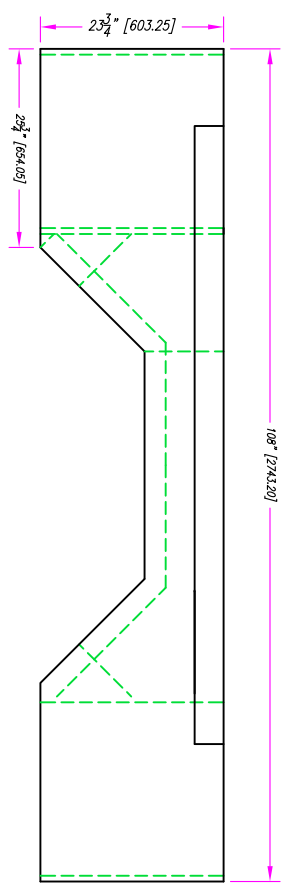
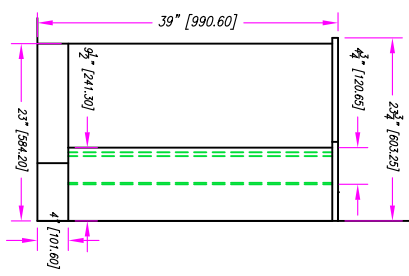
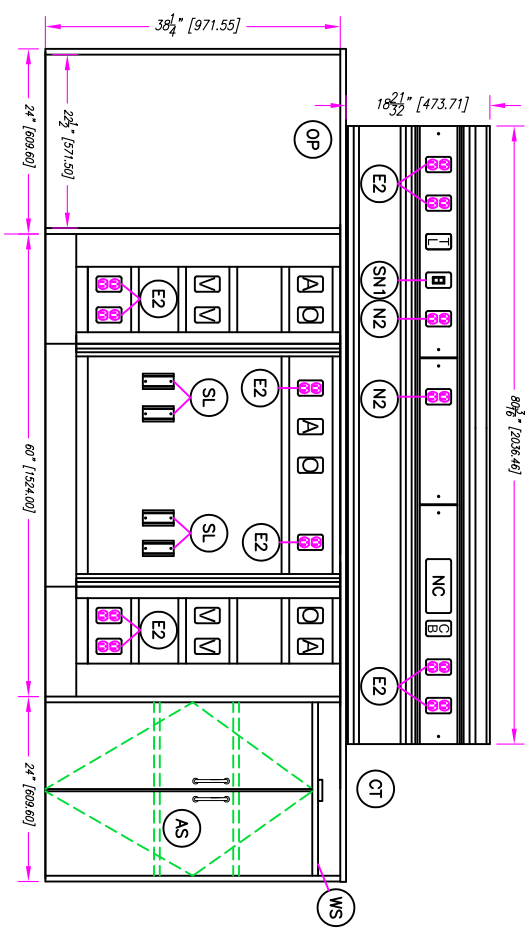


AMICO NICU UNIT (M/N: W-NICU)

DRAWING # 57

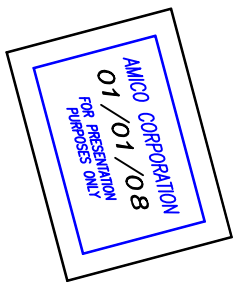


CEILING LINE



TYPE: _____
QUANTITY: _____

SYSTEM DETAILS	
SYMBOL	DESCRIPTION
NICU	1 AMICO NICU UNIT
CT	1 COUNTER TOP
AS	1 ADJUSTABLE SHELF
WS	1 WRITING SHELF
OP	1 OPEN SPACE
O	3 GAS, OXYGEN
A	3 GAS, MED AIR
V	4 GAS, VACUUM
E2	10 RECEPTACLE - DUPLEX RED
N2	2 RECEPTACLE - DUPLEX IVORY
SN1	1 SWITCH, S.P.S.T.
NC	1 PROVISION - NURSE CALL 3G
CB	1 PROVISION - CODE BLUE 1G
TL	1 PROVISION - TELEPHONE 1G
SLM	4 VACUUM SLIDE, MOUNTED



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

APPROVAL - PRINT AND SIGNATURE _____

DATE _____ PHONE NO. _____

Amico Corporation
85 Fulton Hwy.
Rexdale, Ontario
L9B 2N4, CANADA
Tel: (905) 877-462-6426(T)
Toll-Free: 1-877-462-6426(F)
Fax: (905) 764-0800
www.amico.com

HOSPITAL LOCATION: _____
HOSPITAL LOCATION: _____
QTY: 1
(A) TYPE _____ UNITS AS SHOWN / (B) TYPE _____ UNITS OPPOSITE

A. NURSE CALL MFR: _____ MODEL NO.: _____
B. MEDICAL GAS MFR: _____ TYPE CONNECTION: _____
C. FINISH: _____ CEILING HEIGHT: _____
DRWG. NO. PRJ: 0300K-81
DRAWN BY: _____
CHECKED BY: _____
REV. NO.: _____
DATE: _____