

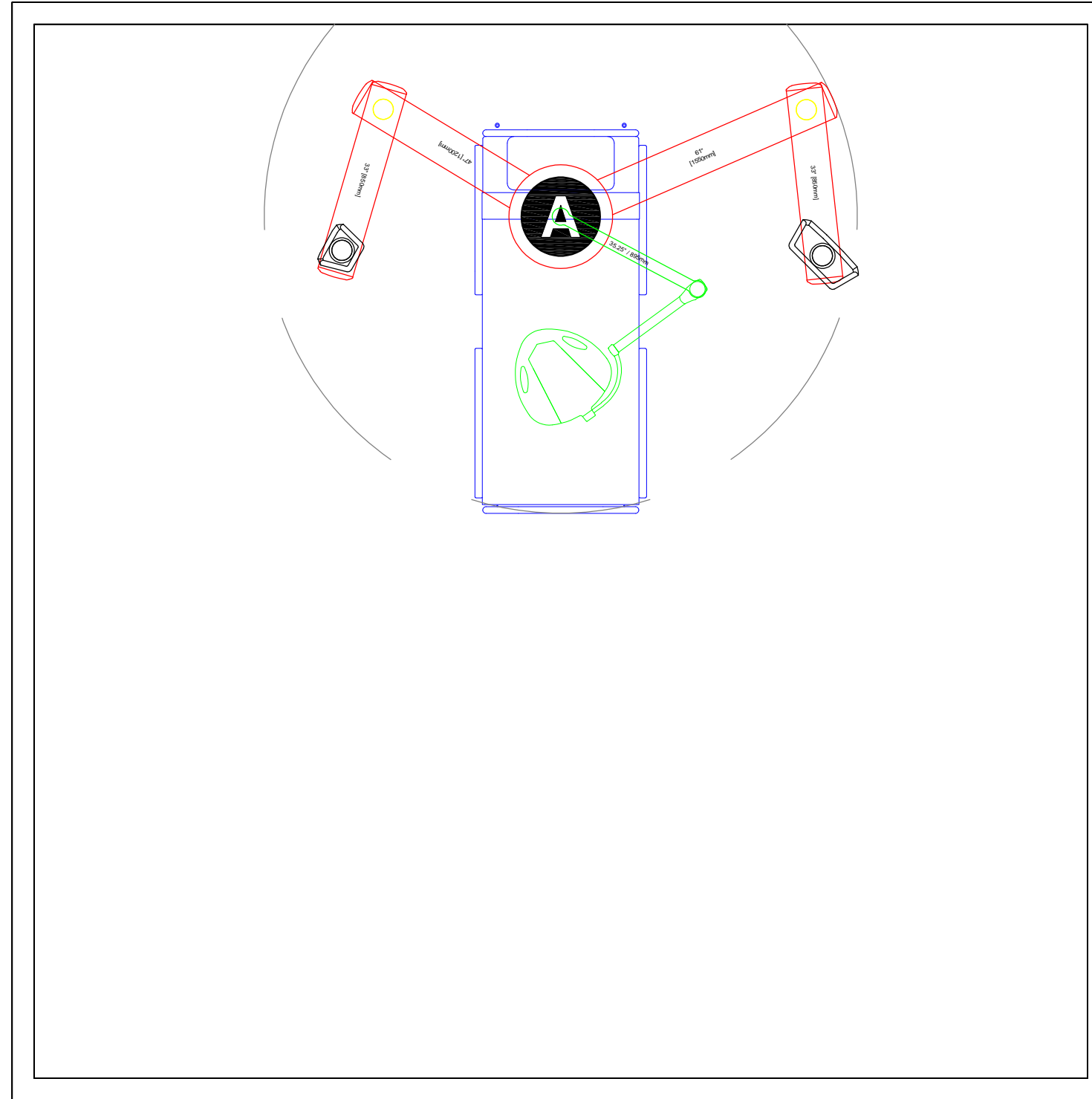


IN THE EVENT THAT FIXTURE LOCATIONS NEED TO CHANGE, PLEASE CHECK WITH SKYTRON ON THE REVISED LAYOUT LOCATION. FINAL CONSTRUCTION DOCUMENTS SHOULD BE PROVIDED BY THE ARCHITECT.



GENERIC LAYOUT

EQUIPMENT SCHEDULE	
ID	DESCRIPTION
A	ANESTHESIA / CARRIER / LIGHT
* IF SKYVISION IS APPLICABLE REFER TO THE LAST PORTION OF BOOM PACKAGE*	



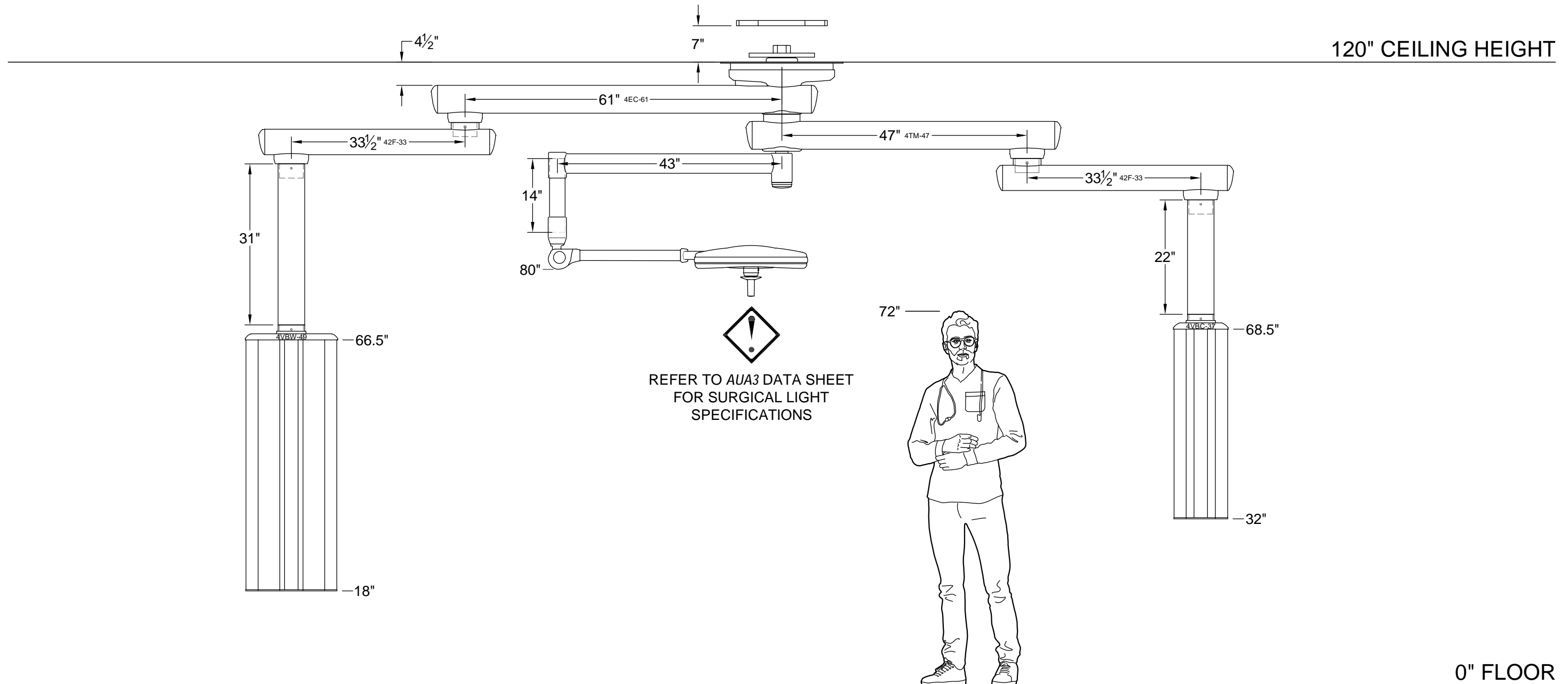
INITIAL: _____
DATE: _____

PROJECT #: 21-000
PRELIMINARY
PLOT DATE: 9/07/2021

ICU OPTION B

ROOM TYPE: ICU
REV #: 0
DESCRIPTION: ROOM LAYOUT

SHEET
00



ICU OPTION B

QTY: 1
REV #: 0
REF #: C-71960
MODEL: F340 SERIES
DESCRIPTION: ELEVATION DETAILS

INITIAL: _____
DATE: _____

Max Fixture Weight: 1,673 lbs.
Max Moment Load: 8,829 ft. lbs.

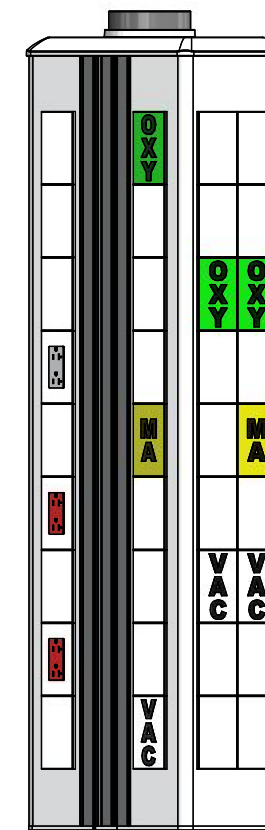
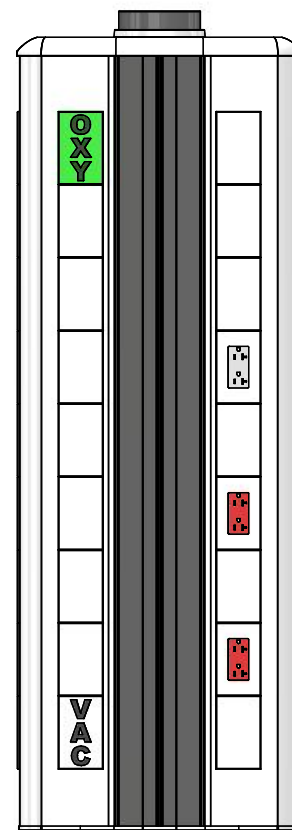
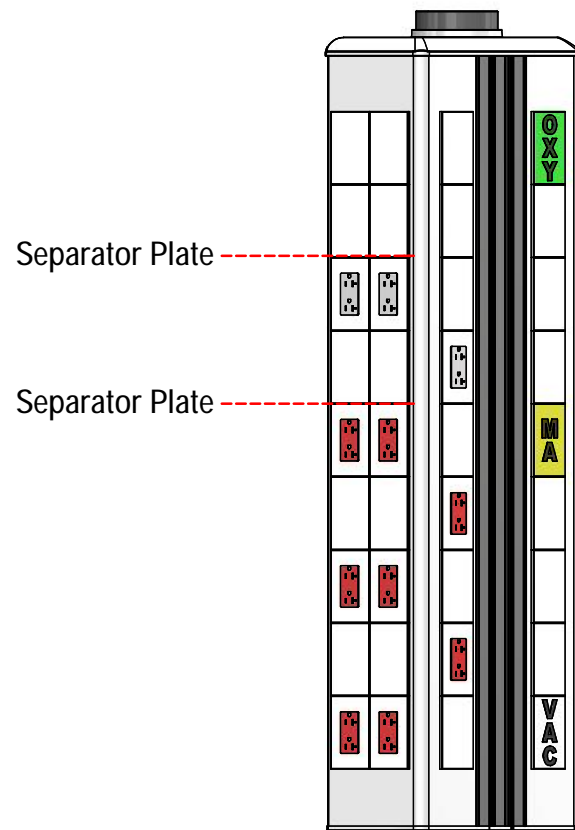
Equipment Capacity: 4VBW-49 - 384 lbs.
4VBC-37 - 363 lbs.

FRONT-LEFT VIEW

REAR VIEW

FRONT-RIGHT VIEW

Note:
Communications can only
be placed above the
top-most separator plate



ELECTRICAL OUTLETS: (10) 125V, 20A DUPLEX - RED
(4) 125V, 20A DUPLEX - WHITE

GAS FACEPLATE STYLE: DISS CARRIER DIMENSIONS: 49.75"H x 18"W x 8.25"D

GAS COLOR KEY:

CARBON DIOXIDE	MEDICAL AIR	OXYGEN
HELIOX	NITROGEN	VACUUM
INSTRUMENT AIR	NITROUS OXIDE	WAGD

DESCRIPTION	QTY.
OXYGEN	4
MEDICAL AIR	2
VACUUM	4

INITIAL: _____
DATE: _____

FOR A COMPLETE LIST OF ACCESSORIES
REFER TO YOUR QUOTE

PROJECT #: 21-000
PRELIMINARY
PLOT DATE: 9/7/2021

ICU OPTION B

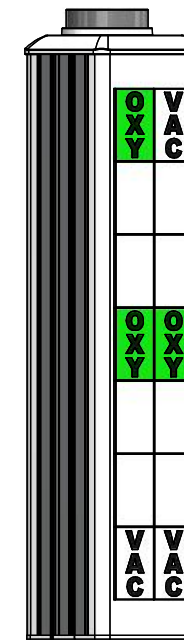
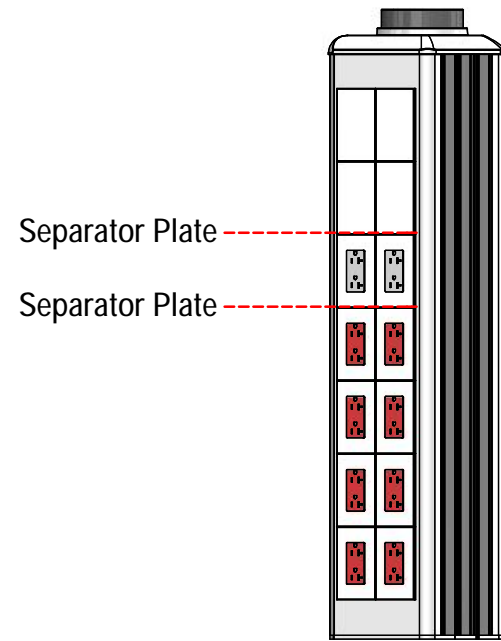
QTY: 1
REV #: 0
REF #: C-71960
MODEL: F340 SERIES
DESCRIPTION: CARRIER DETAILS

SHEET
A2a

FRONT-LEFT VIEW

FRONT-RIGHT VIEW

Note:
Communications can only
be placed above the
top-most separator plate



ELECTRICAL OUTLETS: (8) 125V, 20A DUPLEX - RED
(2) 125V, 20A DUPLEX - WHITE

GAS FACEPLATE STYLE: DISS CARRIER DIMENSIONS: 37.75"H x 10.75"W x 8.25"D

GAS COLOR KEY:

CARBON DIOXIDE	MEDICAL AIR	OXYGEN
HELIOX	NITROGEN	VACUUM
INSTRUMENT AIR	NITROUS OXIDE	WAGD

DESCRIPTION	QTY.
OXYGEN	3
VACUUM	3

FOR A COMPLETE LIST OF ACCESSORIES
REFER TO YOUR QUOTE

ICU OPTION B

REF #: C-71960 QTY: 1
MODEL: F340 SERIES REV #: 0
DESCRIPTION: CARRIER DETAILS

INITIAL: _____
DATE: _____

SHEET
A2b