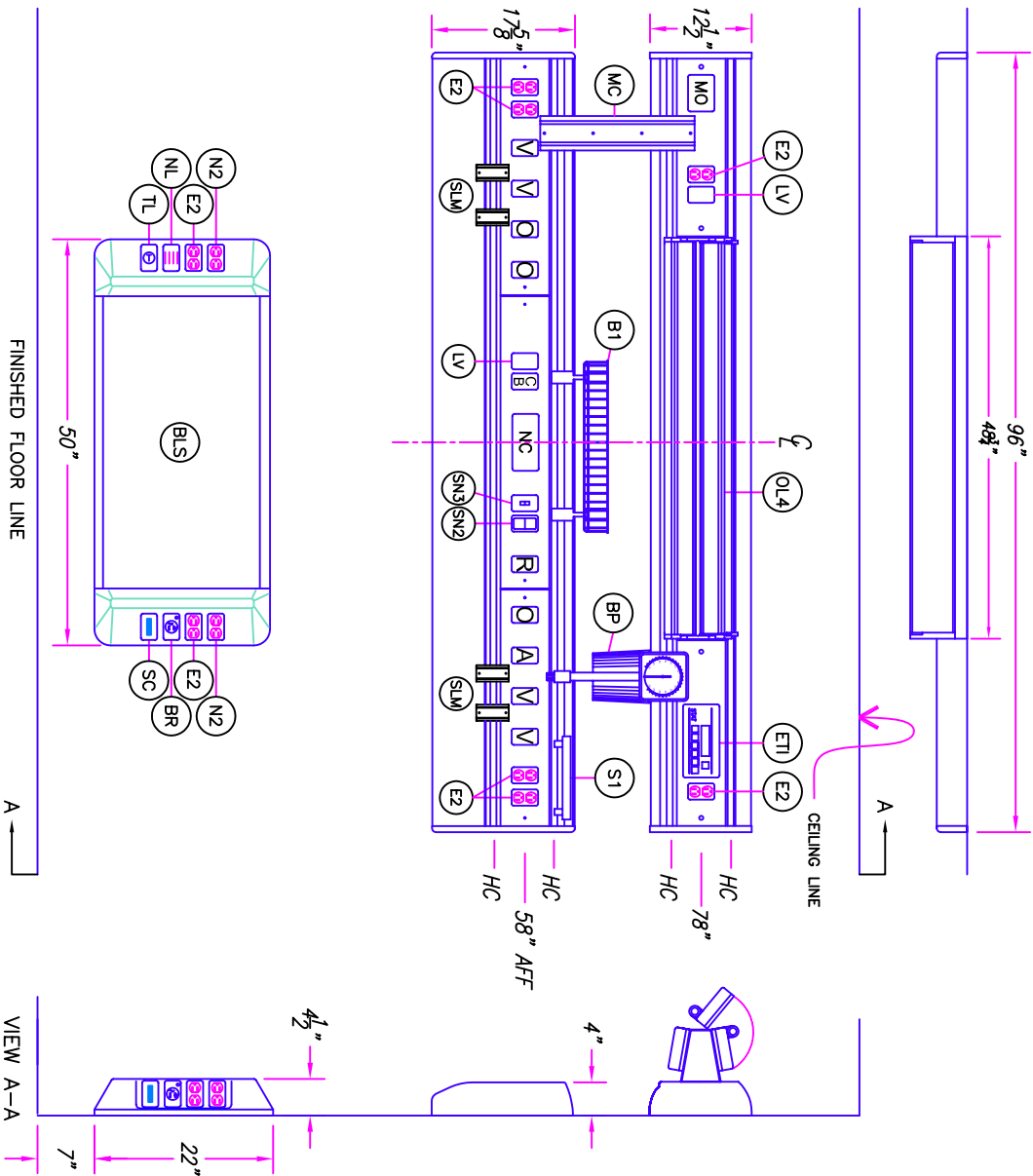


# MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 39

SINGLE TIER with LIGHT TIER  
(M/N: HW00-01TL-P-096M)



TYPE:  
QUANTITY:

SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
HC	4	HORIZONTAL EQUIP. TRACK
E2	4	RECEPTACLE - DUPLEX RED
NC	1	PROVISION - NURSE CALL
CB	1	PROVISION - CODE BLUE
LV	2	PROVISION - LOW VOLTAGE SWITCH, S.P.S.T.
SN2	1	SWITCH, 3 POSITION L.V.
SN3	1	4' OVERBED LIGHT
OL4	1	ELAPSED TIME INDICATOR
ETI	1	E.T.I. RESET SWITCH
R	1	LOW VOLTAGE CONTROLLER
LVC	1	MONITOR CHANNEL, ON TRACK
MC	1	20"x12" SHELF, ON TRACK
S1	1	19"x5"x3" BASKET, ON TRACK
B1	1	VACUUM SLIDE, ON TRACK
SLM	4	BLOOD PRESSURE DEVICE
BP	1	GAS, OXYGEN
O	3	GAS, MED AIR
A	1	GAS, VACUUM
V	4	

BED LOCATOR SYSTEM DETAILS

SYMBOL	QTY.	DESCRIPTION
E2	2	RECEPTACLE - DUPLEX RED
N2	2	RECEPTACLE - DUPLEX IVORY
BR	1	RECEPTACLE - BED ONLY
SC	1	37 PIN SIDECOM
NL	1	NIGHT LIGHT
TL	1	PROVISION - TELEPHONE

IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION IS CORRECT, AND PROVIDE THE REMAINING DETAILS.

APPROVAL - PRINT AND SIGNATURE

DATE

PHONE NO.

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HOSPITAL \_\_\_\_\_  
LOCATION \_\_\_\_\_  
QTY: ( ) TYPE \_\_\_\_\_ UNITS AS SHOWN / ( ) TYPE \_\_\_\_\_ UNITS OPPOSITE

A. NURSE CALL MFGR.: \_\_\_\_\_ MODEL NO.: \_\_\_\_\_  
B. MEDICAL GAS MFGR.: \_\_\_\_\_ TYPE CONNECTION: \_\_\_\_\_  
C. FINISH: \_\_\_\_\_ CEILING HEIGHT: \_\_\_\_\_  
DRAWN BY:CS  
CHECKED BY:CS  
DATE: \_\_\_\_\_