



GAMMA TECH, INC

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ROOM LAYOUT INFORMATION SHEET

DEALER NAME: _____

ADDRESS: _____

CONTACT: _____
PHONE: _____
FAX: _____

DATE REQUIRED: ____/____/____

(Allow at least 1-week lead-time, unless you authorize expedited turn-around**)

X _____ **I Authorize and Agree to the Expediency terms mentioned below.**

***Due to the fast paced nature of this business, we recognize the occasional need for 24-hour turn-around on urgent Radiographic projects. In fairness to preceding orders, we can not move your project to the top of the queue. In order to facilitate your immediate needs, we must work after hours. Consequently, we must charge an expediency fee commensurate with typical overtime. All Radiographic drawing requests that require "rush job" attention will incur a 50% mark-up in price.*

AUTHORIZED SIGNATURE: X _____ (expediency fee will not be assessed)

PO # : _____

CUSTOMER INFORMATION

☞ Note: Please clearly print your customer's information as you wish it to appear on the finished drawings.

FACILITY NAME: _____

ADDRESS: _____

CONTACT: _____
PHONE: _____
FAX: _____

ARCHITECT

FIRM: _____
CONTACT: _____
E-MAIL: _____

PHONE: _____
FAX: _____

GENERAL CONTRACTOR

FIRM: _____
CONTACT: _____

PHONE: _____
FAX: _____

ROOM SPECIFICATIONS: TO BE INCLUDED WITH ROOM LAYOUT INFORMATION SHEET

(PLEASE DO NOT LEAVE ANY BLANK)

Should we treat this space as **NEW** construction?

(Facility has not been built, these prints will influence the construction layout)

Should we treat this space as **RENOVATION** construction?

(Facility has been built but may be altered)

Note: Include a detailed list of all possible alterations as they apply to the x-ray equipment.

Should we treat this space as **EXISTING** construction?

(Facility has been built and may not be altered)

Note: Include a very detailed room sketch including all existing supports and unistrut locations. A complete list of all electrical junction boxes, their exact sizes and locations as well as all conduit sizes and connections.

1. TYPE OF DRAWING CONCEPTUAL FULL SPECIFICATIONS

Note: If a conceptual drawing is not requested prior to a full drawing then a legible and working layout must be provided to us.

2. EXISTING FINISHED CEILING HEIGHT _____ ' _____ "

A. CAN WE GO INTO CEILING? YES NO

B. HOW FAR? _____ ' _____ "

C. WHAT IS CEILING MATERIAL? _____

3. WHAT IS FLOOR MATERIAL? _____

A. CAN WE GO INTO FLOOR? YES NO

B. CAN WE GO UNDER FLOOR? YES NO

C. HOW FAR? _____ ' _____ "

4. CAN WE GO INTO ALL WALLS? YES NO

A. HOW FAR? _____ ' _____ "

B. IF NO WHICH ONES CAN'T BE USED? _____

Note: Clearly identify on sketch or blueprint.

C. WHAT IS WALL MATERIAL? _____

5. WHAT IS INCOMING ELECTRIC TO FACILITY?

3-PHASE VOLT _____ REMAINING CAPACITY IN AMPS _____

1-PHASE VOLT _____ REMAINING CAPACITY IN AMPS _____

6. WHAT VOLTAGE DO YOU WISH US TO SPECIFY FOR THE X-RAY GENERATOR.

3-PHASE VOLT _____

1-PHASE VOLT _____

7. IS THERE AN EXISTING MAIN DISCONNECT IN ROOM? YES NO

PHASE _____ VOLTAGE _____ BREAKER SIZE _____

A. LOCATE ON SKETCH OR BLUEPRINT. DONE

8. IS THERE AN EXISTING SINGLE PHASE LOADCENTER IN ROOM? YES NO

MAIN SIZE _____

A. LOCATE ON SKETCH OR BLUEPRINT. DONE

B. LIST LOAD CENTER BREAKER SIZES AND ALL LOCATIONS: _____

9. IF NECESSARY, CAN WE RELOCATE CIRCUIT BREAKER PANELS? YES NO

10. PLEASE SEND TO US A SET OF ARCHITECTURAL PLANS, PREFERABLY A CAD FILE(S) IN .DWG FORMAT. WE WILL ALSO ACCEPT SCALED PDF FILES, BLUEPRINTS, OR A SKETCH INCLUDING:

A. ALL OBSTRUCTIONS OR LIMITATIONS. DONE

B. ALL INNER-WALL DIMENSIONS. DONE

C. ALL DOORS, THEIR WIDTHS AND DIRECTION OF SWING. DONE

D. ALL ADJACENT ROOMS AND HALLWAYS. DONE

E. ALL DIMENSIONS OF ANY EXISTING ANGLED WALLS. DONE

Note: A photo, scan, or fax of your sketch or blueprint cannot be used to produce an accurately scaled drawing.

11. INCLUDE A COMPLETE LIST OF EQUIPMENT OR SALES QUOTE. DONE

Note: Include all ancillary equipment to be planned for by us such as CR, DR, injectors, etc.

REMEMBER TO RETAIN A COPY OF ALL INFORMATION SUBMITTED BY YOU FOR YOUR REFERENCE