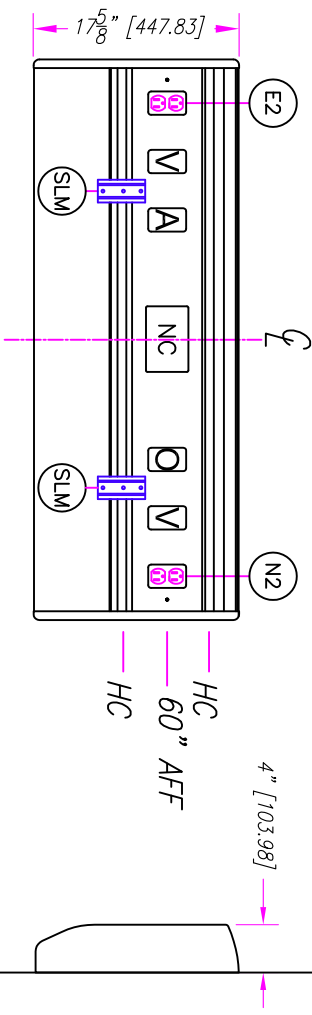
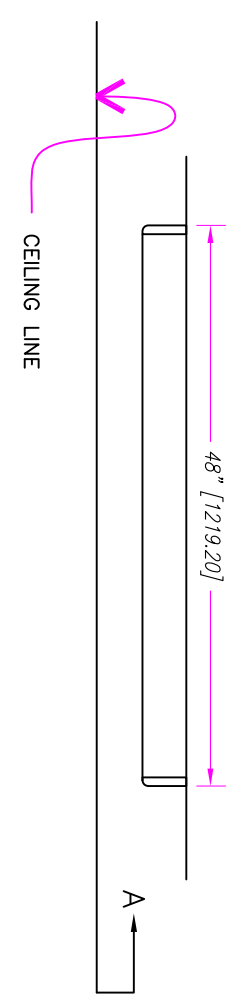


MAJESTIC SERIES HORIZONTAL HEADWALL SYSTEM

DRAWING # 30

SINGLE TIER with NO CHASE
(M/N: HW00-01T-P-M048)



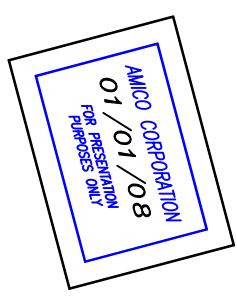
| SYSTEM DETAILS | |
|----------------|---------------------------|
| SYMBOL | DESCRIPTION |
| HC | HORIZONTAL EQUIP. TRACK |
| O | GAS, OXYGEN |
| A | GAS, MED AIR |
| V | GAS, VACUUM |
| E2 | RECEPTACLE - DUPLEX RED |
| N2 | RECEPTACLE - DUPLEX IVORY |
| NC | PROVISION - NURSE CALL 3G |
| SLM | VACUUM SLIDE, TRACK MTD. |

TYPE: _____
QUANTITY: _____

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

APPROVAL - PRINT AND SIGNATURE _____

DATE _____ PHONE NO. _____



FINISHED FLOOR LINE

VIEW A-A

AMICO Corporation
85 Fulton Hwy,
Richmond Hill, Ontario
L4B 2N4, CANADA
Tel: (905) 877-462-6428(T)
Toll-Free: 1-877-462-6428(T)
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| | |
|----------|---|
| HOSPITAL | HOSPITAL |
| LOCATION | LOCATION |
| QTY: 1 | () TYPE _____ UNITS AS SHOWN / () TYPE _____ UNITS OPPOSITE |

| | | |
|-----------------------------|------------------------|------------------------|
| A. NURSE CALL MFGR: _____ | MODEL NO.: _____ | DRWG. NO. PRICEBOOK-34 |
| B. MEDICAL GAS MFGR.: _____ | TYPE CONNECTION: _____ | DRAWN BY: _____ |
| C. FINISH: _____ | CEILING HEIGHT: _____ | CHECKED BY: _____ |
| | | REV. NO.: _____ |
| | | DATE: _____ |