER BASEPLATE
11	SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S100, FOR ATLAS CABINET.

STRUCTURAL NOTES

- ALL STEEL WORK AND PARTS NECESSARY TO SUPPORT CEILING MOUNTED TUBE HANGER OR OTHER EQUIPMENT ARE TO BE SUPPLIED BY THE CUSTOMER OR HIS CONTRACTORS. THE UNISTRUT OR EQUIVALENT STRUCTURE SHOULD RUN CONTINUOUS WITH NO FITTINGS EXTENDING BELOW FACE OF UNISTRUT CHANNEL, RUN WALL TO WALL, BE PARALLEL, SQUARE AND IN THE SAME HORIZONTAL PLANE FLUSH WITH FINISHED CEILING. THE SYSTEM IS TO BE CROSS BRACED VERTICALLY, HORIZONTALLY AND DIAGONALLY TO ALLOW NO MOVEMENT AND A MAXIMUM OF 1,58mm (1/16") DEFLECTION.
(10) 12,7mm (1/2") DIA. x 38,1mm (1 1/2") LONG BOLTS WITH UNISTRUT 12,7mm (1/2") NUTS WITH SPRINGS ARE TO BE PROVIDED BY CUSTOMER OR HIS CONTRACTORS FOR EACH STATIONARY AND AUXILIARY SUPPORT RAIL. CLOSURE STRIPS SHALL BE PROVIDED FOR AREAS OF UNISTRUT EXPOSED AND WITHOUT MOUNTING UNITS.
- METHODS OF SUPPORT FOR THE STEELWORK THAT WILL PERMIT ATTACHMENT TO STRUCTURAL STEEL OR THROUGH BOLTS IN CONCRETE CONSTRUCTION SHOULD BE FAVORED. DO NOT USE CONCRETE OR MASONRY ANCHORS IN DIRECT TENSION.
- 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.
- ALL CEILING MOUNTED FIXTURES, AIR VENTS, SPRINKLERS, ETC. TO BE FLUSH MOUNTED, OR SHALL NOT EXTEND MORE THAN 6,35mm (1/4") BELOW THE FINISHED CEILING.
- CONTROL WALLS WITH TUBE HANGER PASSAGE ABOVE SHALL BE CONSTRUCTED TO 2130mm (7'-0") HIGH.
- FLOOR SLABS ON WHICH EQUIPMENT IS TO BE INSTALLED MUST BE LEVEL TO 3,17mm (1/8") IN 3050mm (10'-0")
- DIMENSIONS ARE TO FINISHED SURFACES OF ROOM.
- CUSTOMERS CONTRACTOR MUST PROVIDE ALL PENETRATIONS IN POST TENSION FLOORS.
- 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.
- 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.
- 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/SCREWS) 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"

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

GE Healthcare

SHEET TITLE: STRUCTURAL LAYOUT

MODALITY TYPE: INNOVA ICS 620/630

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 TO DETAILS OF THE GE EQUIPMENT. HOWEVER, THE COMPANY CANNOT BE RESPONSIBLE FOR ANY DAMAGES RESULTING THEREFROM.

INTERVENTIONAL
RADIOLOGY (IR) LAB
TYPICAL FINAL DRAWINGS

PROJECT TITLE:

PROJECT	REVISION
4-72F	00

DATE:	18.Dec.13
DRAWN BY:	JPH
CHECKED BY:	TST

REVISION HISTORY:

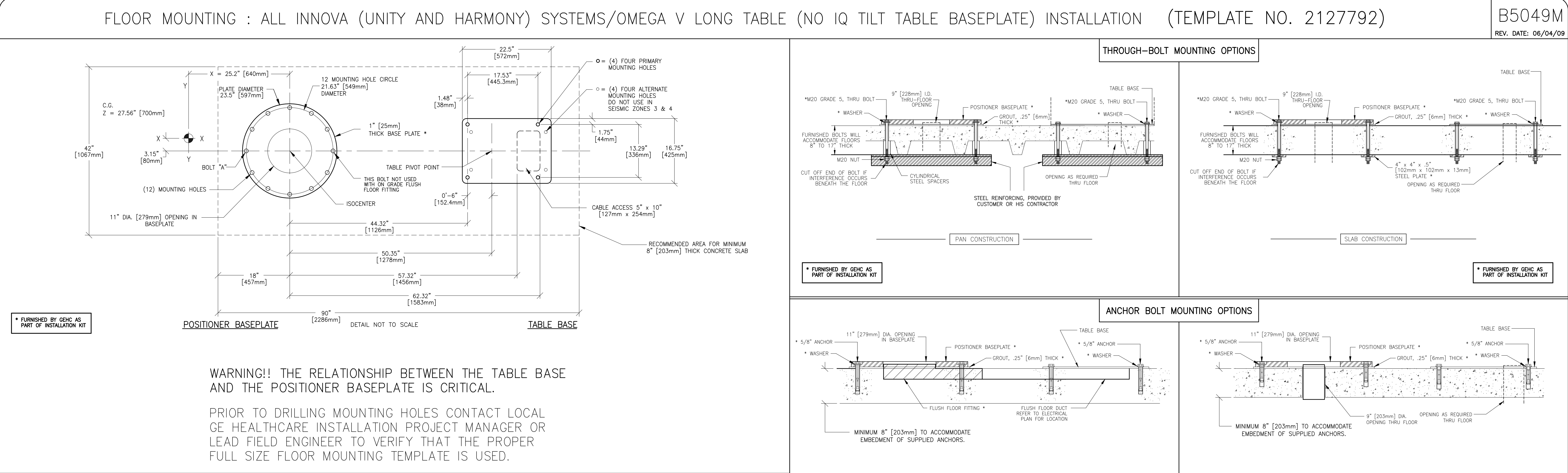
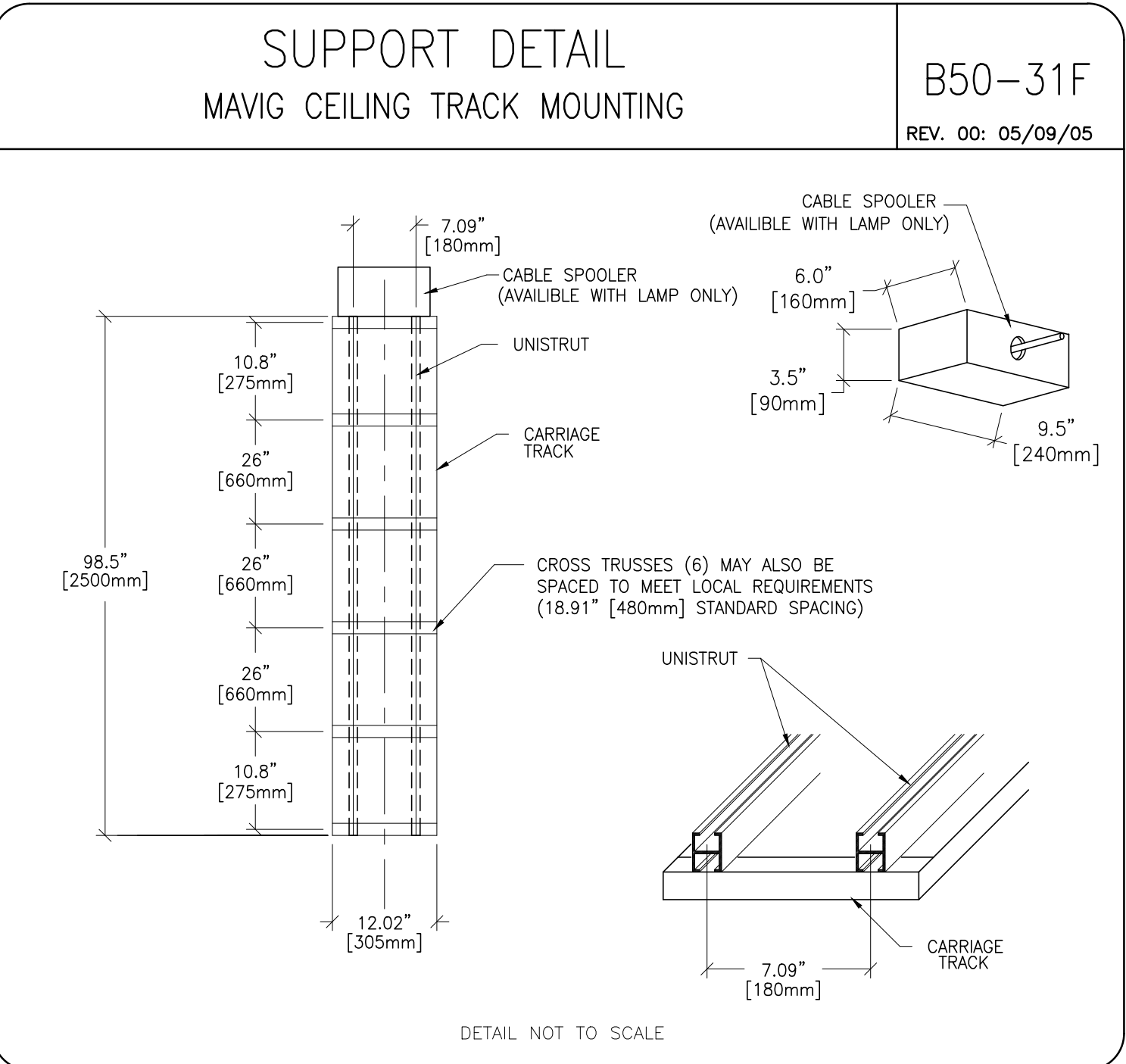
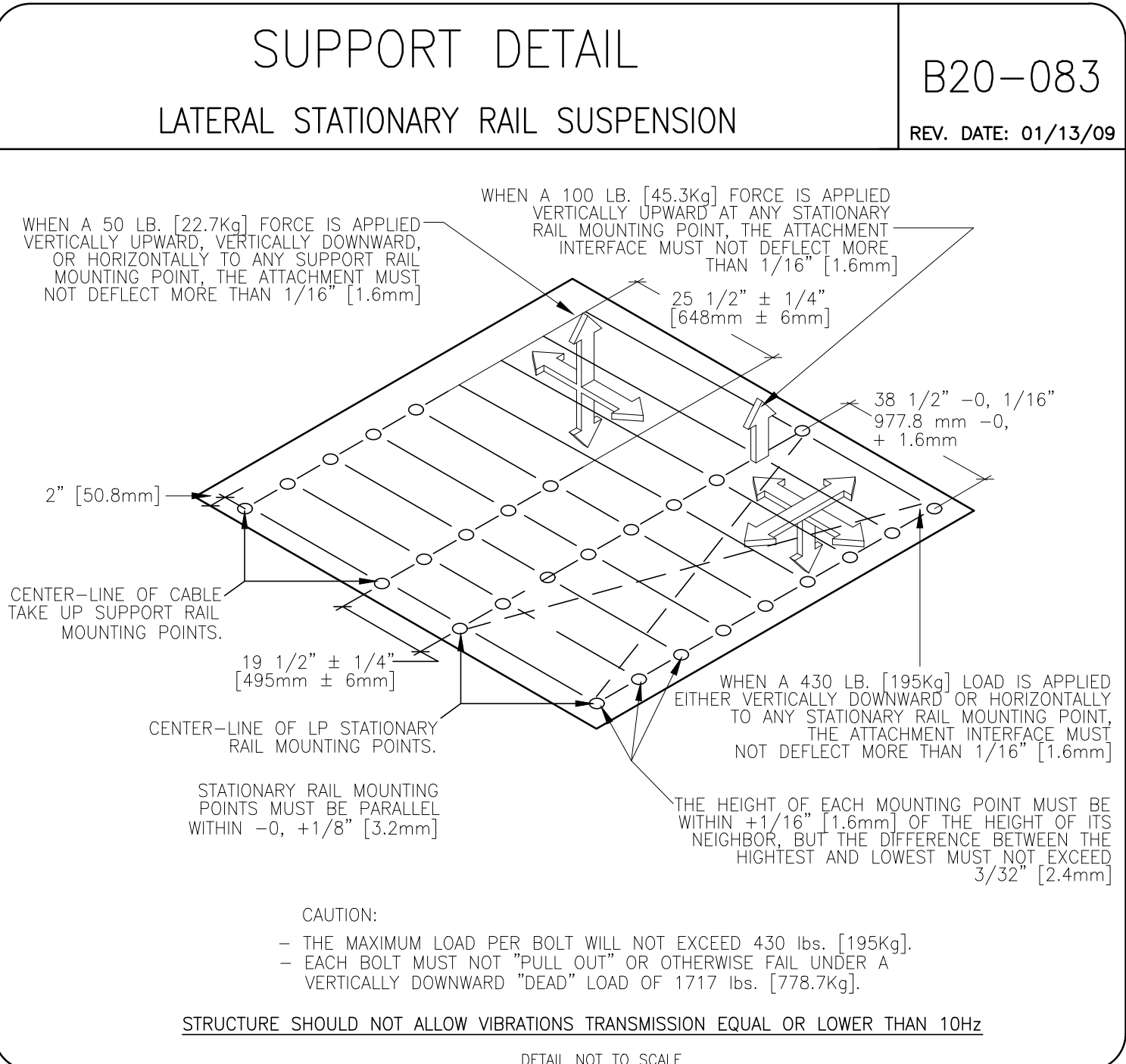
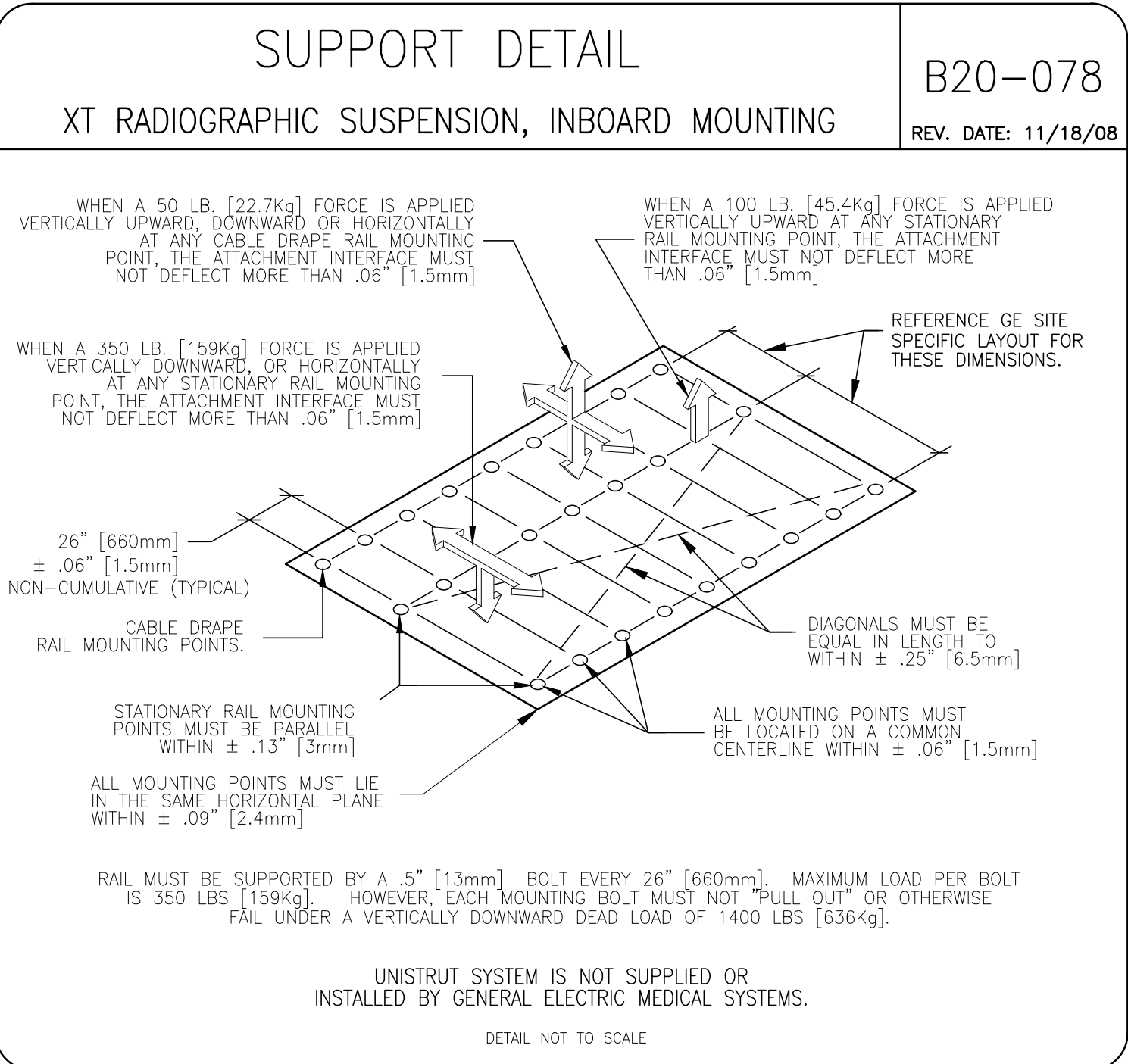
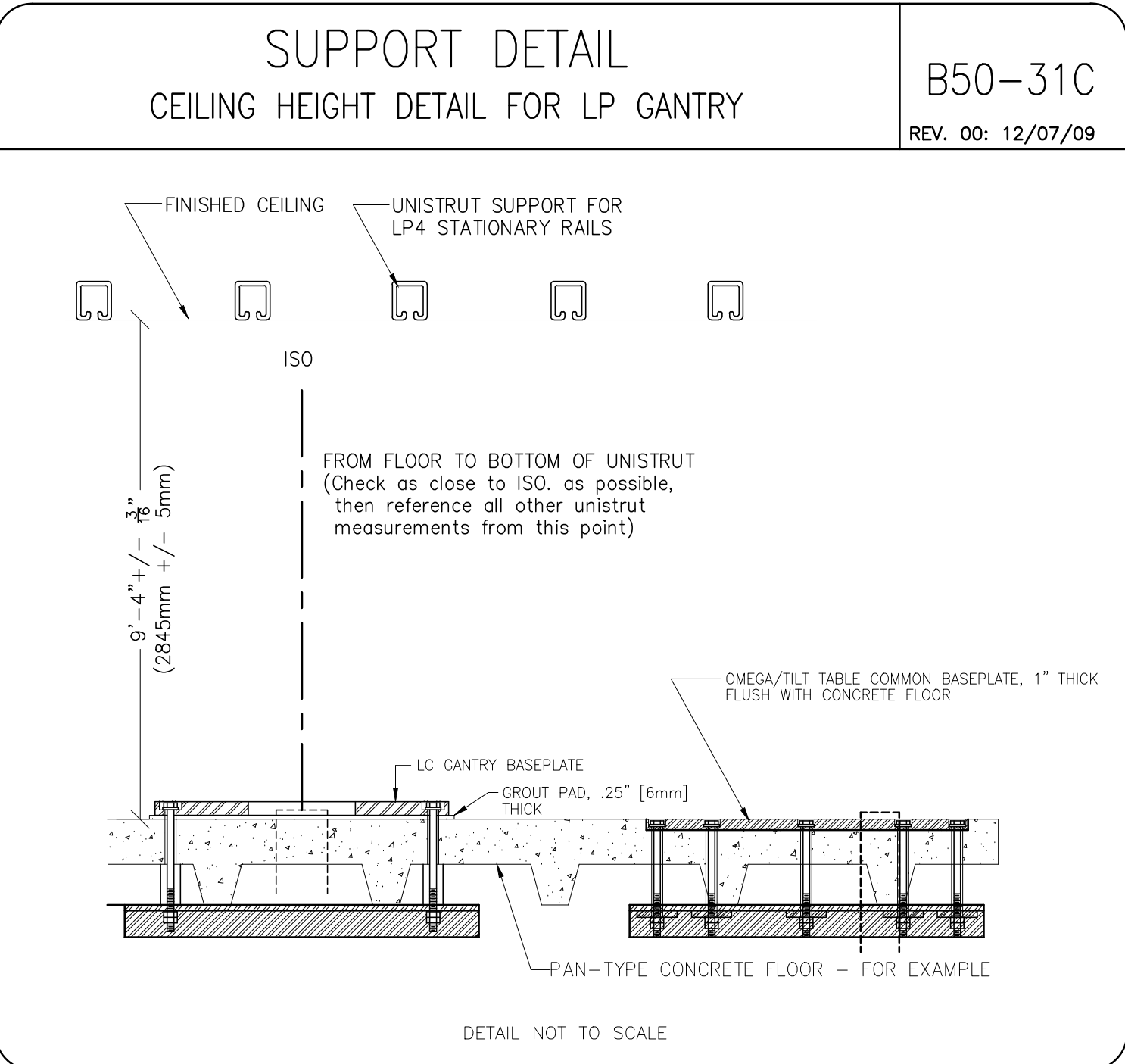
SHEET

S1

This drawing is based on Sketch No.:

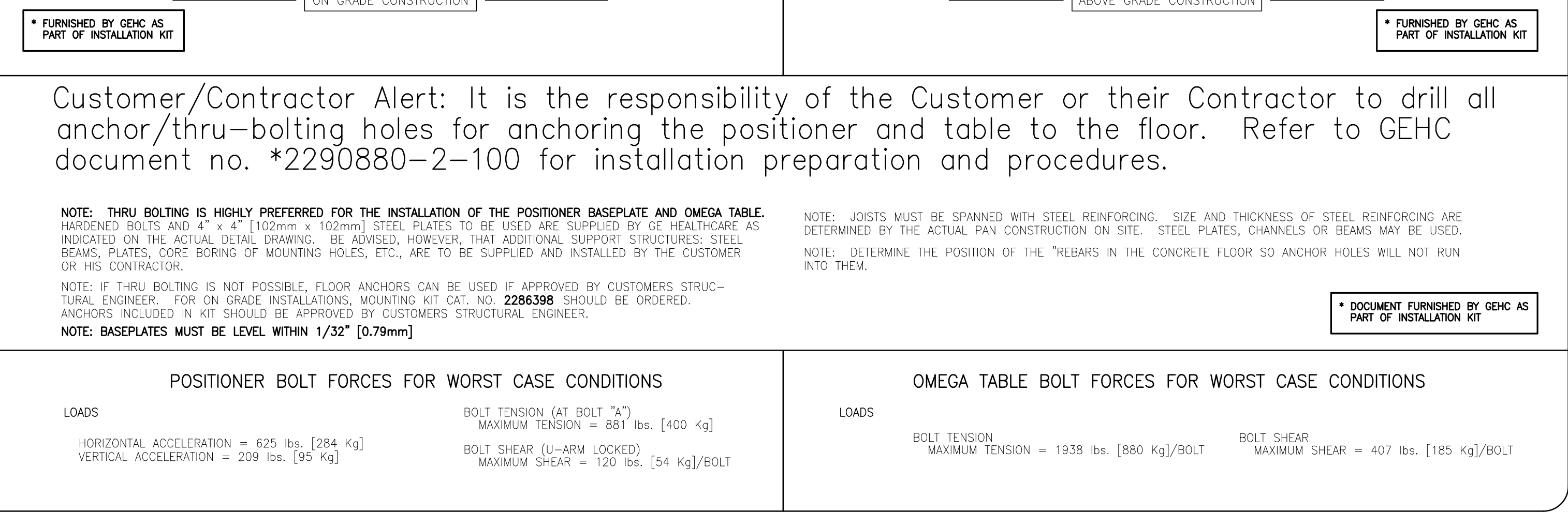
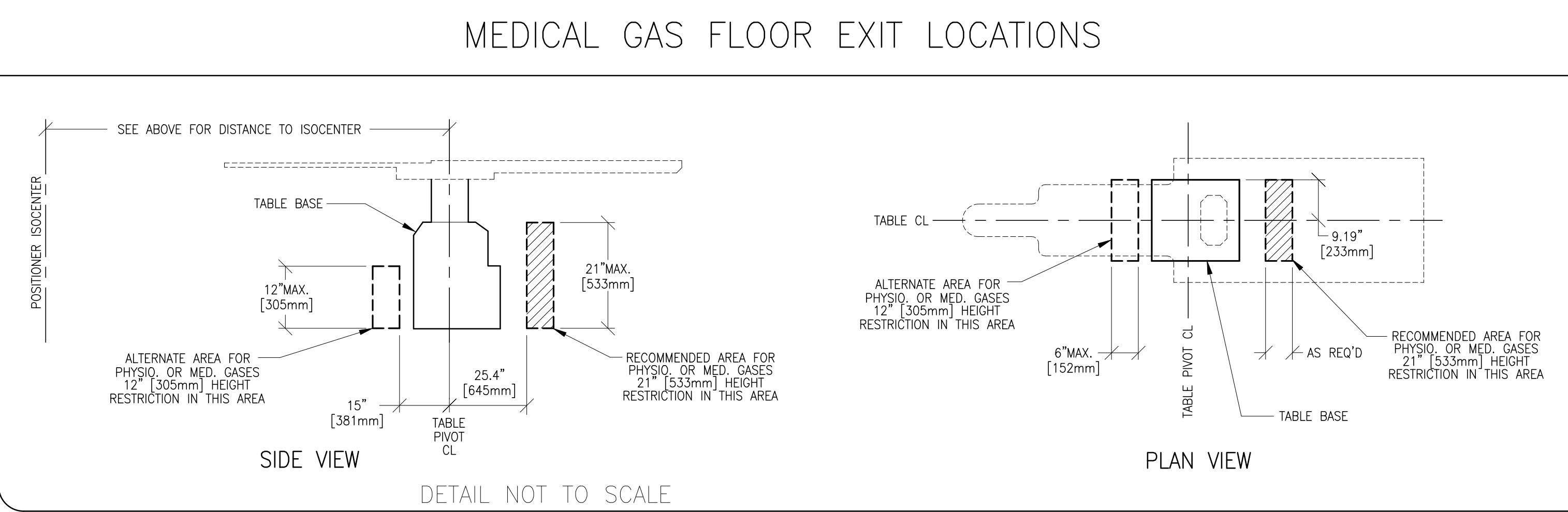
PIM R2

RQ - 140191



WARNING!! THE RELATIONSHIP BETWEEN THE TABLE BASE AND THE POSITIONER BASEPLATE IS CRITICAL.

PRIOR TO DRILLING MOUNTING HOLES CONTACT LOCAL GE HEALTHCARE INSTALLATION PROJECT MANAGER OR LEAD FIELD ENGINEER TO VERIFY THAT THE PROPER FULL SIZE FLOOR MOUNTING TEMPLATE IS USED.



GE Healthcare

Healthcare Project Implementation - Design Center

MODALITY TYPE: INNOVA ICS 620/630

SHEET TITLE: STRUCTURAL DETAILS

PROJECT TITLE: INTERVENTIONAL RADIOLOGY (IR) LAB

TYPICAL FINAL DRAWINGS

PROJECT: 4-72F

REVISION: 00

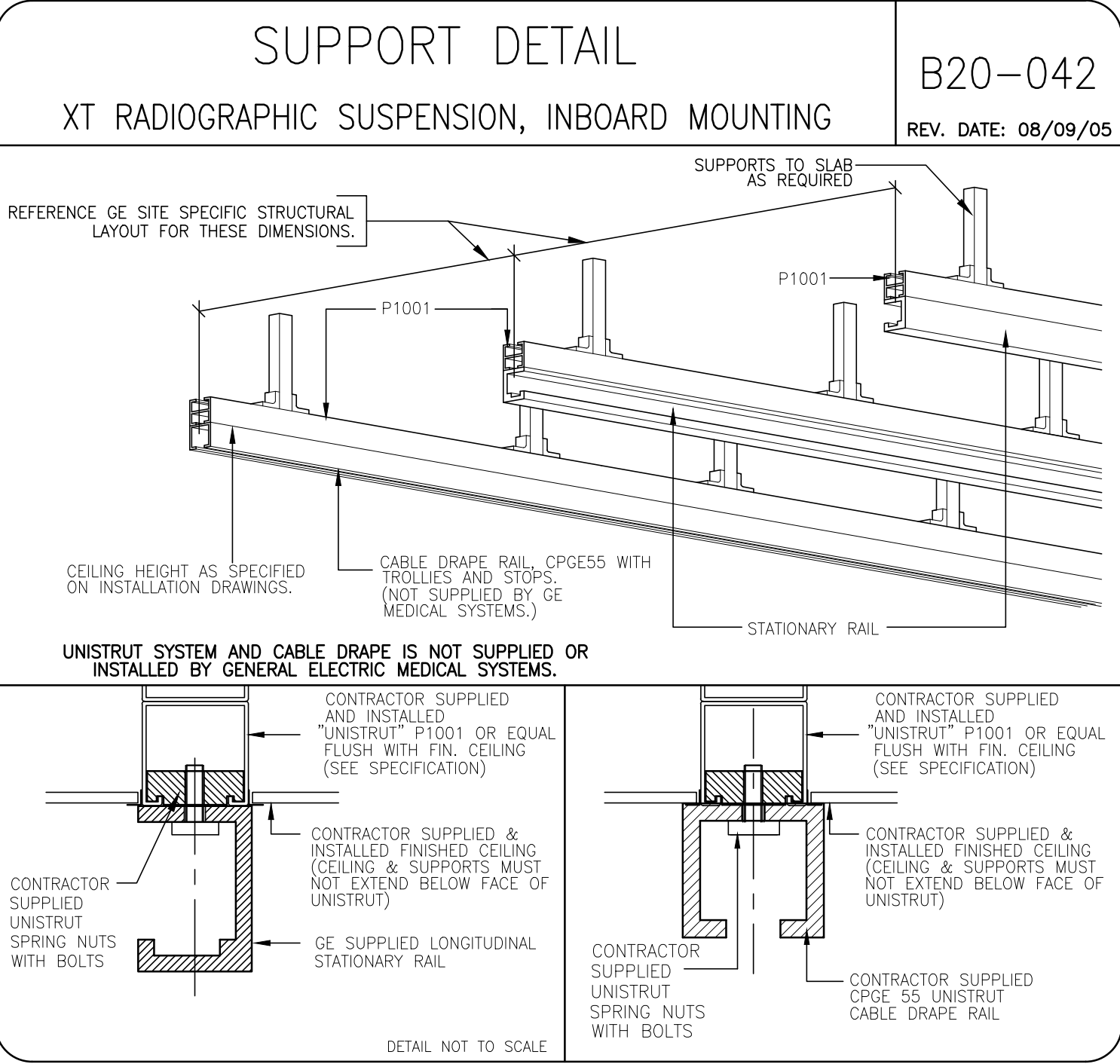
DATE: 18.Dec.13

DRAWN BY: JPH

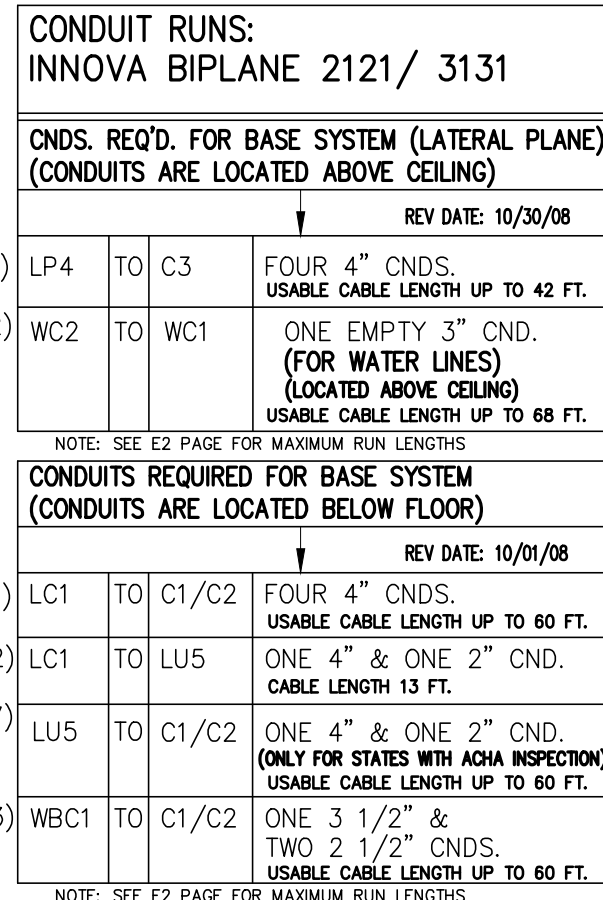
CHECKED BY: TST

REVISION HISTORY:

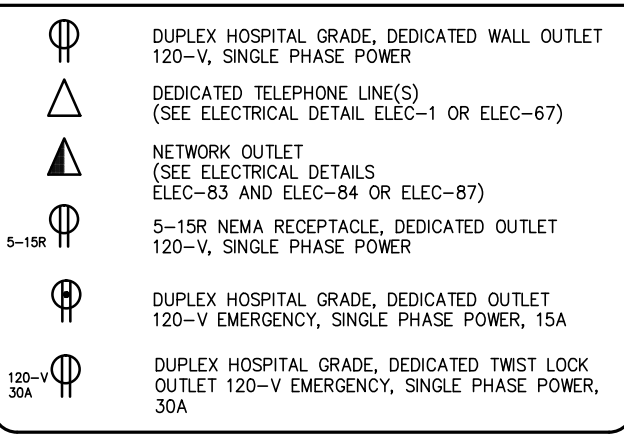
SHEET S2



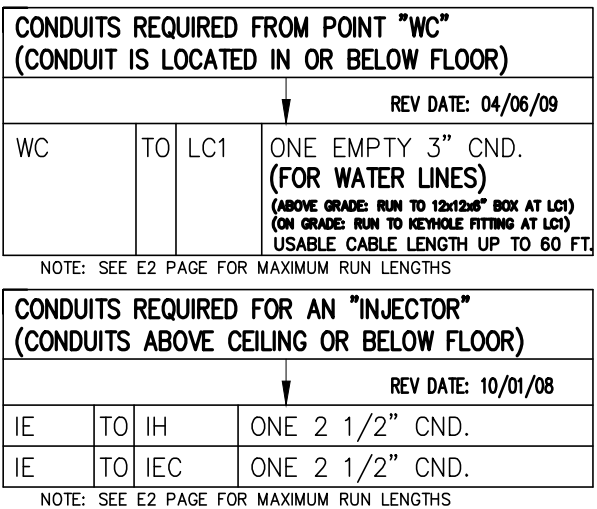
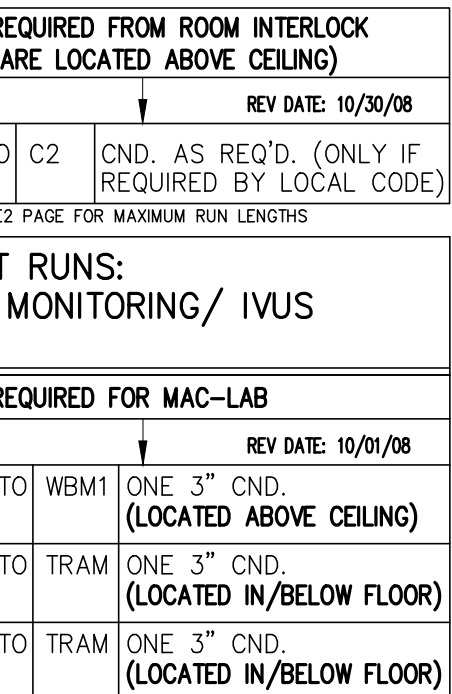
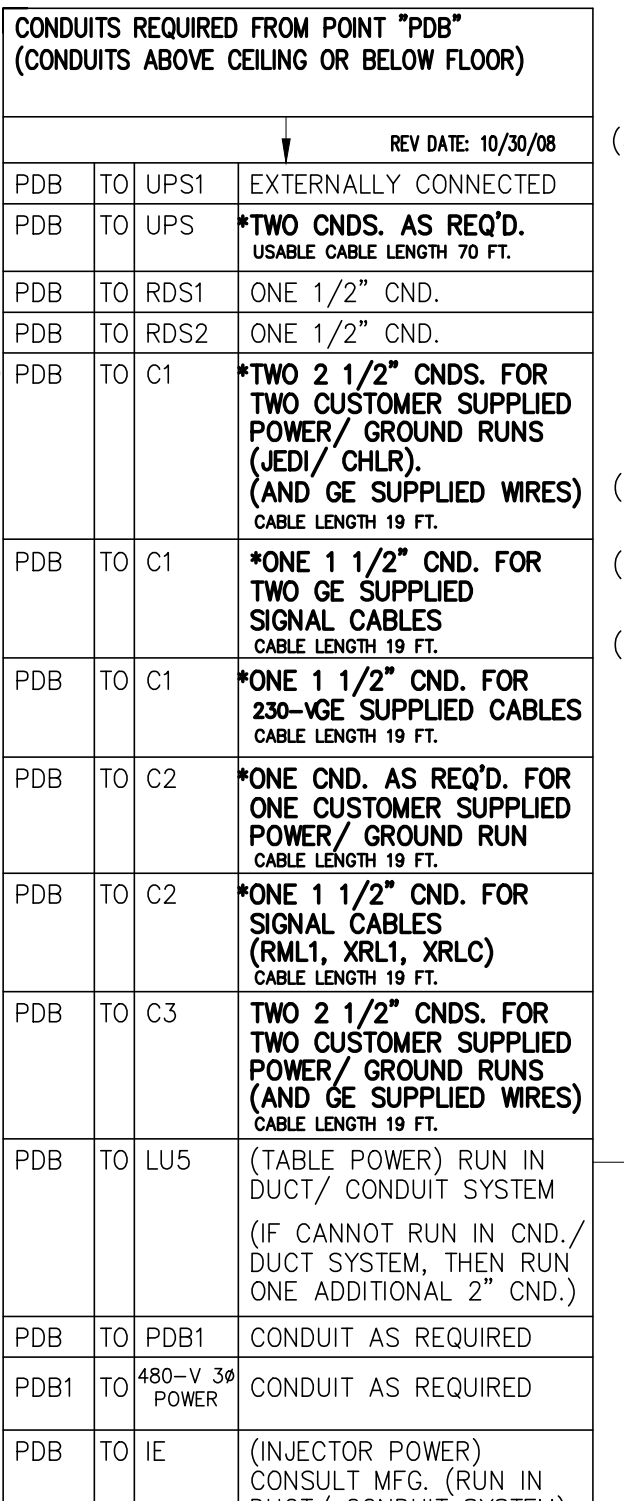
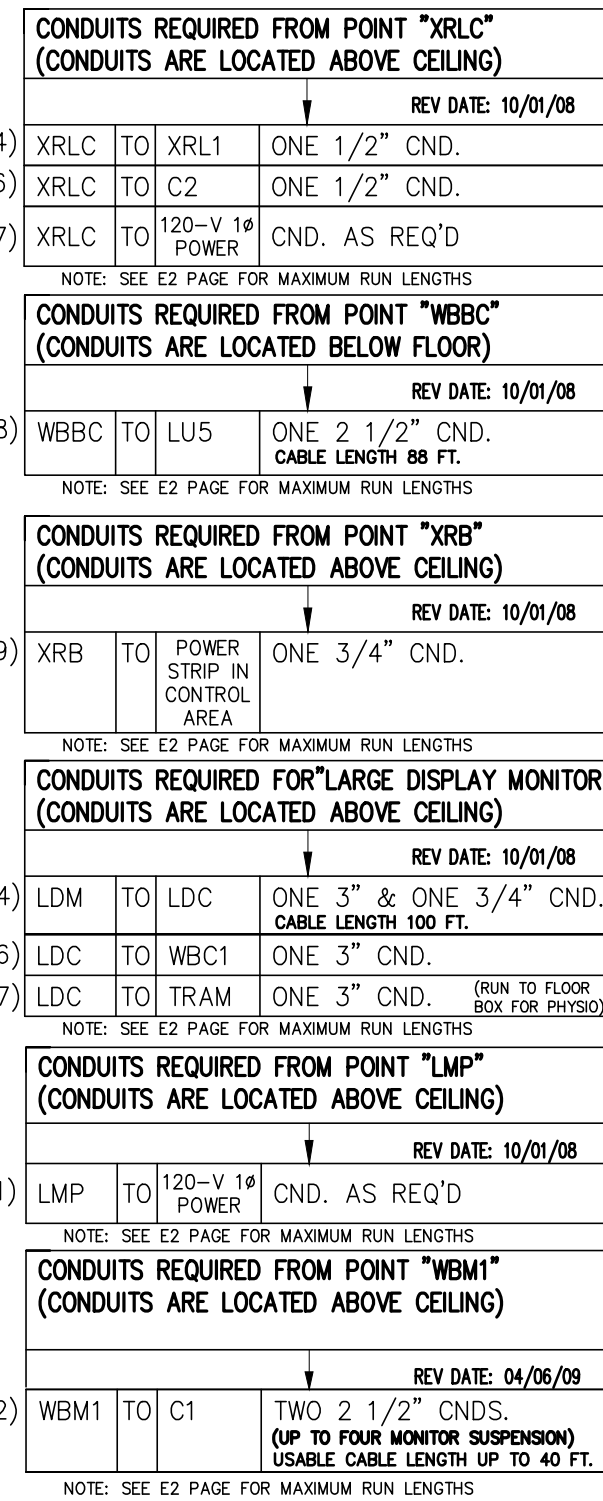
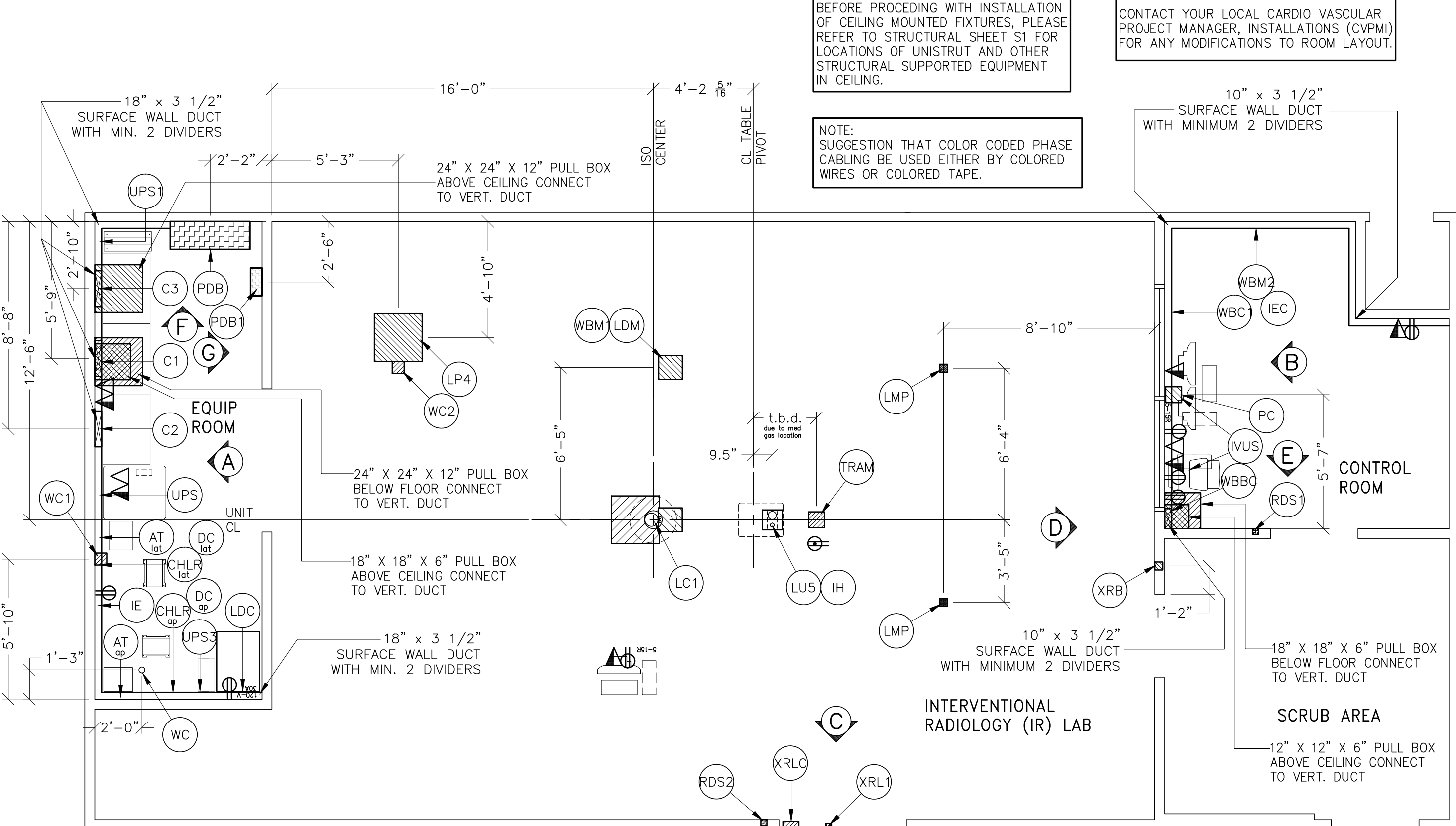
REQUIRED CEILING HEIGHT = 9'-4"+/-0.2"



ELECTRICAL OUTLET LEGEND
CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED ITEMS.
HEIGHT ABOVE FLOOR DETERMINED BY LOCAL CODES UNLESS
OTHERWISE SPECIFIED.



- o ALL JUNCTION BOXES, CONDUIT, DUCT, DUCT DIVIDERS, SWITCHES, CIRCUIT BREAKERS, ETC., ARE TO BE SUPPLIED AND INSTALLED BY CUSTOMERS ELECTRICAL CONTRACTOR.
- o CONDUIT AND DUCT RUNS SHALL HAVE SWEEP RADIUS BENDS
- o CONDUITS AND DUCT ABOVE CEILING OR BELOW FINISHED FLOOR MUST BE INSTALLED AS NEAR TO CEILING OR FLOOR AS POSSIBLE TO REDUCE RUN LENGTH.
- o CEILING MOUNTED JUNCTION BOXES ILLUSTRATED ON THIS PLAN MUST BE INSTALLED FLUSH WITH FINISHED CEILING.
- o ALL DUCTWORK MUST MEET THE FOLLOWING REQUIREMENTS:
 - 1. DUCTWORK SHALL BE METAL WITH DIVIDERS AND HAVE REMOVABLE, ACCESSIBLE COVERS.
 - 2. DUCTWORK SHALL BE CERTIFIED/RATED FOR ELECTRICAL POWER PURPOSES.
 - 3. DUCTWORK SHALL BE ELECTRICALLY AND MECHANICALLY BONDED TOGETHER IN AN APPROVED MANNER.
 - 4. PVC AS A SUBSTITUTE MUST BE USED IN ACCORDANCE WITH ALL LOCAL AND NATIONAL CODES.
- o ALL OPENINGS IN ACCESS FLOORING ARE TO BE CUT OUT AND FINISHED OFF WITH GROMMET MATERIAL BY THE CUSTOMERS CONTRACTOR.
- o GENERAL CONTRACTOR TO INSERT PULL CORDS FOR ALL CABLE RUN CONDUITS BETWEEN THE EQUIPMENT ROOM AND THE OPERATORS CONTROL ROOM.
- o 10 FOOT PIGTAILS AT ALL JUNCTION POINTS.
- o ALL WIRING MUST BE THIN OR TFFN STRANDED COPPER THERMOPLASTIC 600 VOLT OR EQUIVALENT INSULATION. **ALUMINUM OR SOLID WIRES ARE NOT ALLOWED.**
- o GROUNDING IS CRITICAL TO EQUIPMENT FUNCTION AND PATIENT SAFETY. SITE MUST CONFORM TO WIRING SPECIFICATIONS SHOWN ON THIS PLAN.



FEEDER TABLE

REV. DATE: 12/22/10

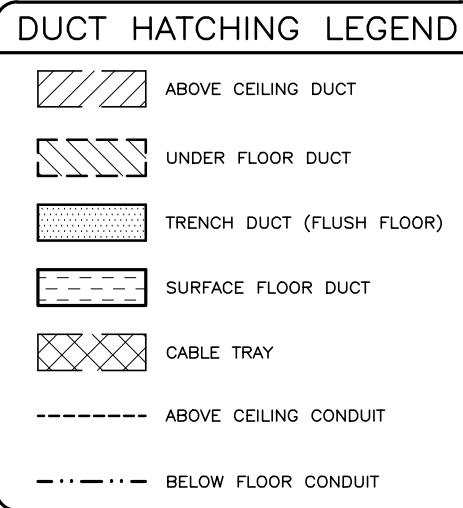
- * CALCULATIONS BASED UPON NOMINAL VOLTAGE, WIRE SIZE IN AWG.
- * RECOMMENDED FEEDER SIZES FROM DIST. DISCONNECT, CALCULATIONS ARE AT NOMINAL VOLTAGE BASED UPON 1/0 WIRE SIZE FROM ROOM DISCONNECT TO POWER CABINET WITH A MINIMUM RUN OF 25 FT.
- * NEUTRAL MUST BE TERMINATED INSIDE THE MAIN DISCONNECT PANEL, AND NOT AT ANY CABLE TRAY.

- * THE GROUNDING CONDUCTOR () WILL BE A 2 AWG MINIMUM, OR MEET LOCAL CODE REQUIREMENTS, WHICH IS THE FEEDER.
- * THIS GROUND WILL RUN FROM THE EQUIPMENT BACK TO THE POWER SOURCE/MAIN GROUNDING POINT AND ALWAYS TRAIL IN THE SAME CONDUIT AS THE FEEDERS.

- * MINIMUM WIRE SIZE FOR CIRCUIT BREAKER, BASED ON RECOMMENDED OVERCURRENT PROTECTION.
- * FOR A FULL SYSTEM UPS, REFER TO ELECTRICAL DETAILS FOR UPS FEEDER WIRING.
- * IF THE FEEDER IS BIGGER THAN 3/0, THE HOSPITAL MUST PROVIDE AND INSTALL A REDUCTION BOX

POWER SUPPLY VOLTAGE

RUN LENGTH IN FEET	324-396 500	342-418 500	360-440 380	378-462 380	396-484 380	414-506 480	432-528 480
	FEEDER GROUND	FEEDER GROUND	FEEDER GROUND	FEEDER GROUND	FEEDER GROUND	FEEDER GROUND	FEEDER GROUND
50	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)
100	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)	*1/0 (2)
150	3/0 (2)	2/0 (2)	2/0 (2)	1/0 (2)	1/0 (2)	1/0 (2)	1/0 (2)
200	4/0 (2)	4/0 (2)	3/0 (2)	3/0 (2)	2/0 (2)	2/0 (2)	*1/0 (2)
250	300M (3)	300M (2)	350M (2)	4/0 (2)	3/0 (2)	3/0 (2)	3/0 (2)
300	400M (3)	350M (2)	300M (2)	250M (2)	4/0 (2)	4/0 (2)	4/0 (2)
350	600M (3)	500M (2)	400M (2)	350M (2)	300M (2)	250M (2)	200M (2)
400	700M (3)	600M (2)	500M (2)	400M (2)	350M (2)	300M (2)	250M (2)



JUNCTION POINT DESCRIPTIONS			
	O POINT		THE FOLLOWING MATERIALS ARE TO BE SUPPLIED AND INSTALLED BY THE CUSTOMER'S ELECTRICAL CONTRACTOR
	DESCRIPTION	QTY.	HARDWARE DETAIL NO., SHT. E3
AT	AP COOLIX 4100 AUTOTRANSFORMER		EXTERNALLY CONNECTED TO 'CHLR' (WATER CHILLER)
AT	LATERAL COOLIX 4100 AUTOTRANSFORMER		EXTERNALLY CONNECTED TO 'CHLR' (WATER CHILLER)
C2	ATLAS CABINET	1	32 IN. OF GROMMET MATERIAL FOR AN 8 X 8 IN. OPENING IN DUCT COVER
C2	ATLAS CABINET	1	32 IN. OF GROMMET MATERIAL FOR AN 8 X 8 IN. OPENING IN DUCT COVER
C3	LATERAL CABINET	1	32 IN. OF GROMMET MATERIAL FOR AN 8 X 8 IN. OPENING IN DUCT COVER
CHLR	AP COOLIX 4100 WATER CHILLER	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
CHLR	LATERAL COOLIX 4100 WATER CHILLER	2	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
DC	AP DETECTOR CHILLER	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
DC	LATERAL DETECTOR CHILLER	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
IE	INJECTOR ELECTRONICS	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
IEC	INJECTOR CONTROL	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
IH	INJECTOR HEAD	1	EXTERNALLY CONNECTED AT TABLE BEE
IVUS	IVUS WORKSTATION	1	COVERPLATE 8 X 8 X 6 IN. BOX 3 IN. DIA. CHASE NIPPLE
LC1	INNOVA LC	1	24 X 24 X 12 IN. BOX SUITABLE LENGTH OF 6 IN. DIA. THREADED CONDUIT OR PIPE 6 IN. DIA. LOCKNUT
LC1	INNOVA LC	2	GE SUPPLIED FITTING 12 X 12 X 6 IN. BOX 6 IN. DIA. BUSHING 1 IN. DIA. BUSHING
LDC	LARGE DISPLAY CABINET	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
LDM	LARGE DISPLAY MONITOR	1	COVERPLATE 12 IN. DIA. CHASE NIPPLE 3/4 IN. DIA. CHASE NIPPLE 12 X 12 X 6 IN. FLUSH CEILING BOX
LMP	SURGICAL LAMP	2	COVERPLATE 4 X 4 X 4 IN. BOX 1/2 IN. DIA. CHASE NIPPLE
LP4	LATERAL POSITIONER	1	COVERPLATE 24 X 24 X 12 IN. FLUSH CEILING BOX DIVIDING PARTITION
LUS	OMEGA TABLE	1	COVERPLATE 12 IN. DIA. BUSHING & LOCKNUT 12 X 12 X 6 IN. BOX
PC	MAC LAB	1	COVERPLATE 12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER 8 X 8 X 6 IN. BOX 3 IN. DIA. CHASE NIPPLE
PDB	MAIN DISCONNECT	1	150-AMP PANEL INCLUDED IN ORDER
PDB1	LOCAL SERVICE DISCONNECT	1	150-AMP LOCAL SERVICE DISCONNECT (CUSTOMER SUPPLIED)
RDS1	EMERGENCY OFF	1	PROVIDE A SINGLE GANG, 2 1/8 IN. DEEP, FLUSH MTD. WALL BOX.
RDS2	EMERGENCY OFF	1	PROVIDE A SINGLE GANG, 2 1/8 IN. DEEP, FLUSH MTD. WALL BOX.
TRAM	REMOTE ACQUISITION UNIT	1	COVERPLATE 8 X 8 X 6 IN. FLOOR BOX 3 IN. DIA. CHASE NIPPLE
UPS	UPS CABINET	1	32 IN. OF GROMMET MATERIAL FOR AN 8 X 8 IN. OPENING IN DUCT COVER 6 IN. OF 2 IN. FLEX CONDUIT AND CONNECTORS
UPS1	3 KVA UPS	1	EXTERNALLY CONNECTED TO 'PDB' (MAIN DISCONNECT)
UPS3	3 KVA UPS (L.D. SUBSYSTEM)	1	EXTERNALLY CONNECTED TO LARGE DISPLAY CABINET - 'LDC'
WBBC	BOLUS WALLBOX	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
WBC1	OPERATORS CONSOLE	1	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
WBM1	TV MONITOR		SHARE SAME BOX CONNECTION AS 'LDM' (LARGE DISPLAY MONITOR)
WBM2	TV MONITOR	2	12 IN. OF GROMMET MATERIAL FOR A 3 X 3 IN. OPENING IN DUCT COVER
WC1	WATER CHILLER HOSE OUTLET	1	3 IN. CONDUIT STUBBED 2 IN. ABOVE FLOOR
WC1	WATER CHILLER HOSE OUTLET	1	6 X 6 X 6 IN. FLUSH CEILING BOX EMPTY 3 IN. CONDUIT FOR WATER LINE (SURFACE MOUNTED ON WALL)
WC2	WATER CHILLER HOSE OUTLET (TUBE END)	1	COVERPLATE 6 X 6 X 6 IN. BOX 3 IN. DIA. CHASE NIPPLE
XR8	XR BUZZER (LOCATED ABOVE CEILING)	1	COVERPLATE 4 X 4 X 4 IN. BOX 3/4 IN. DIA. CHASE NIPPLE
XR11	WARNING LIGHT	1	COVERPLATE SINGLE GANG BOX 'X-RAY ON' INCANDESCENT LIGHT FIXTURE - DO NOT USE FLUORESCENT FIXTURES.
XR1C	WARNING LIGHT CONTROLLER (AVAILABLE FROM GENC CALL 800-558-5102 OR LOCAL GE INSTALLATION PROJECT MGR.	1	E450DSS WARNING LIGHT ROOM LIGHT CONTROL OR EQUIVALENT MAX 24V CONTROLLER

CONTRACTOR SUPPLIED AND INSTALLED WIRING	
ELECTRICAL CONTRACTOR SHALL RING OUT AND TAG ALL WIRES AT BOTH ENDS.	
WIRE RUN, FROM — TO	QUANTITY, WIRE SIZE/COLOR
(30) 3 PHASE > PDB1	3-BLACK, 1-WHITE, 1-GREEN (REFER TO FEEDER TABLE)
(29) PDB1 > PDB	3-BLACK, 1-WHITE, 1-GREEN (REFER TO FEEDER TABLE)
(22) PDB > C1 (JEDI)	3-NO. 1 BLACK, 1-NO. 1 GREEN
(27) PDB > C3 (JEDI)	3-NO. 1 BLACK, 1-NO. 1 GREEN
(26) PDB > C2	3-NO. 8 BLACK, 1-NO. 8 GREEN
(19) PDB > UPS	6-NO. 6 BLACK, 2-NO. 6 WHITE, 2-NO. 4 GREEN
(22) PDB > AT <AP>	3-NO. 10 BLACK, 1-NO. 10 GREEN
(22) PDB > AT <LAT>	3-NO. 10 BLACK, 1-NO. 10 GREEN
(20) PDB > RDS1	2-NO. 14 BLACK, 2-NO. 14 WHITE, 1-NO. 14 GREEN
(21) PDB > RDS2	2-NO. 14 BLACK, 2-NO. 14 WHITE, 1-NO. 14 GREEN
(9) PDB > XRLC	2-NO. 14 BLACK, 2-NO. 14 WHITE, 1-NO. 14 GREEN
(7) PDB > XRL1	1-NO. 14 BLACK, 1-NO. 14 WHITE, 1-NO. 14 GREEN
(10) XRLC > 1 PHASE	1-NO. 14 BLACK, 1-NO. 14 WHITE, 1-NO. 14 GREEN
(14) LMP > 120V	2-NO. 14 BLACK, 1 NO. 14 GREEN


GE Healthcare

Healthcare Project Implementation – Design Center
 Milwaukee, Wisconsin

SHEET TITLE: ELECTRICAL LAYOUT

MODALITY TYPE: INNOVA IGS 620/630

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GET HEADSPACE EQUIPMENT AND ASSOCIATED APPARATUS, ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS. IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE, LOCAL ORDINANCES OR ACTUAL CONSTRUCTION PURPOSES. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

INTERVENTIONAL RADIOLOGY (IR) LAB

TYPICAL FINAL DRAWINGS

This drawing is based on Sketch No.:

PROJECT TITLE:

PROJECT	REVISION
4-72F	00

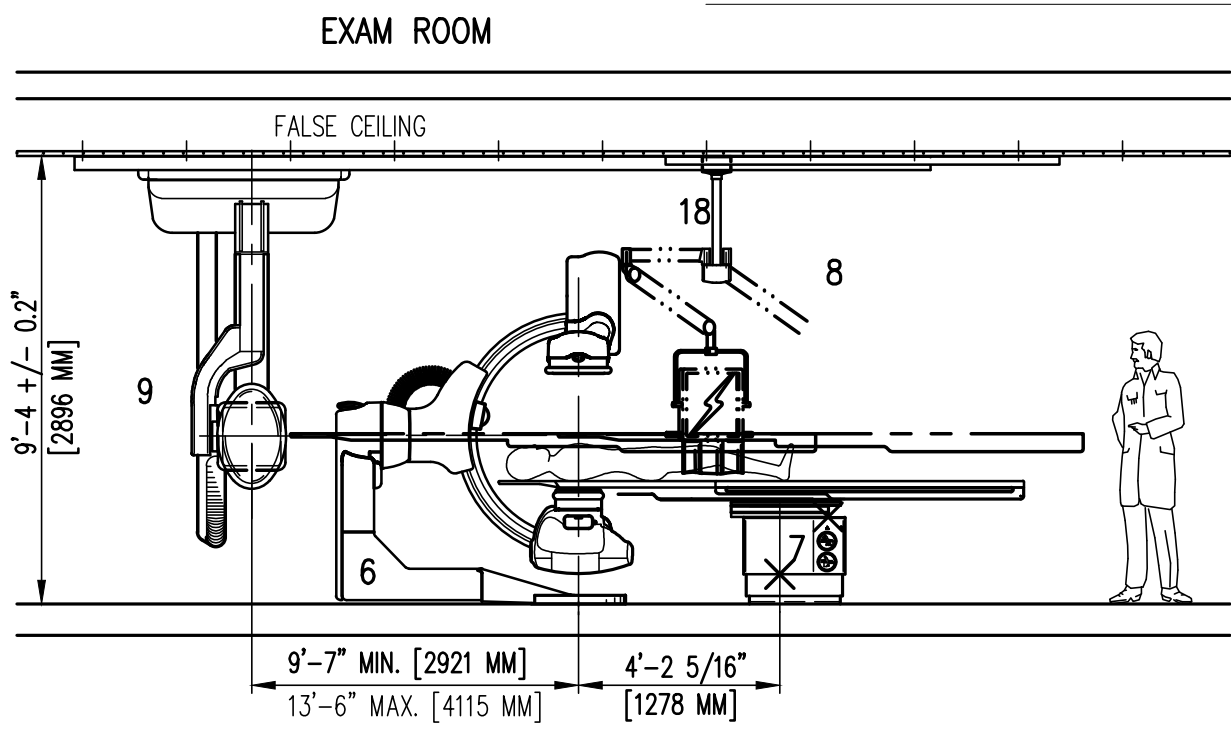
DATE: 18.Dec.13
DRAWN BY: JPH
CHECKED BY: TST

REVISION HISTORY:

SHEET
E1

INTERCONNECT DIAGRAM

TYPICAL VIEWS



EQUIPMENT DESCRIPTIONS

ITEM	DESCRIPTION	WEIGHT (lb)	HEAT DISSIPATION (btu)	DRAWING DESIGNATOR
1	XR BUZZER	2		XRB
2	ATLAS CABINET C2	630	4570	C2
3	ATLAS CABINET C1	890	4413	C1
4	ATLAS CABINET C3	705	2945	C3
5	DETECTOR CONDITIONER (FRONTAL)	33	709	DC
6	WATER CHILLER (FRONTAL)	447	18723	CHLR
7	DETECTOR CONDITIONER (LATERAL)	33	709	DC
8	WATER CHILLER (LATERAL)	447	16320	CHLR
9	20kva UPS CABINET	1170	4061	UPS
10	3kva UPS CABINET	81	546	UPS1
11	TV CEILING SUSPENSION (8 MONITOR)	630	1638	WBM1
12	INNOVA LC POSITIONER	1653	2416	LC1
13	INNOVA LP POSITIONER	1679	4126	LP4
14	OMEGA V LONG TABLE	1750	614	LU5
15	VOIM OPERATOR CONSOLE	22	546	WBC1
16	ROOM LIGHTS			RML1
17	XRAY WARNING LAMP			XRL1
18	XRAY WARNING LAMP CONTROLLER			XRLC
19	RDS1 PUSHBUTTON			RDS1
20	RDS2 PUSHBUTTON			RDS2
21	PDB MAIN DISCONNECT	899	2215	PDB
22	LOTO DISCONNECT BREAKER			PDB1

OPTIONS

ITEM	DESCRIPTION	WEIGHT (lb)	HEAT DISSIPATION (btu)	DRAWING DESIGNATOR
23	BOLUS CHASE HANDSWITCH	2		WBBC
24	ADVANTAGE WINDOWS WORKSTATION	81	1201	AW
25	IVUS VOLCANO CONSOLE	68	1631	IVUS
26	IVUS VOLCANO COLOR PRINTER	X	X	CP
27	INJECTOR HEAD	15		IH
28	INJECTOR ELECTRONICS	37	320	IE
29	REMOTE CONTROL FOR INJECTOR	4		LMP
30	LAMP (RADIATION SHIELD TRACK)	143		LDC
31	LD CABINET	254	3412	LDM
32	LD MONITOR	784	1706	LDP
33	MICRO PACE	X	X	MP
34	MACH 3 TRANSFORMER	70	X	M3T
35	SKYTRON LAMP	50	341	SL
36	PHYSIO. PRINTER	X	309	---
37	150 KVA UPS	2160	31802	UPS
38	UPS BATTERY CABINET	3529	X	---
39	MAIN BYPASS PANEL	350	X	MBP
40	3kva UPS CABINET	81	546	UPS3
41	AUTO TRANSFORMER	66	239	AT

FULL SIZE UPS (OPTIONAL)

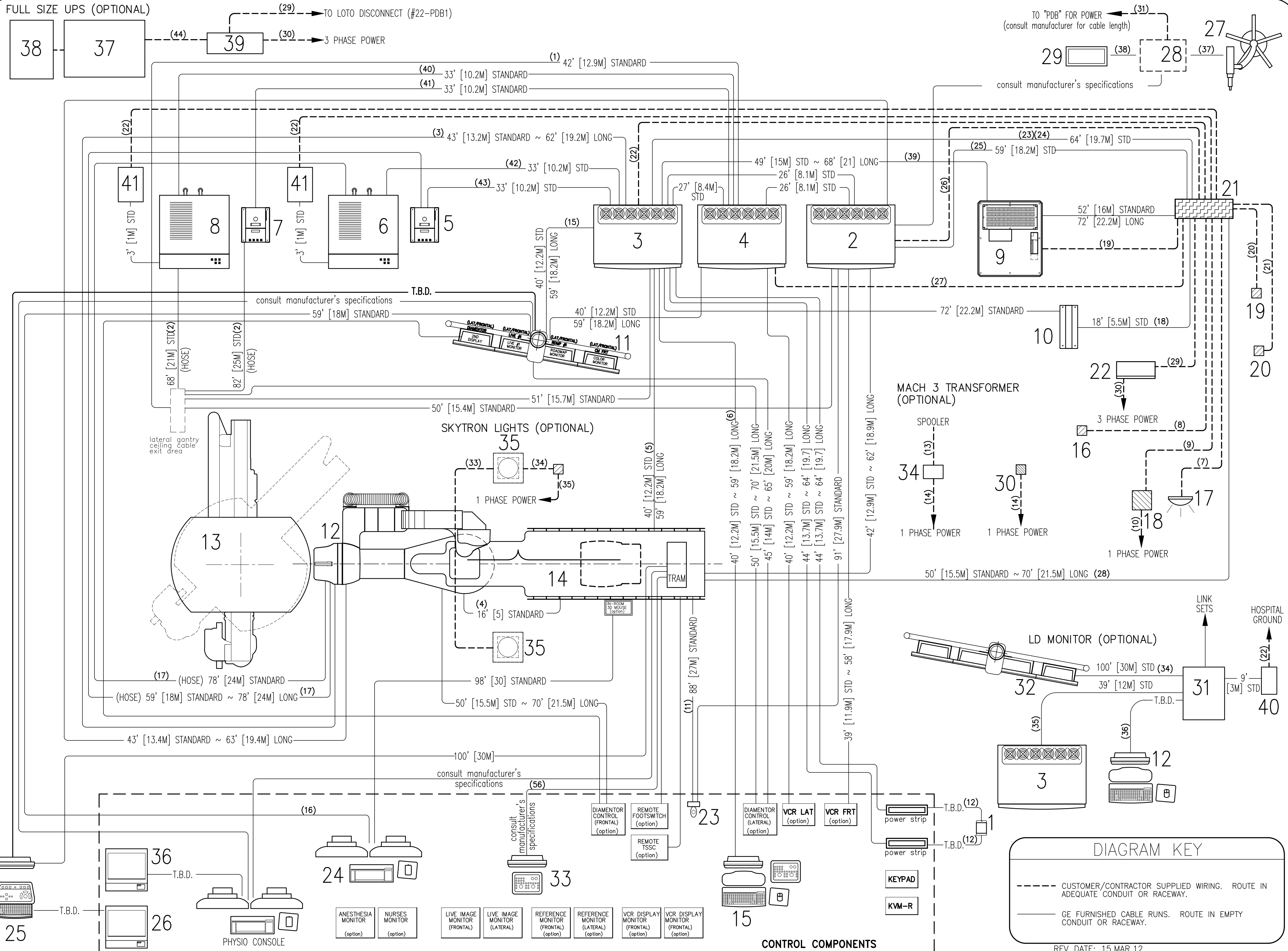


DIAGRAM KEY

- CUSTOMER/CONTRACTOR SUPPLIED WIRING. ROUTE IN ADEQUATE CONDUIT OR RACEWAY.
- GE FURNISHED CABLE RUNS. ROUTE IN EMPTY CONDUIT OR RACEWAY.

REV DATE: 15.MAR.12

POWER SPECIFICATIONS

INNOVA SYSTEMS
REV. DATE: 01/04/07

VOLTAGE PRIMARY SOURCE IS REQUIRED FOR ALL INSTALLATIONS.
RANGE OF LINE VOLTAGES
NOMINAL LINE VOLTAGE OF 360 TO 480, 3 PHASE, 50 OR 60 HZ

REQUIRED POWER SUPPLY: WYE DISTRIBUTION

MAXIMUM DAILY VOLTAGE VARIATION MUST FALL WITHIN ONE OF THE RANGES IN TABLE A.

TABLE A
ALLOWABLE
INPUT
VOLTAGES/
CURRENT
DEMAND

NOMINAL VOLTAGE	NORMAL RANGE ±10 PERCENT	CURRENT (AMPS)	
		MAX MOMENTARY	CONTINUOUS
360	324-396	304	32
380	342-418	289	31
400	360-440	274	29
420	378-462	264	28
440	396-484	249	26
460	414-506	238	25
480	432-528	228	24

ALL CALCULATIONS BASED UPON NOMINAL VOLTAGE

NOTE LOW LINE CONDITIONS MAY INHIBIT SOME HIGH KVP TECHNIQUES.
THE GENERATOR AUTOMATICALLY ESTABLISHES THESE INHIBITS
BASED ON ACTUAL LINE CONDITIONS AND SYSTEM REGULATION.

PHASE-
BALANCE.

PHASE-TO-PHASE VOLTAGES MUST BE WITHIN +2 PERCENT
OF THE LOWEST PHASE-TO-PHASE VOLTAGE. MAXIMUM ALLOWABLE
TRANSIENT VOLTAGE EXCURSIONS ARE 2.5 PERCENT OF RATED
LINE VOLTAGE AT A MAXIMUM DURATION OF 5 CYCLES AND
FREQUENCY OF 10 TIMES PER HOUR.

POWER
DEMAND

CONTINUOUS POWER DEMAND = 20KVA. (MAX DEMAND = 171 KVA)

TABLE B
MAXIMUM
MOMENTARY
POWER
DEMAND.

DEMAND	ADVANTX 100
kVa * POWER FACTOR AT	171 0.9
mA	1250
kVp	80

* DEMAND INCLUDES POWER FOR ENTIRE ADVANTX SYSTEM.
LINE VOLTAGE REGULATION AT MAXIMUM POWER DEMAND
MUST BE LESS THAN OR EQUAL TO 6 PERCENT.

DISTRI-
BUTION
TRANS-
FORMER FOR A SINGLE UNIT INSTALLATION, THE MINIMUM TRANSFORMER SIZE
IS 225 KVA.

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.

GE Healthcare

SHEET TITLE: ELECTRICAL SPECIFICATIONS
MODALITY TYPE: INNOVA ICS 620/630

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT
AND ASSOCIATED 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 (NEC) AND/OR
LOCAL ELECTRICAL CODES. HOWEVER, THE USER SHALL BE RESPONSIBLE FOR
VERIFYING THE CODES AND THE COMPANY CANNOT ACCEPT
RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

INTERVENTIONAL
RADIOLOGY (IR) LAB
TYPICAL FINAL DRAWINGS

PROJECT TITLE:

PROJECT REVISION
4-72F 00

DATE: 18.Dec.13
DRAWN BY: JPH
CHECKED BY: TST

REVISION HISTORY:

SHEET

E2

ELECTRICAL DETAIL
HORIZONTAL WALL DUCT (TYPICAL)

ELEC-5
REV. DATE: 03/19/04

REFER TO CHART FOR MINIMUM DIVIDER REQUIREMENT
LOCAL CODES MAY REQUIRE ADDITIONAL DIVIDERS

DUCT WIDTH	MINIMUM DIVIDERS REQUIRED
24" [610mm]	2
18" [457mm]	2
10" [254mm]	2
6" [152mm]	1
4" [102mm]	1

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
VERTICAL WALL DUCT (TYPICAL)

ELEC-6
REV. DATE: 03/19/04

REFER TO CHART FOR MINIMUM DIVIDER REQUIREMENT
LOCAL CODES MAY REQUIRE ADDITIONAL DIVIDERS

DUCT WIDTH	MINIMUM DIVIDERS REQUIRED
24" [610mm]	2
18" [457mm]	2
10" [254mm]	2
6" [152mm]	1
4" [102mm]	1

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
CONDUITS THRU-FLOOR (TYPICAL)

ELEC-9
REV. DATE: 08/08/94

1.5" (38 mm) TYP.

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
INNOVA BI-PLANE MAIN DISCONNECT PANEL

ELEC-143
REV. DATE: 08/30/07

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
HORIZONTAL WALL DUCT (TYPICAL)

ELEC-5A
REV. DATE: 06/16/08

2" x 4" OPENING
CUT INTO TOP OF DUCT
FOR 12" OF GROMMETED
MATERIAL

DUCT WIDTH	MINIMUM DIVIDERS REQUIRED
24" [610mm]	2
18" [457mm]	2
10" [254mm]	2
6" [152mm]	1
4" [102mm]	1

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
INSITE CONNECTION (TYPICAL)

ELEC-1
REV. DATE: 04/24/02

ONE OF THE FOLLOWING TWO SELECTIONS MUST BE INSTALLED AT THE LOCATION SHOWN ON THE ELECTRICAL PLAN (SHEET E1) FOR GE INSITE CONNECTION BASED UPON SYSTEM CONFIGURATION.

A) ONE INTERNET ACCESSIBLE VIRTUAL PRIVATE NETWORK (VPN) CONNECTION WITH A STATIC IP ADDRESS, AND ONE TELEPHONE LINE - DEDICATED-DIRECT-DIALING, VOICE GRADE.

OR

B) TWO TELEPHONE LINES - ONE DEDICATED DIRECT-DISTANCE-DIALING, VOICE GRADE AND ONE A DEDICATED DATA LINE.

ALL ITEMS ILLUSTRATED ARE TO BE FURNISHED AND INSTALLED BY CUSTOMER OR THEIR CONTRACTOR.

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
BOX WITH COVERPLATE AND NETWORK JACK

ELEC-83
REV. DATE: 10/06/98

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.

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
BOX WITH COVERPLATE (TYPICAL)

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

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
J.B. / WALL DUCT DETAIL (TYPICAL)

ELEC-2
REV. DATE: 09/30/94

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
FLOOR BOX WITH NIPPLES (TYPICAL)

ELEC-13
REV. DATE: 09/30/94

0.5" (13 mm) TYP.

DETAIL NOT TO SCALE

ELECTRICAL DETAIL
X-RAY WARNING LIGHT & ROOM LIGHT CONTROL PANEL

ELEC-157
REV. DATE: 04/23/09

CONTROL PANEL CAN BE LOCATED ABOVE THE CEILING NEAR THE WARNING LIGHT

UNLESS SPECIFIED ON SHEET A1 AS BEING INCLUDED ON EQUIPMENT ORDER, ALL ITEMS ILLUSTRATED ARE TO BE FURNISHED AND INSTALLED BY CUSTOMER'S CONTRACTOR

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

GE Healthcare

Healthcare Project Implementation - Design Center

Minneapolis, Wisconsin

ELECTRICAL DETAILS

SHEET TITLE: INNOVA ICS 620/630

MODALITY TYPE: INNOVA ICS 620/630

THIS PLAN IS SUBMITTED TO REQUEST 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 TO DETAILS OF THE MANUFACTURER'S LATEST CATALOGS. THE USER SHALL BE RESPONSIBLE FOR ACTUAL CONSTRUCTION. GE HEALTHCARE DOES NOT ACCEPT ANY LIABILITY OR RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

INTERVENTIONAL RADIOLOGY (IR) LAB

TYPICAL FINAL DRAWINGS

PROJECT TITLE:

PROJECT: 4-72F

REVISION: 00

DATE: 18.Dec.13

DRAWN BY: JPH

CHECKED BY: TST

REVISION HISTORY:

SHEET

E3

This drawing is based on Sketch No.: PIM R2 RQ - 140191

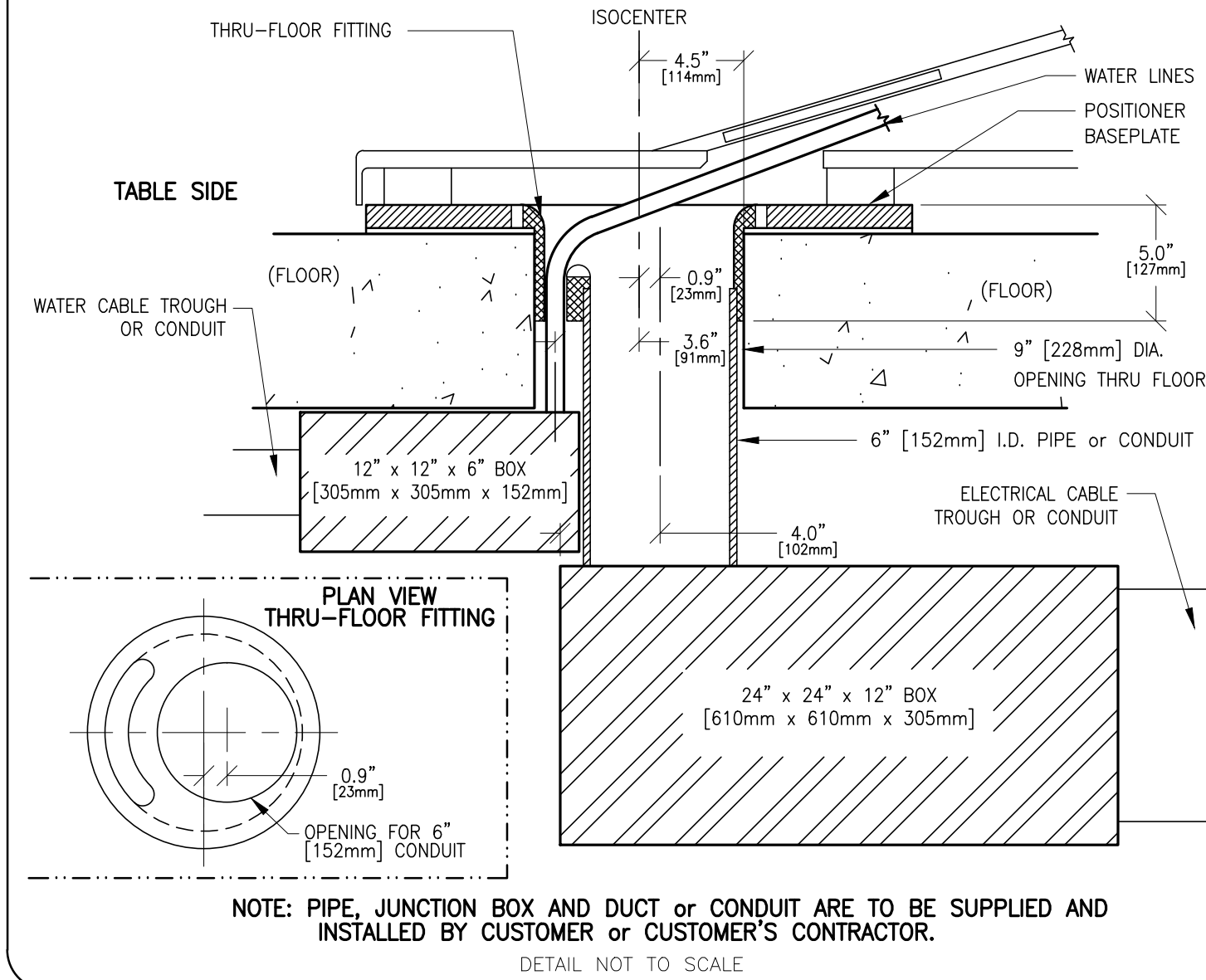
ELEC-16
REV. DATE: 05/14/09



ELEC-48
REV. DATE: 01/04/96



ELEC-100
REV. DATE: 03/30/04



ELEC-00B
REV. DATE: 12/06/11



RQ - 140191

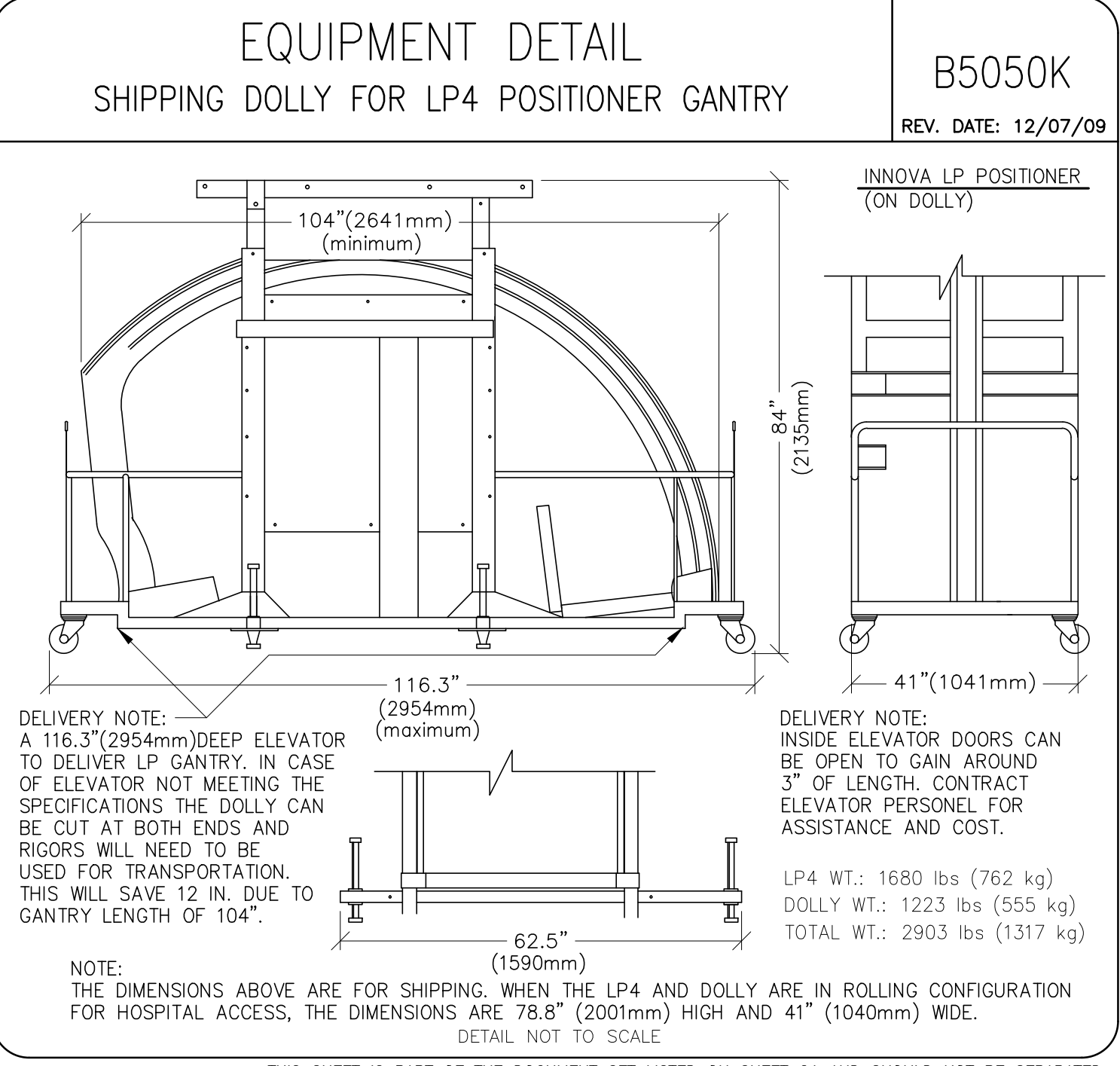
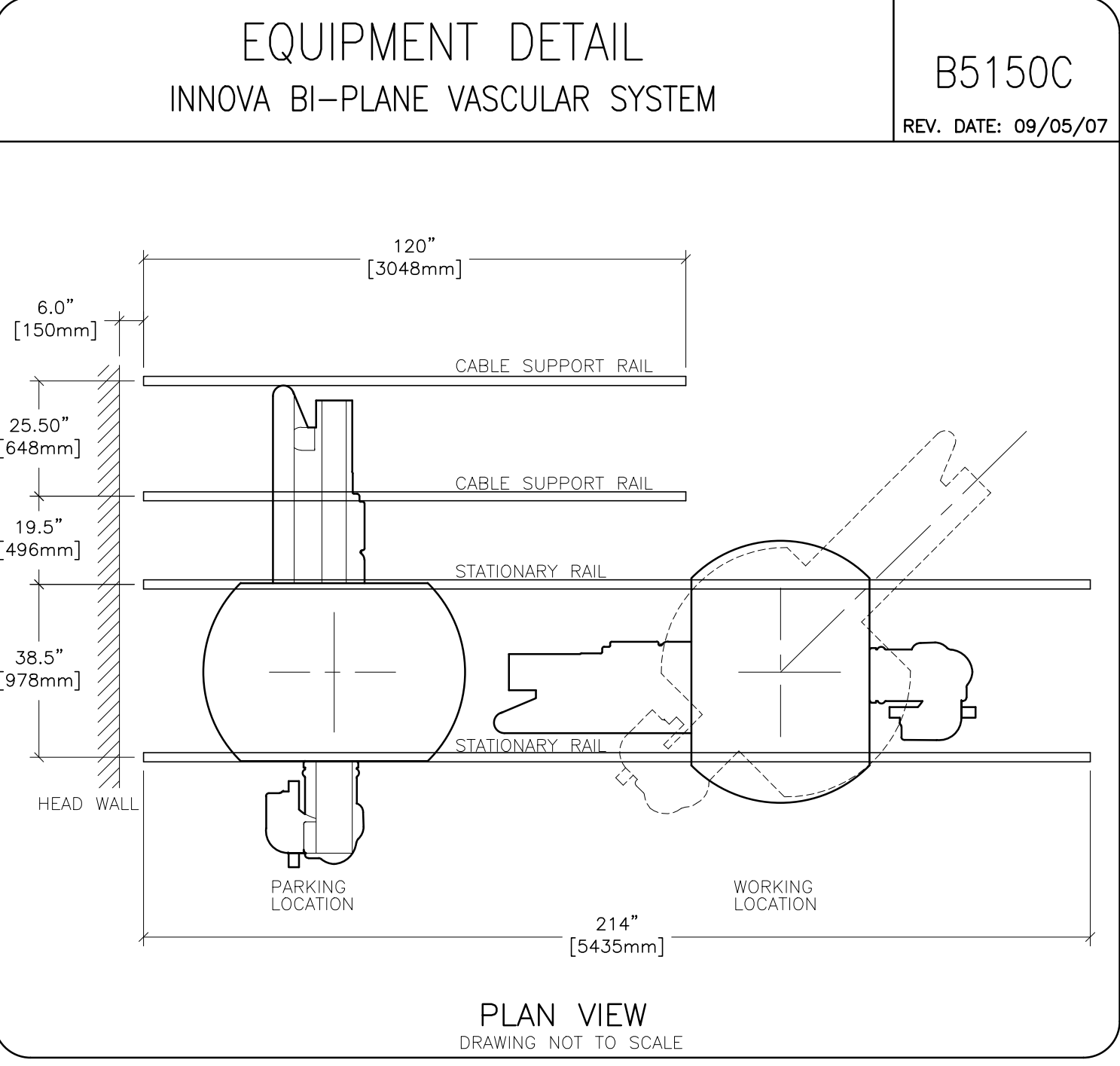
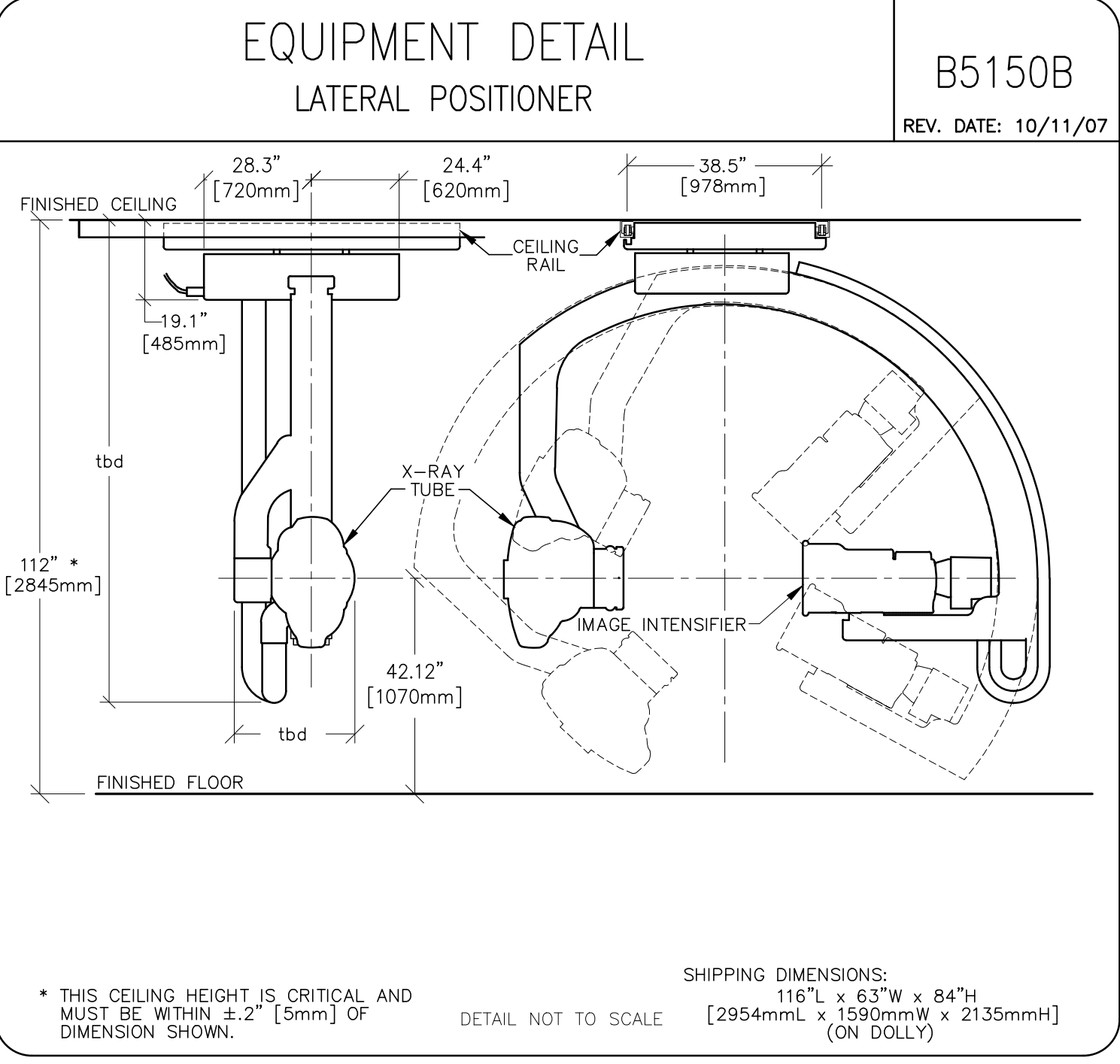
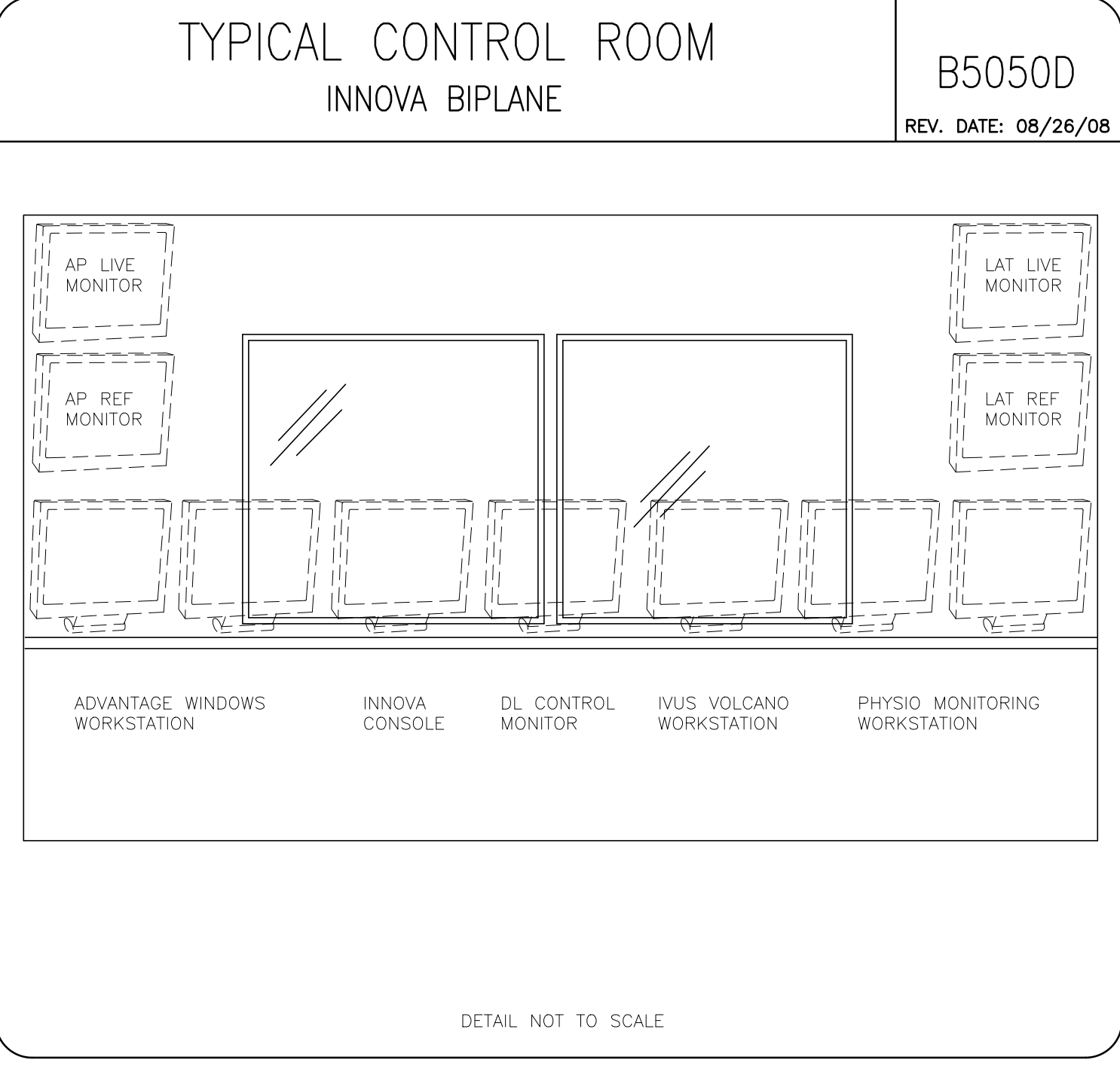
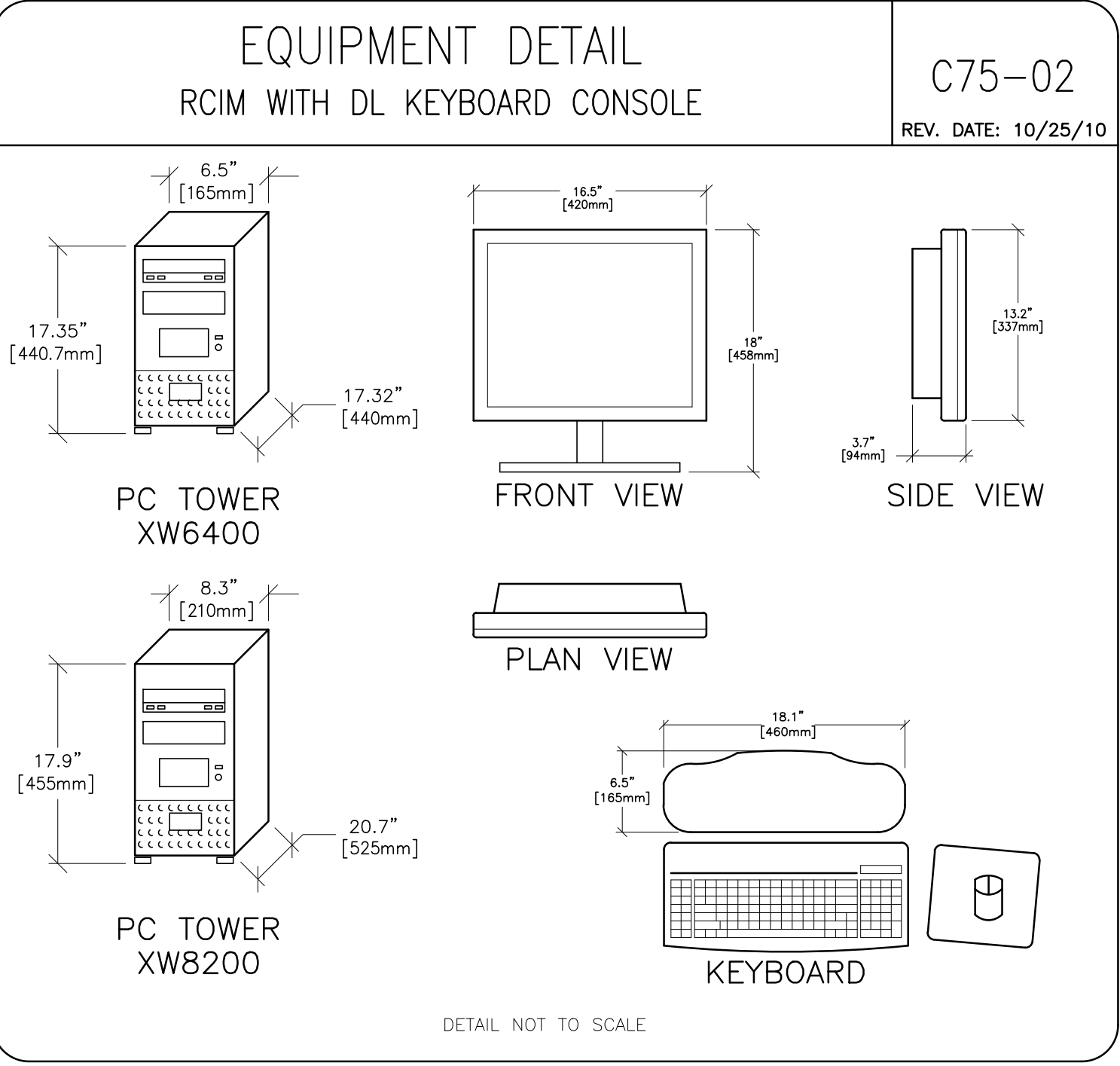
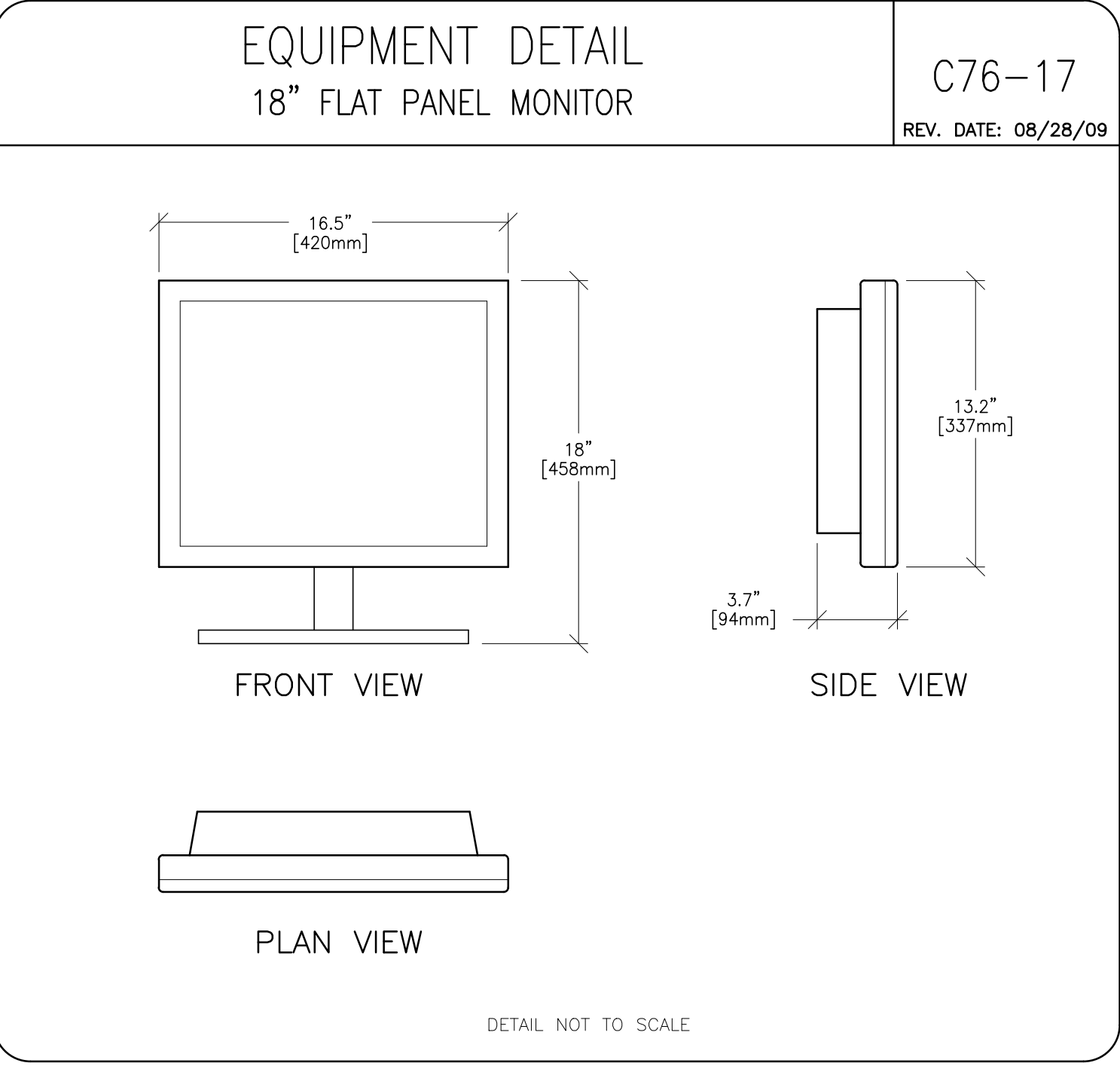
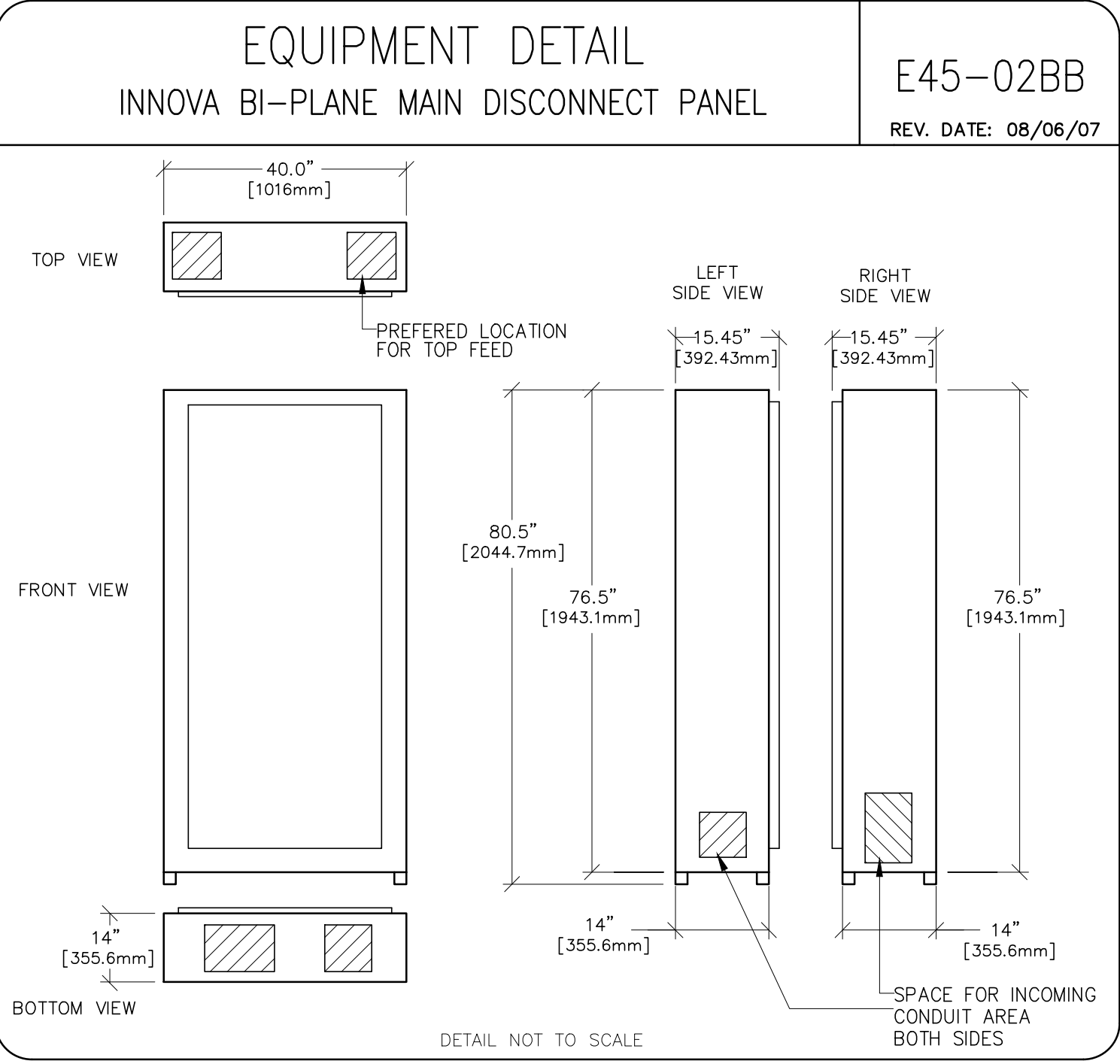
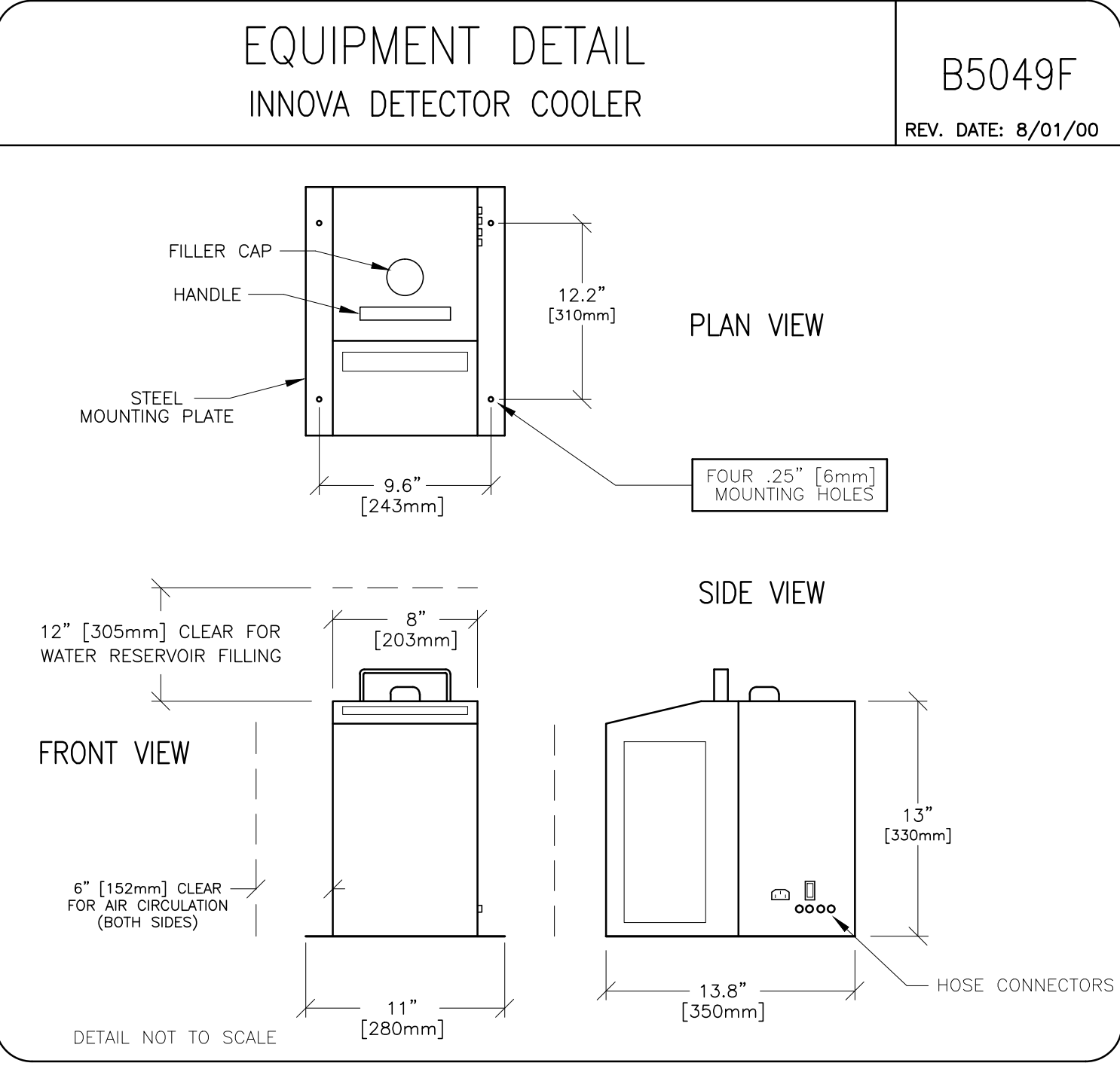
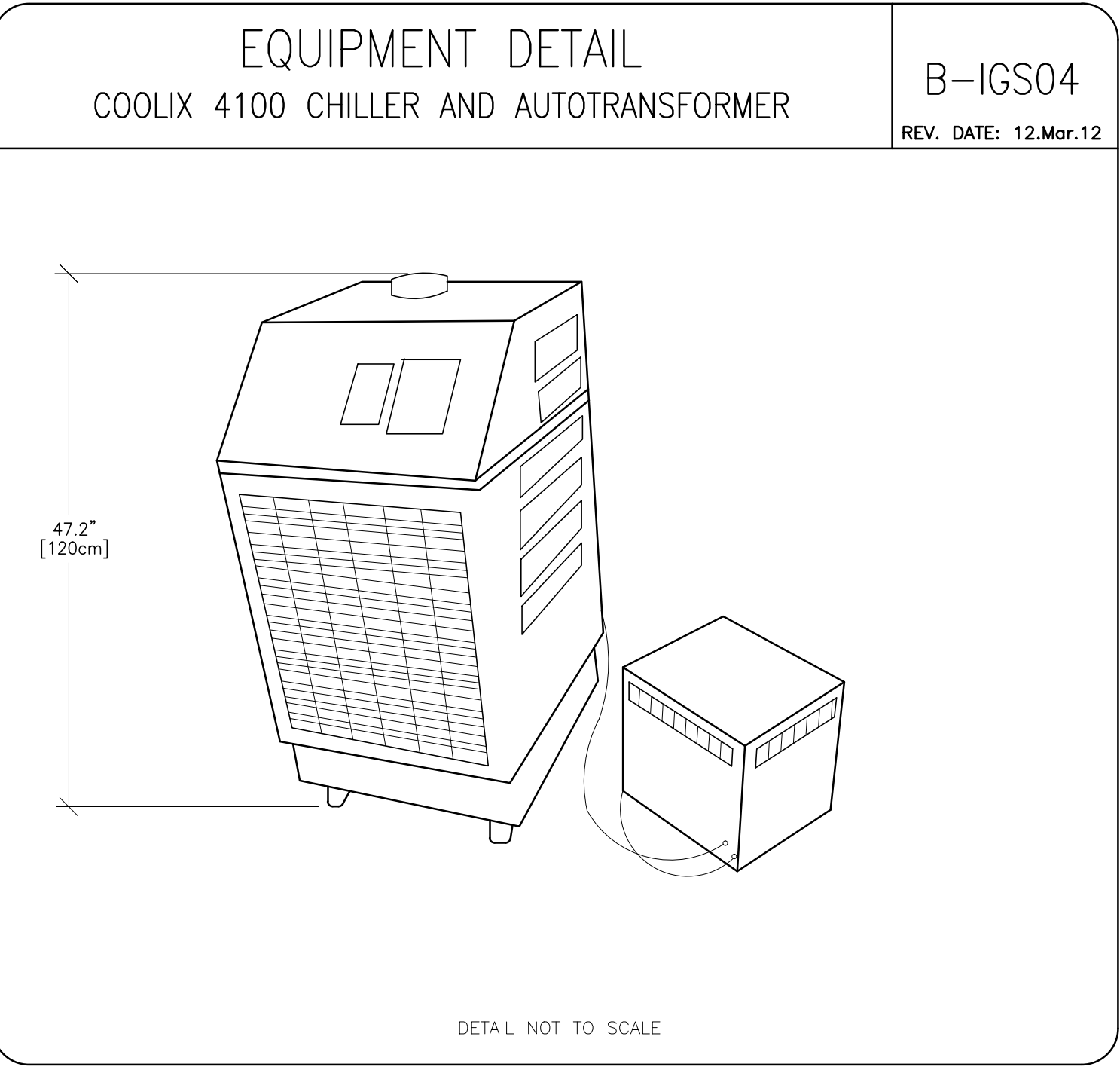
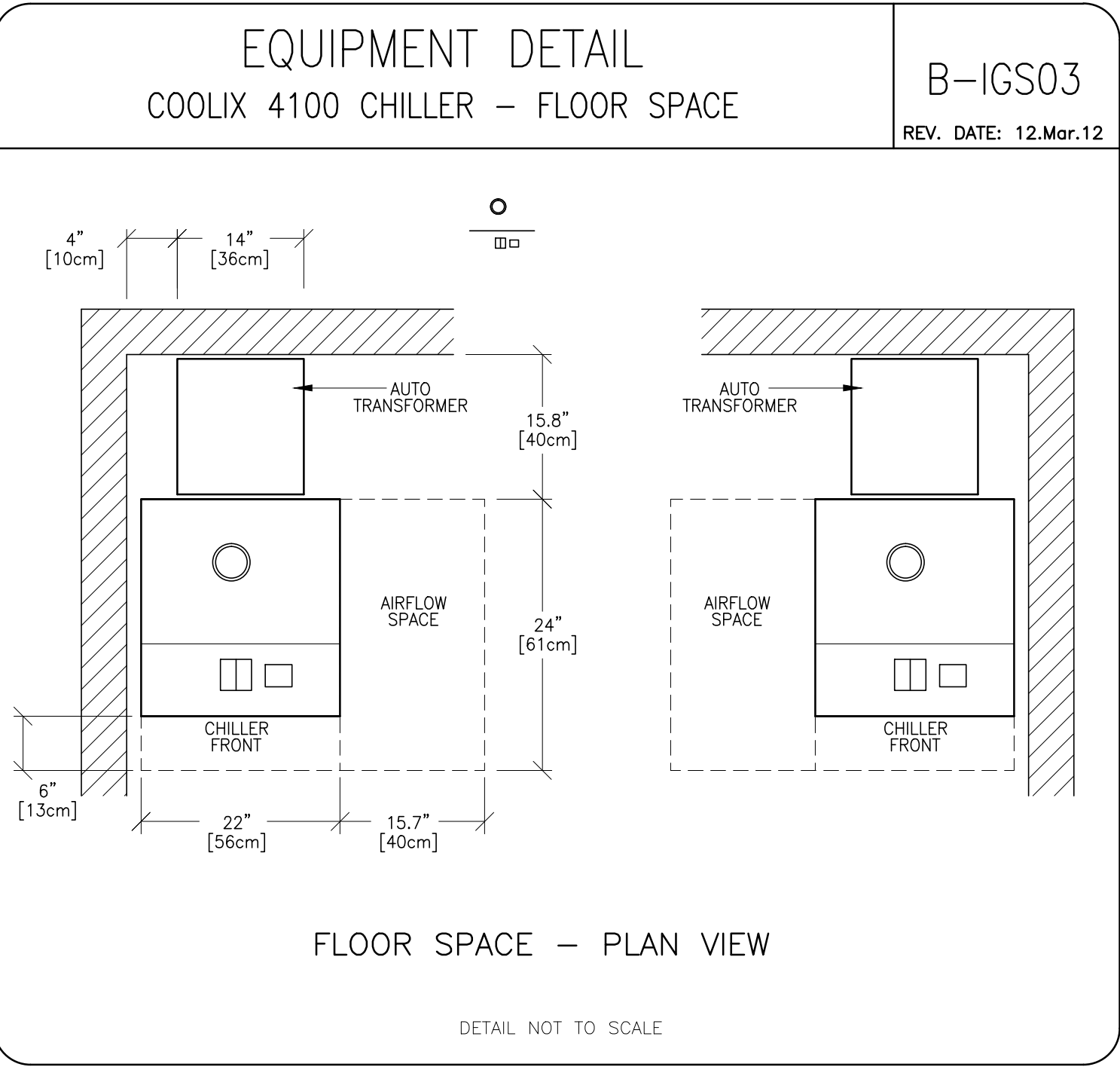
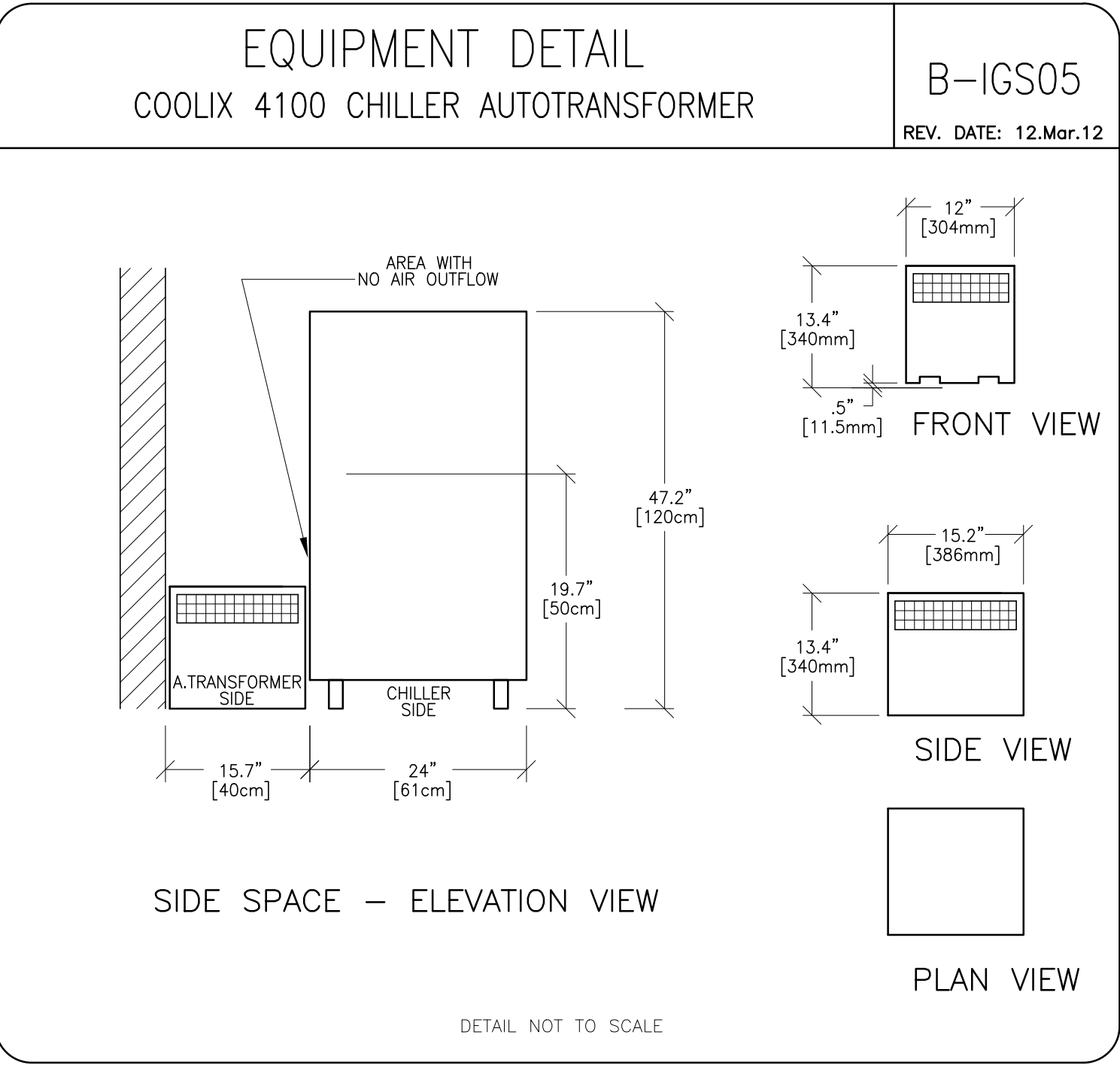
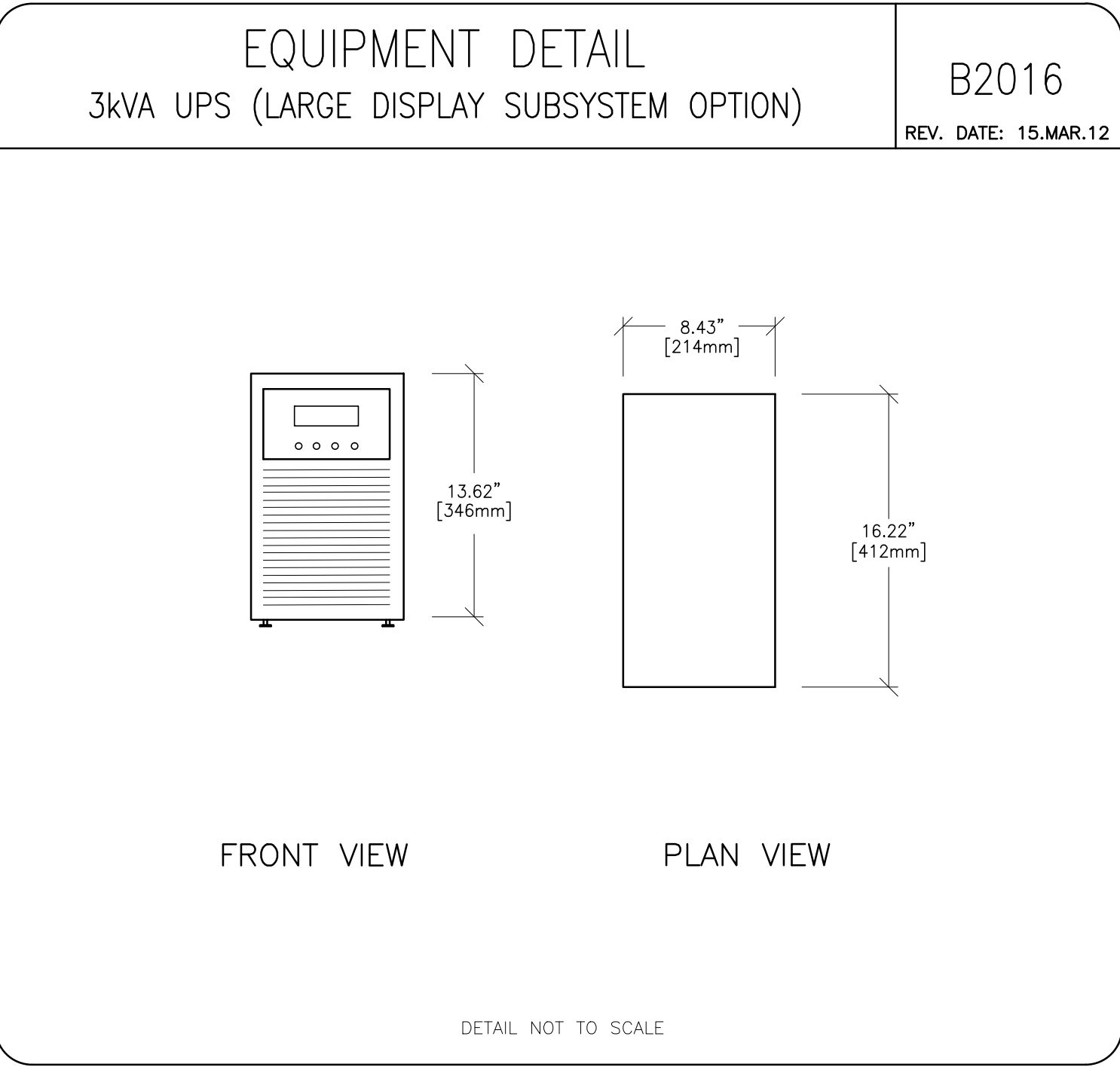
REVISION HISTORY:

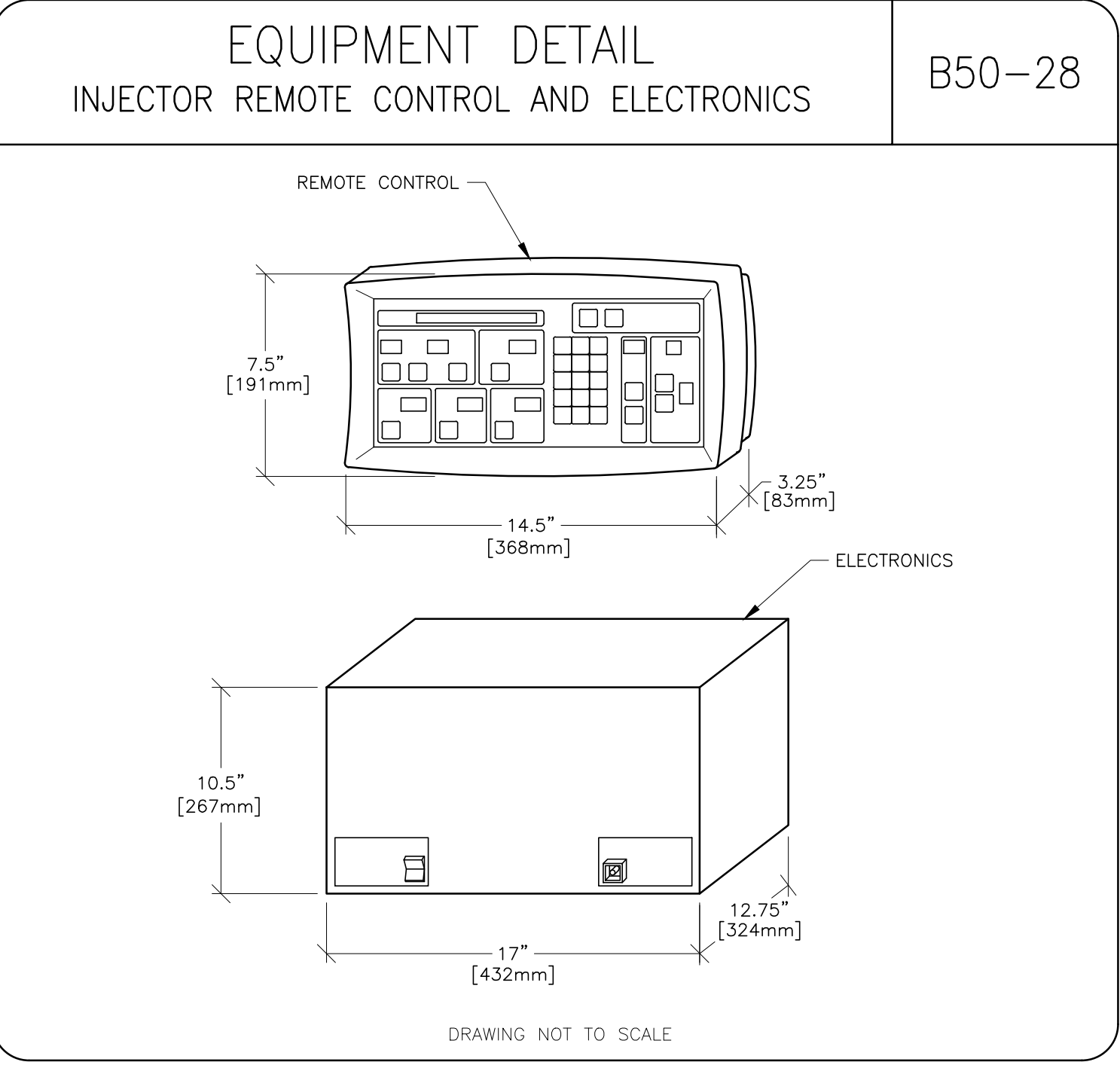
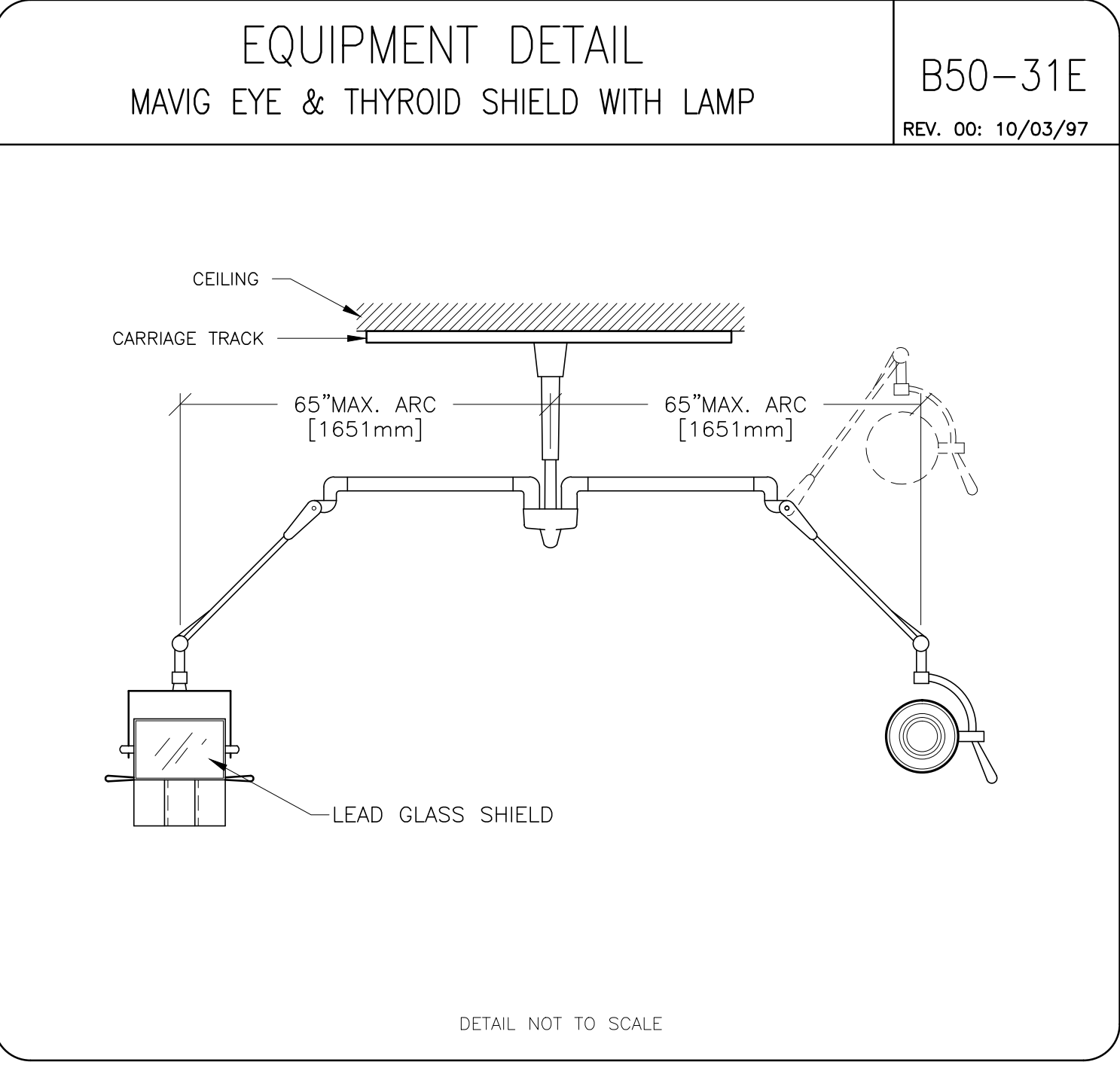
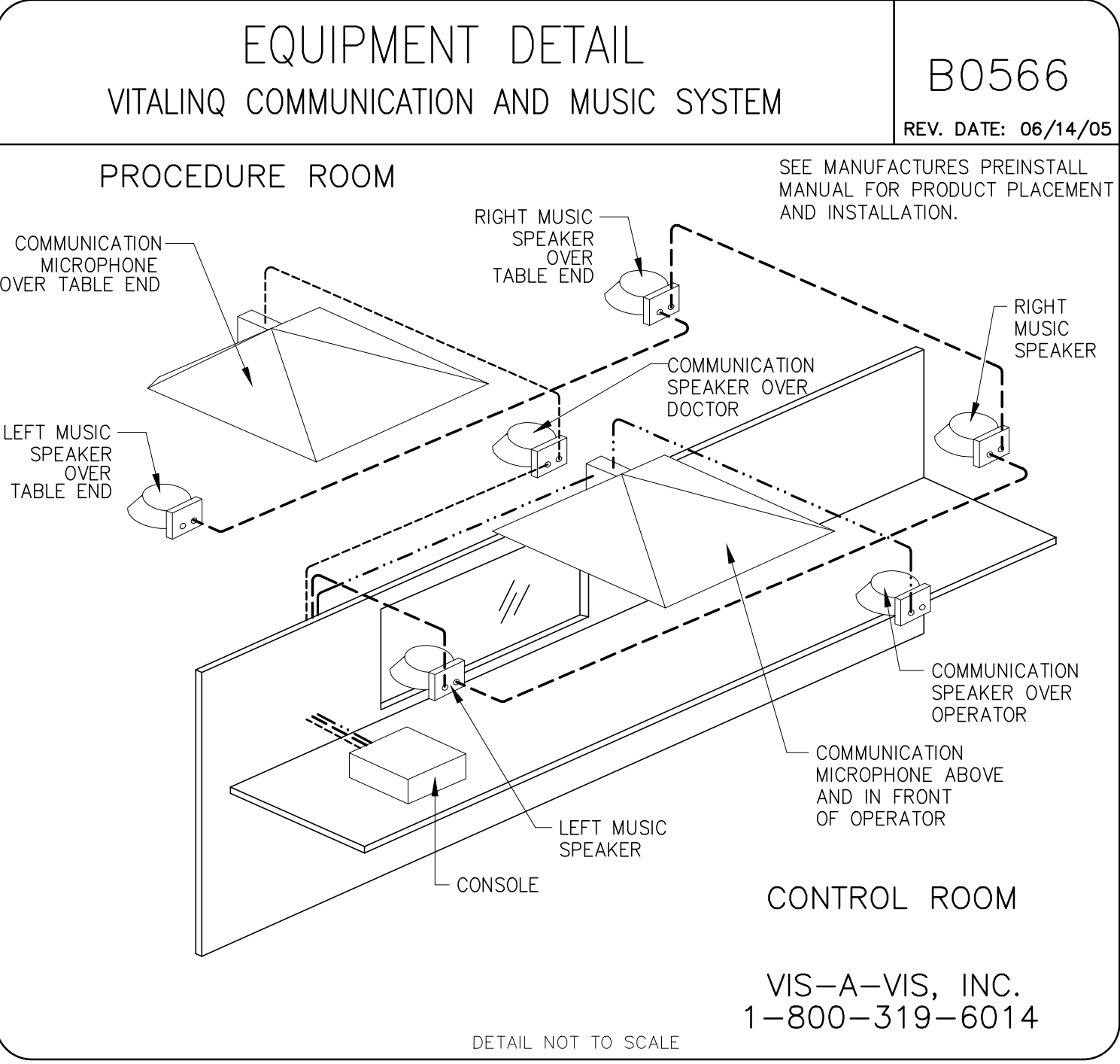
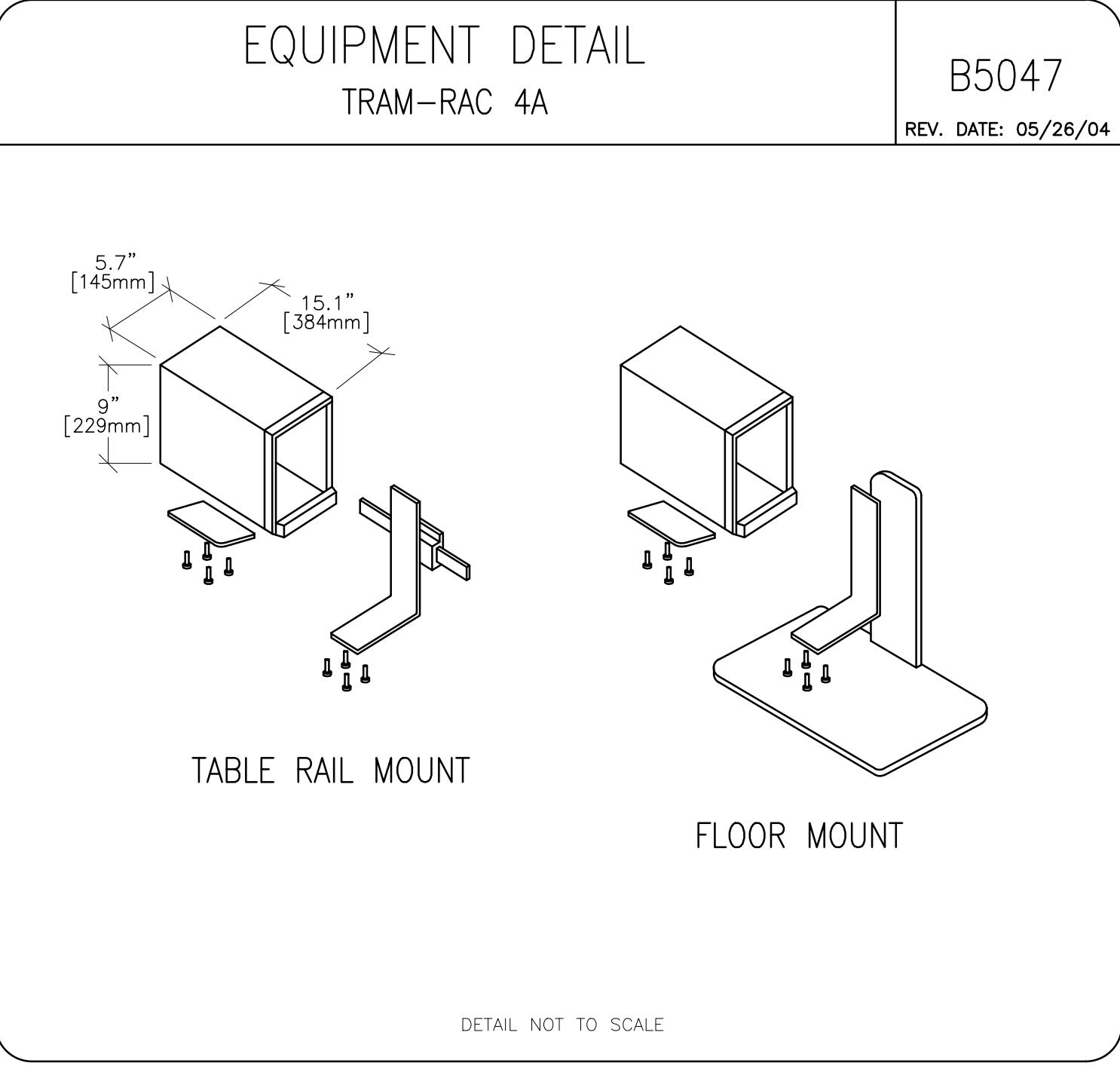
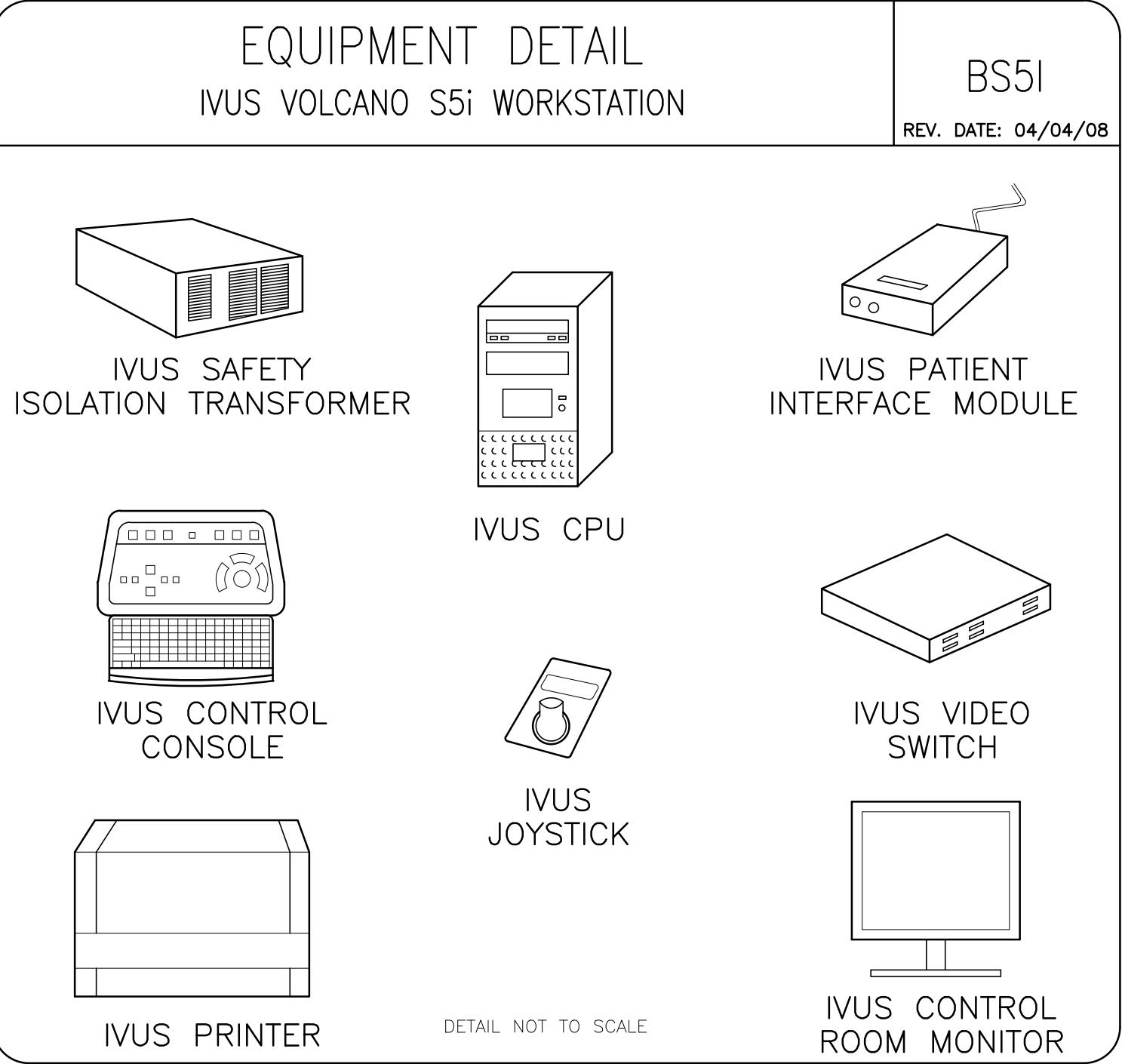
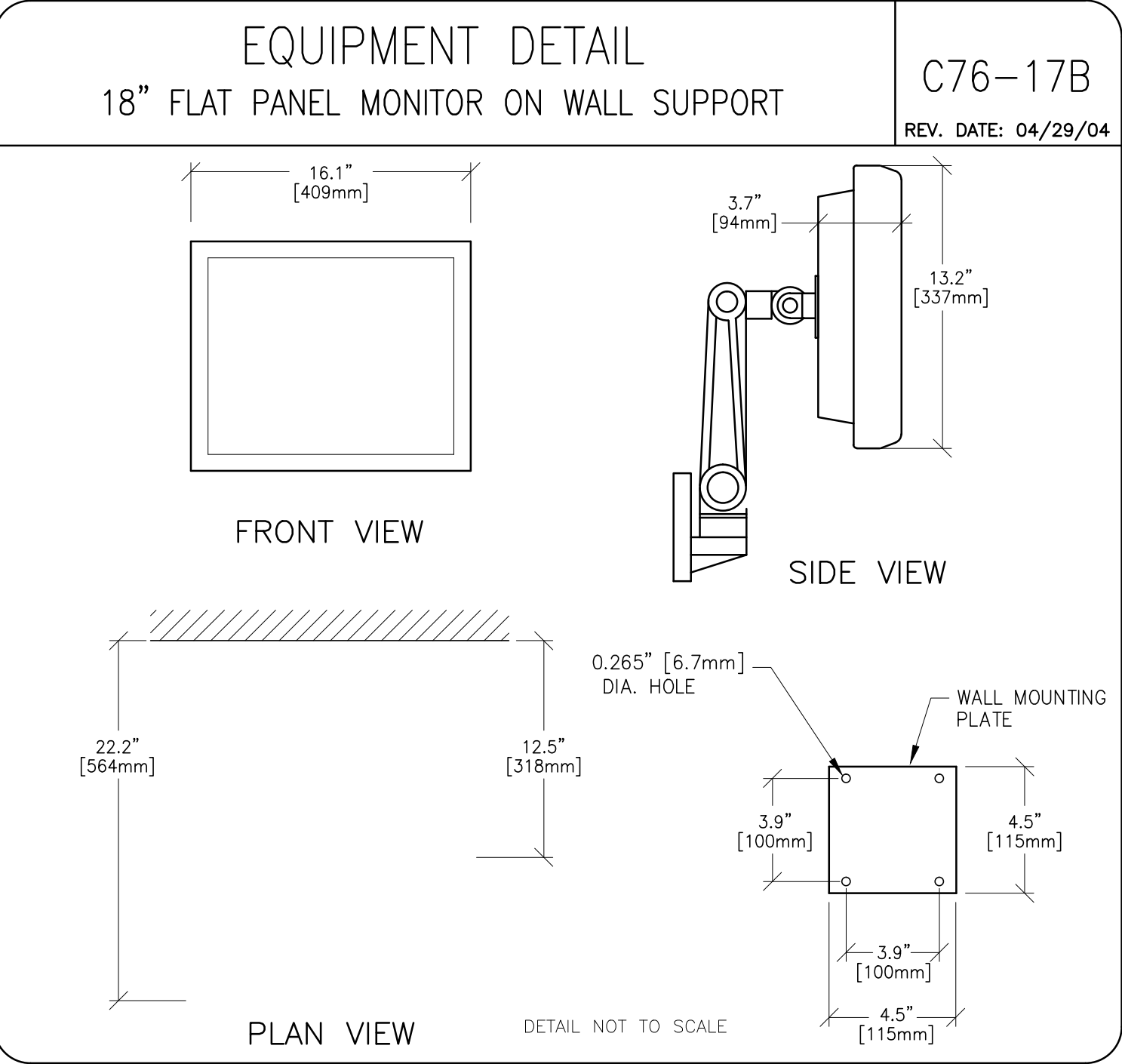
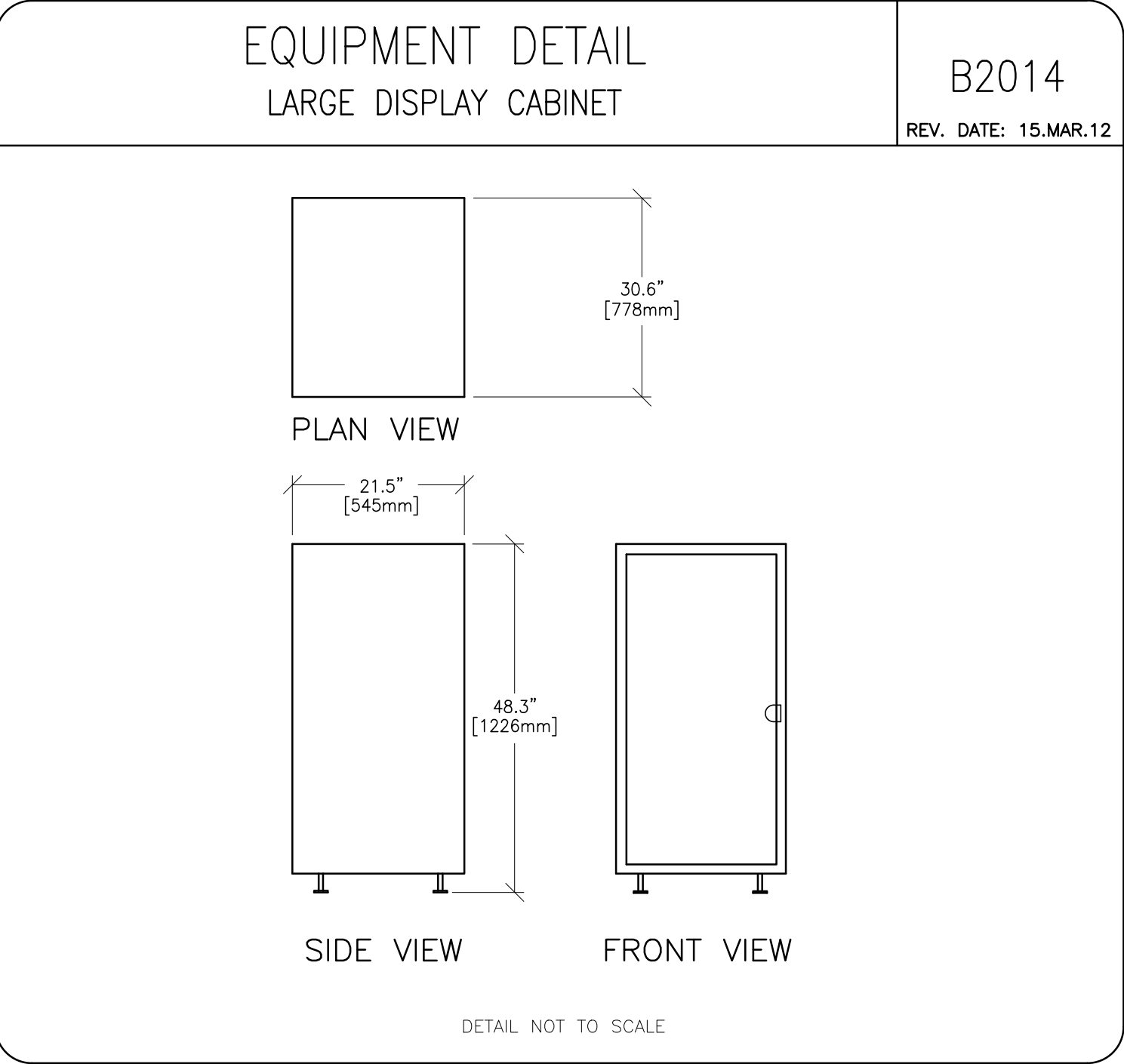
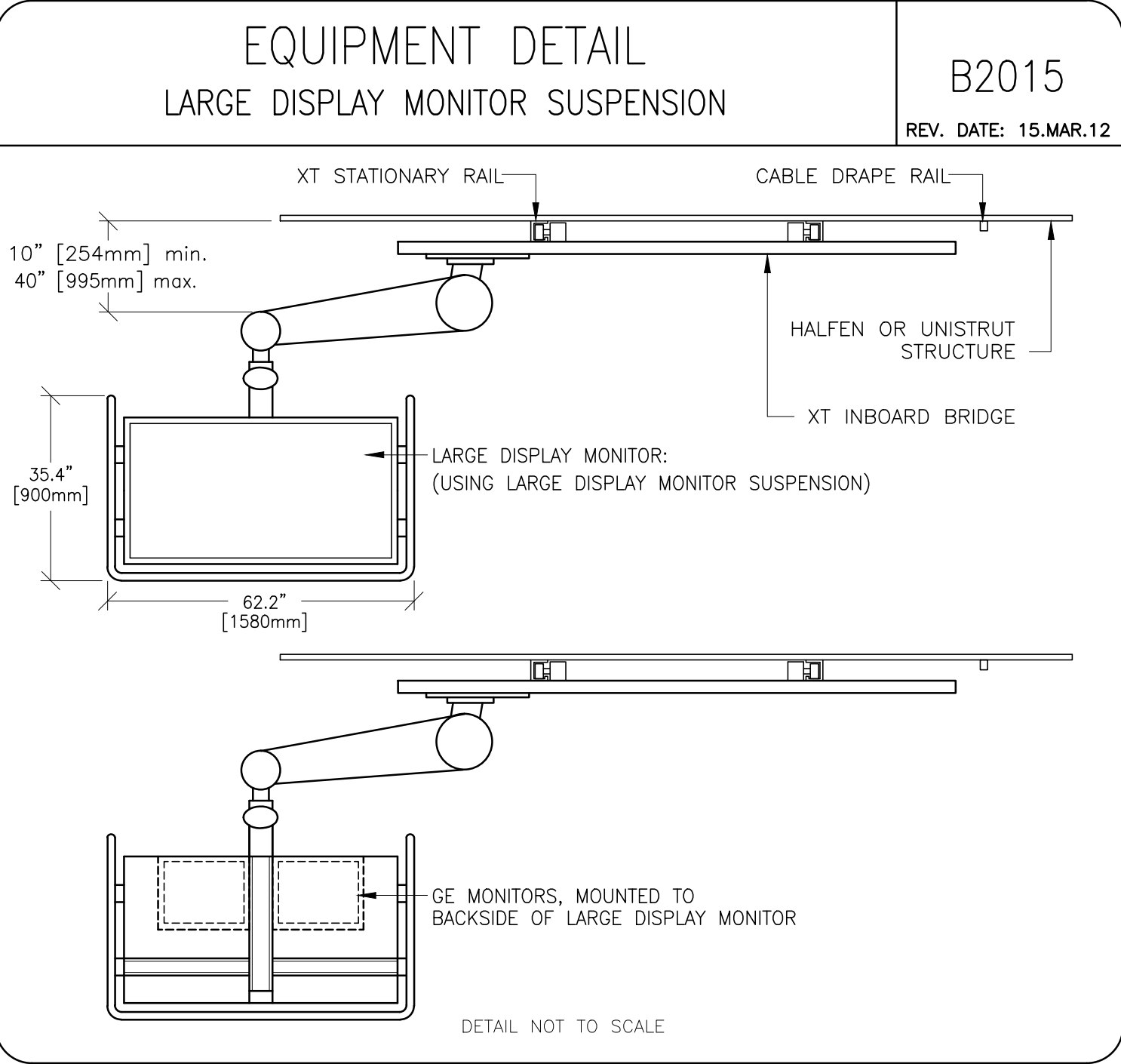
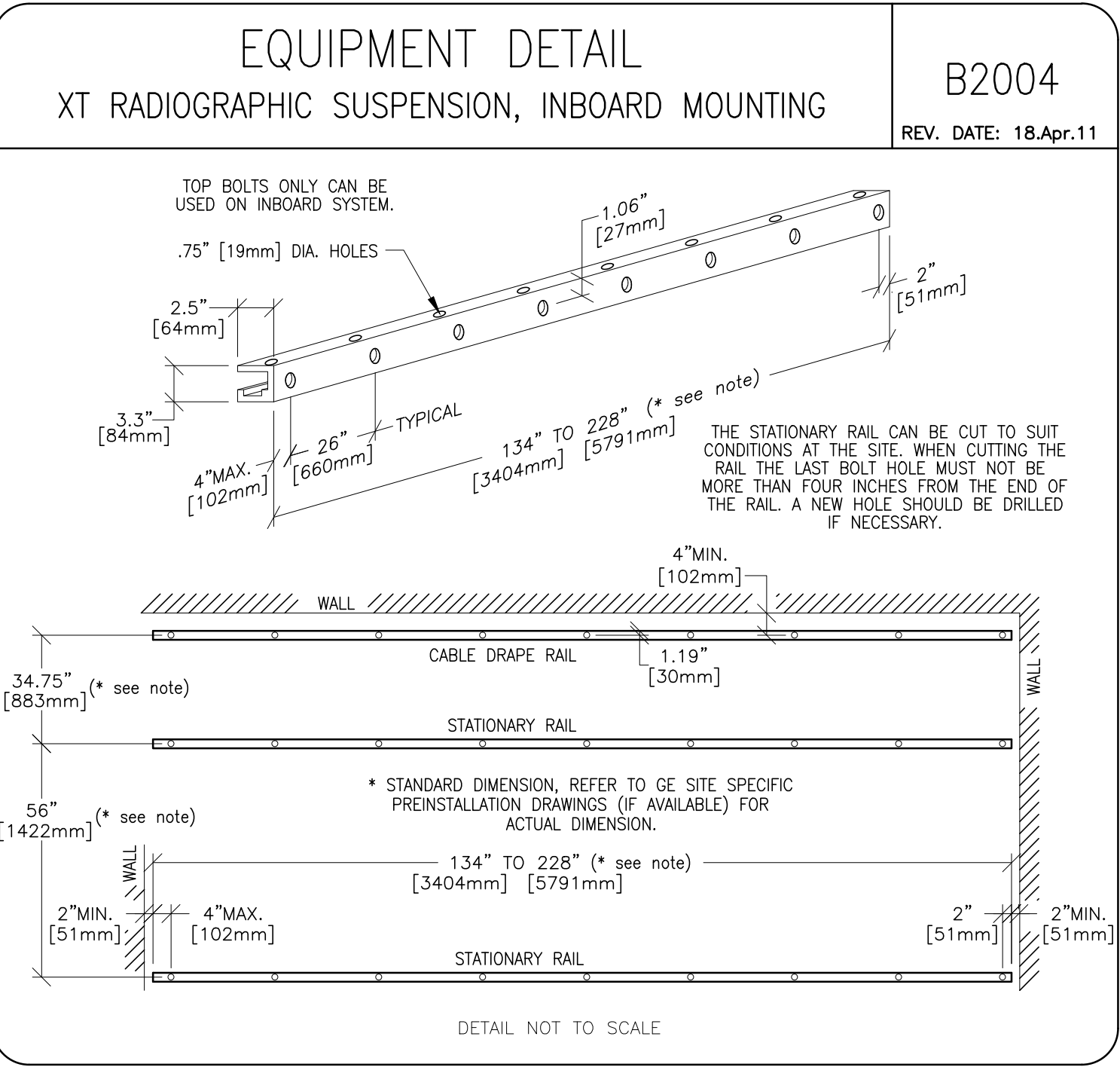
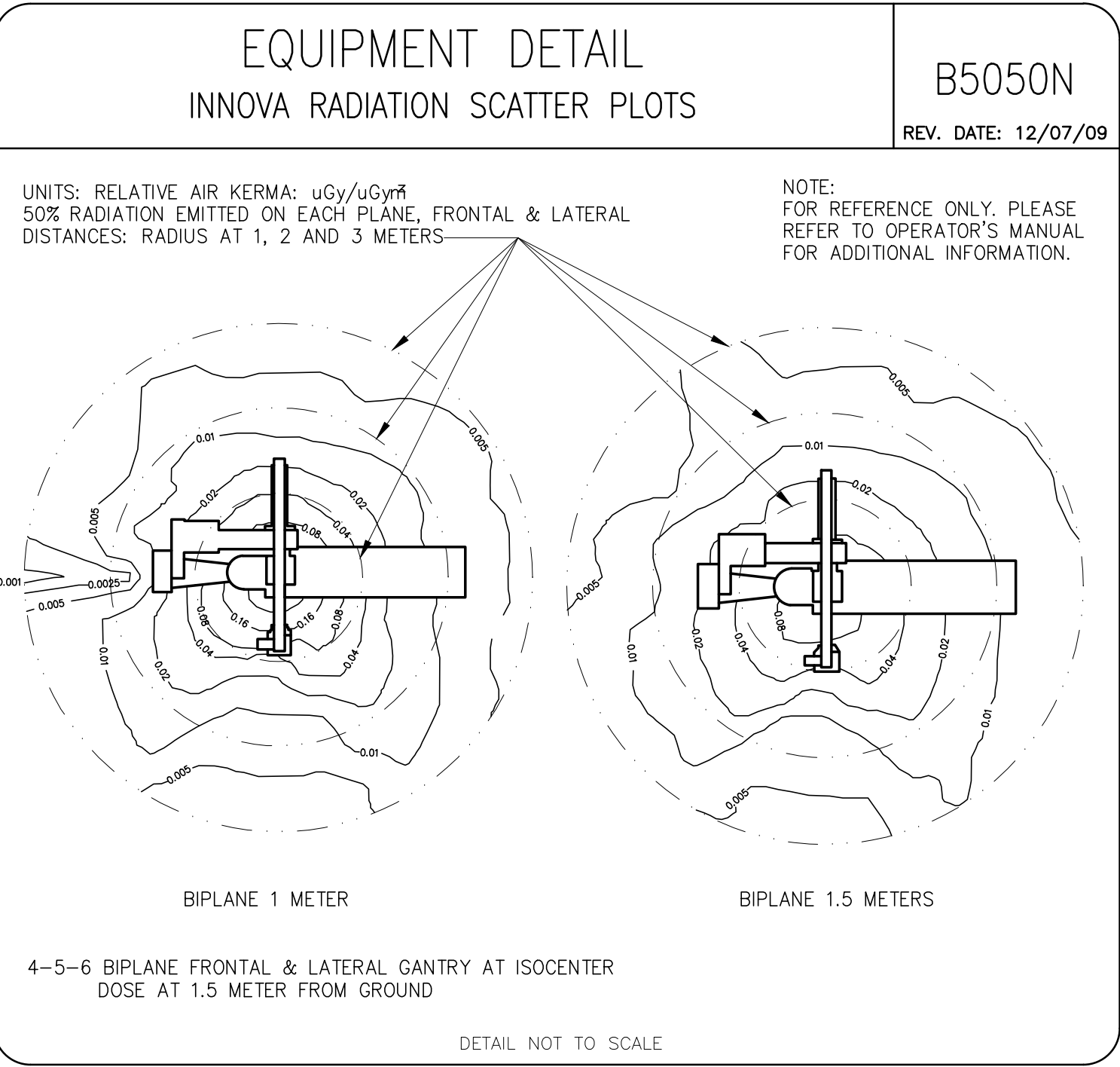
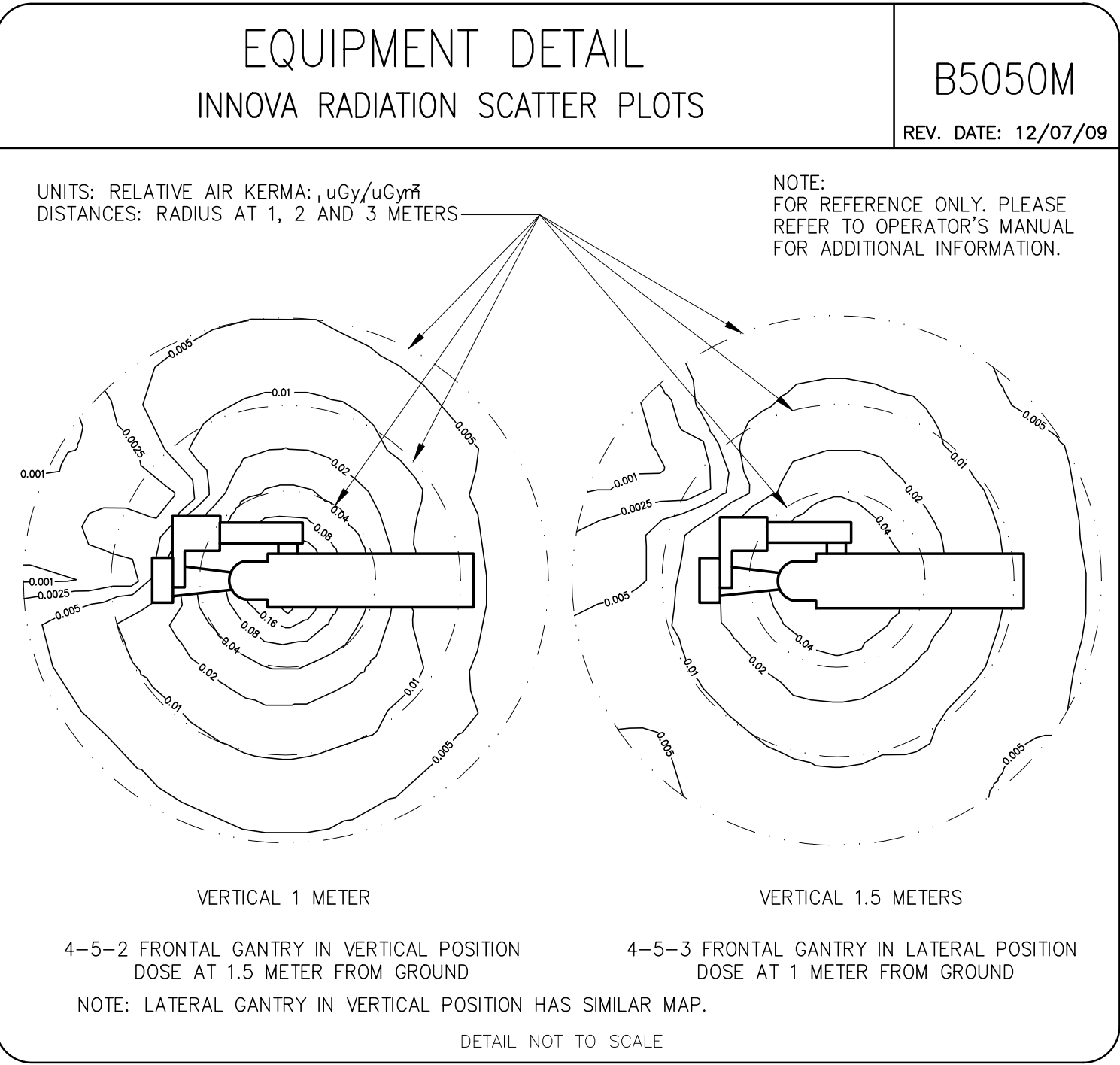
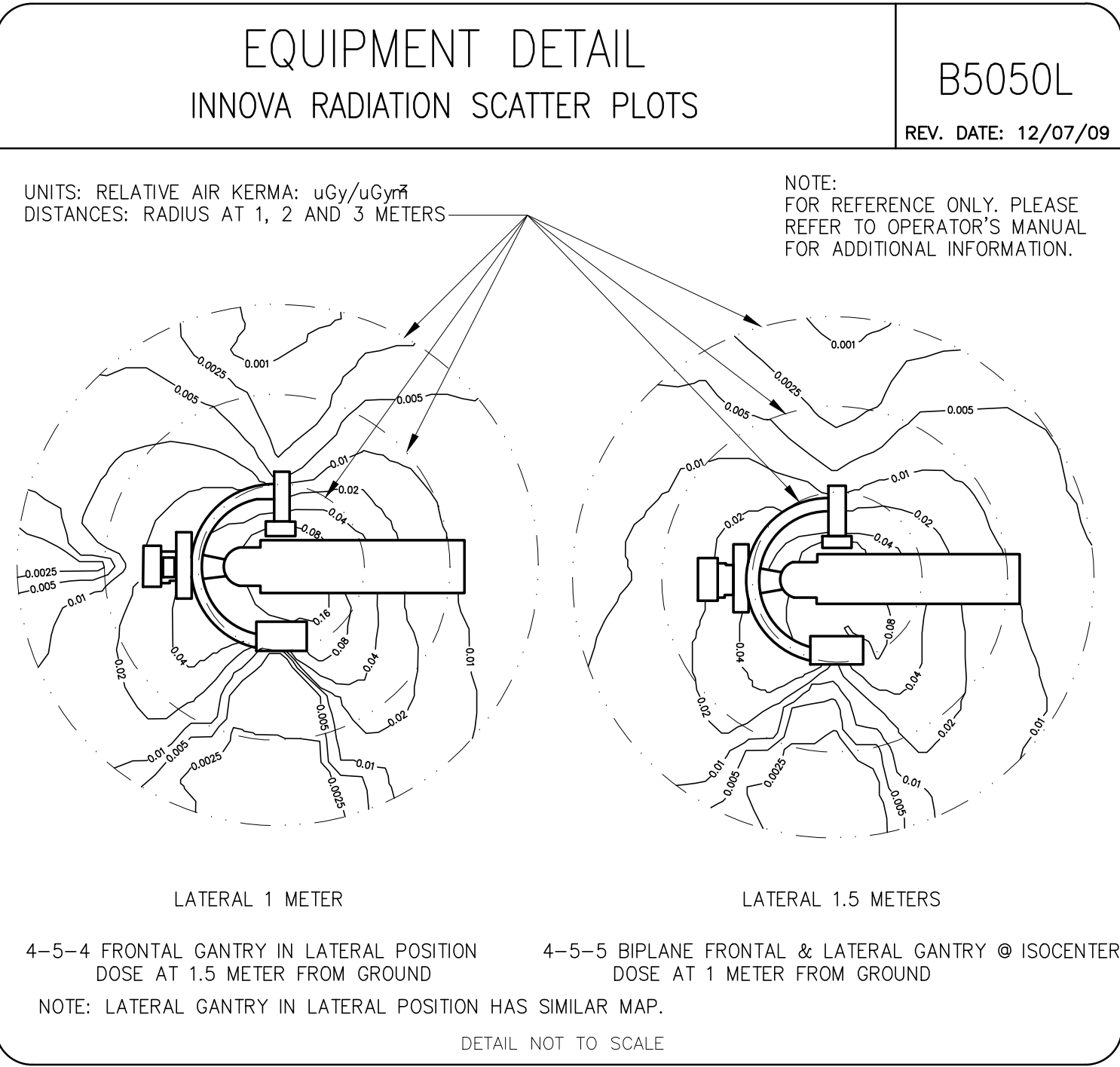
NF5H-1002

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 TO DETAILS TO ACTUAL EQUIPMENT EXPECTED TO BE INSTALLED. IT IS NOT TO BE USED FOR ACTUAL CONSTRUCTION PURPOSES, HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

GE Healthcare

Healthcare Project Implementation – Design Center
Milwaukee, Wisconsin





This drawing is based on Sketch No.:

PIM R2

RQ – 140191

