

# AMICO OVERBED LIGHT

(M/N: W-LTX-SX-YYY-NO)

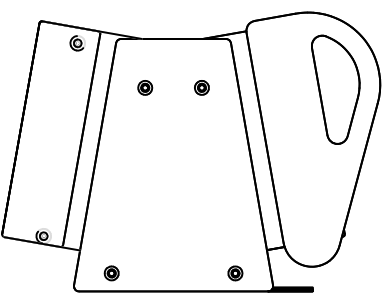
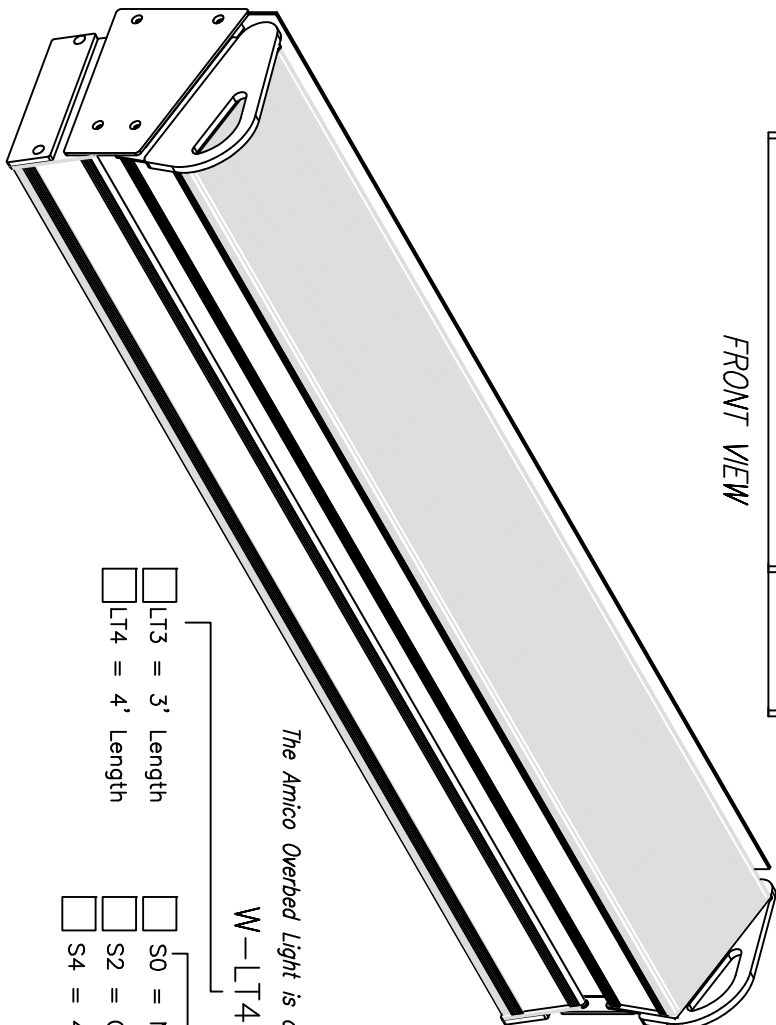
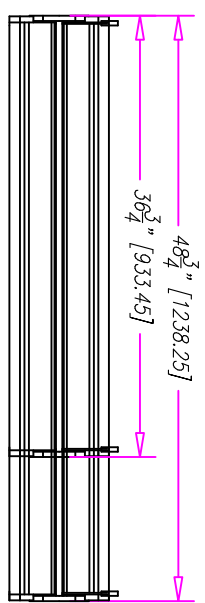
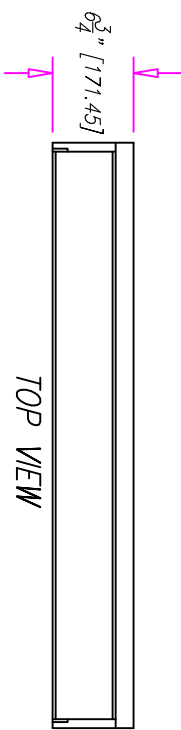
DRAWING # 03

### SPECIFICATIONS:

- Fixture shall be made of a 20 gauge, painted steel housing and anodized aluminum extruded lamp housing.
- Lenses made of high impact resistant clear ribbed acrylic plastic with the upper lens, directing light up and out for indirect room lighting and the bottom lens for directing light downward and out toward the patient area.

- Switching shall be accomplished by means of a four-position pull chain switch located in the centre of the fixture. It shall allow sequential patient control of: down / up / both / off.

Other switching options include a variety of switching applications where low voltage patient control is required. This shall be accomplished through the use of an Amico solid state low voltage controller.



The Amico Overbed Light is available in 3 foot and 4 foot lengths.

W-LT4-SX-YYY-NO

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> LT3 = 3' Length | <input type="checkbox"/> S0 = No Switch         | <input type="checkbox"/> 120 = 120 Volt, 60HZ | <input type="checkbox"/> NO = No option                        |
| <input type="checkbox"/> LT4 = 4' Length | <input type="checkbox"/> S2 = On/Off pull chain | <input type="checkbox"/> 240 = 240 Volt, 60HZ | <input type="checkbox"/> E2 = Hospital Grade Duplex Receptacle |
|  | <input type="checkbox"/> S4 = 4-way pull chain  | <input type="checkbox"/> 277 = 277 Volt, 60HZ |  |

The Overbed Light is UL Listed to U.S. and Canadian safety standards.

**LAMPS NOT INCLUDED - PROVIDED BY OTHERS**

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

APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

<b>Amico Corporation</b> 85 Filton Way Richmond Hill, Ontario L4B 2W4, CANADA Toll-Free: 1-877-462-6428 (T) Tel: (905) 764-0800 Fax: (905) 764-0802 www.amico.com		HOSPITAL LOCATION <b>HOSPITAL NAME</b> CITY, STATE, COUNTRY		APPROVAL SIGNATURE _____ DATE _____ PHONE NO. _____	
QTY	X	A. PLEASE INDICATE IF LVC IS REQUIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DRWG. NO. PRICEBOOK-03
		B. FINISH: ANTIQUE WHITE <input type="checkbox"/>	IF OTHER (PLEASE SPECIFY) _____		DRAWN BY: CHECKED BY:
					REV. NO.: DATE: