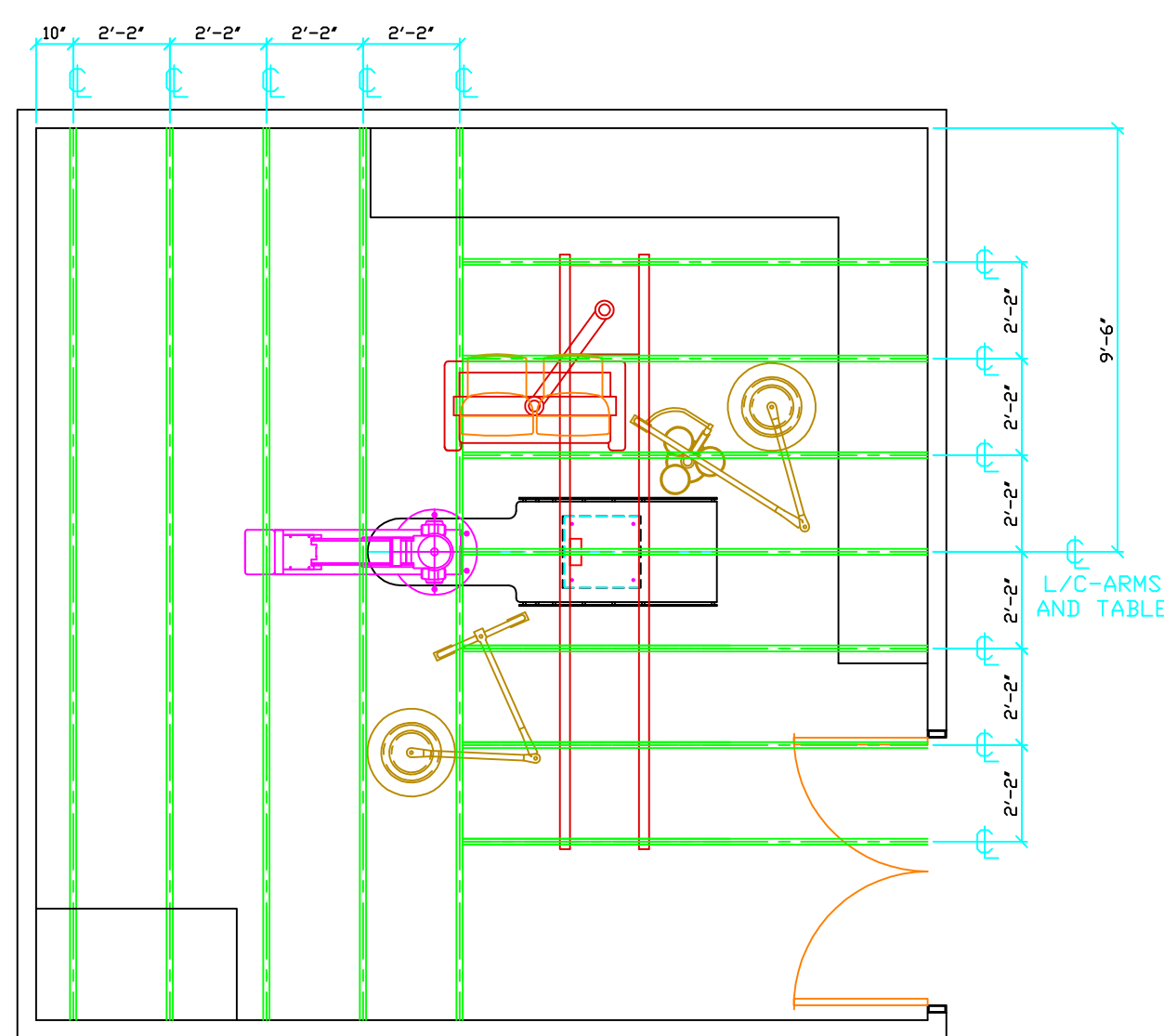
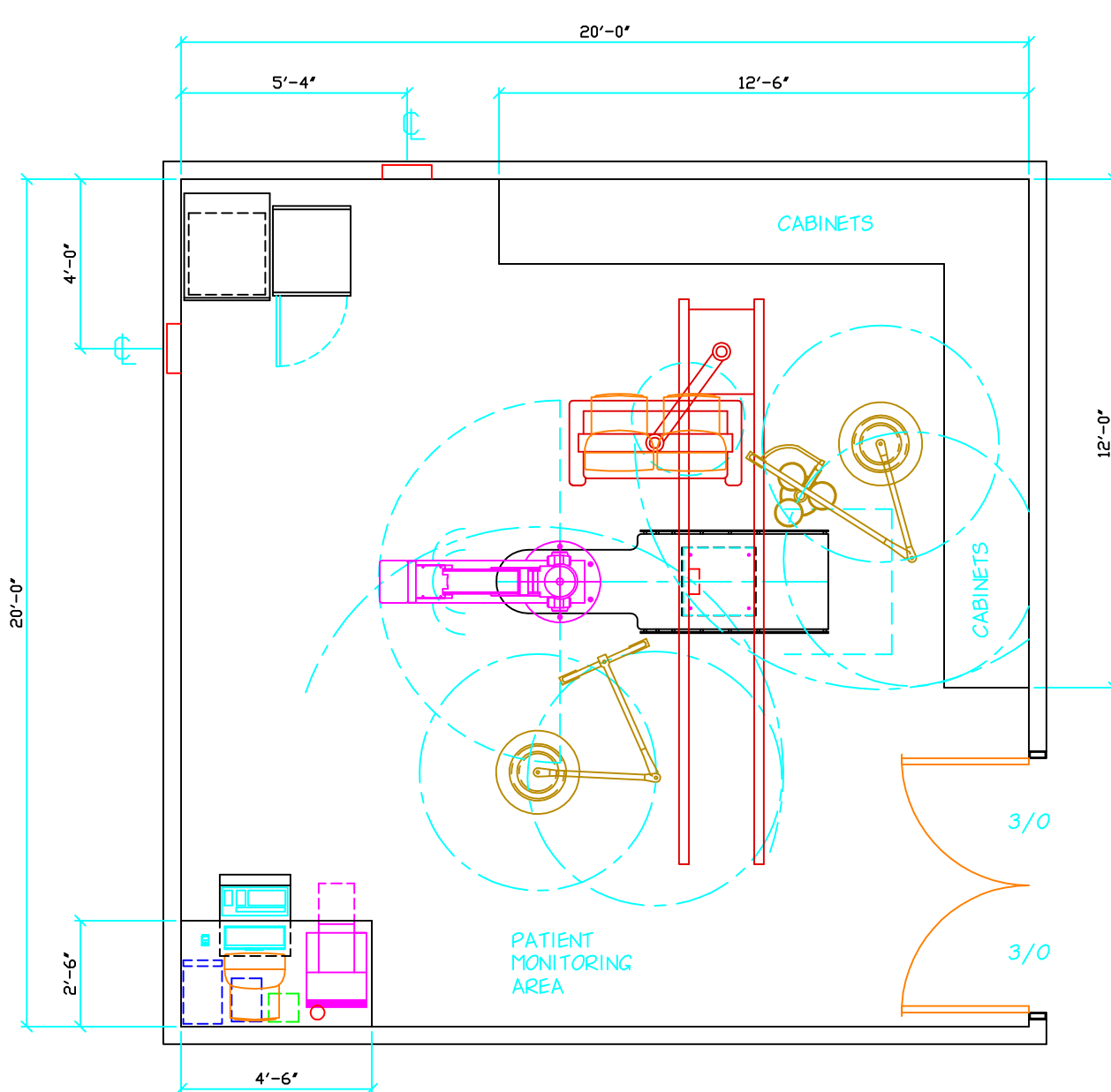


PROPOSED EQUIPMENT LAYOUT



RECOMMENDED UNISTRUT GRID
(ALLOWS FOR UPGRADE TO BI PLANE SYSTEM)



PROPOSED EQUIPMENT LAYOUT
(DASHED LINED DEPICT EQUIPMENT TRAVEL AND DOOR SWINGS)

EQUIPMENT SCHEDULE

NOTES	ITEM	EQUIPMENT IDENTIFICATION NUMBER					
		DESCRIPTION	BTU / HOUR		WEIGHT (LBS.)		DIMENSIONS (IN.) W x D x H
DF01	1	OMEGA MEDICAL IMAGING, INC. A-350 60kw AP X-RAY GENERATOR (D-PIC60R/F) OPERATOR CONSOLE (COUNTER MOUNTED)	17.06	8.69	2.63	9	
DF01	2	OMEGA MEDICAL IMAGING, INC. A-340 60kw AP X-RAY GENERATOR (D-PIC60R/F) POWER SUPPLY	24.25	30.37	65.31	1600	
DF01	3	OMEGA MEDICAL IMAGING, INC. B-200 AP EPS L/C POSITIONER (FLOOR MOUNTED)	23.00	62.50	84.25	635	
DF01	4	OMEGA MEDICAL IMAGING, INC. C-400 TILTING/ELEVATING TABLE	27.00	94.00	43.00	625	
DF01	5	OMEGA MEDICAL IMAGING, INC. I-100 L/C AND TABLE ELECTRONICS RACK CABINET	22.00	25.50	76.00	400	
DF01	6	OMEGA MEDICAL IMAGING, INC. D-603 2 DYER 2 MONITOR SUSPENSION SYSTEM (CEILING SUSPENDED PIVOT PDST)	160.00	49.00	68.00	620	
DF01	7	OMEGA MEDICAL IMAGING, INC. D-500 21" FIMI IMAGE MONITOR (x2) (CEILING SUSPENDED)	19.60	21.93	19.09		
DF01	8	OMEGA MEDICAL IMAGING, INC. E-501 AP PC CABINET (BENEATH CABINET)	11.00	18.00	26.00	65	
DF01	9	OMEGA MEDICAL IMAGING, INC. AP D-501 AP 17" FIMI IMAGE MONITOR (COUNTER MOUNTED)	16.77	19.29	17.44	58	
DF01	10	OMEGA MEDICAL IMAGING, INC. E-501 AP PC KEYBOARD (ON SLIDING SHELF)	19.00	8.00	3.00	4	
DF01	11	OMEGA MEDICAL IMAGING, INC. AP E-501 POWER CONDITIONER (UPS) (BENEATH COUNTER)	8.50	8.00	4.25	32	
DF01	12	OMEGA MEDICAL IMAGING, INC. E-501 AP ISOLATION TRANSFORMER	8.50	12.25	7.25	32	
DF01	13	OPTIONAL (OPTIONAL) NP-1660M MEDICAL PRINTER (COUNTER MOUNTED)	17.00	23.50	12.00	69	
DF01	14	OMEGA MEDICAL IMAGING, INC. OPTIONAL SURGICAL SPOT LIGHT (CEILING SUSPENDED)	R86" MAX. SWING	68.00	250		
DF01	15	OMEGA MEDICAL IMAGING, INC. OPTIONAL RADIATION SHIELD (CEILING SUSPENDED)	R86" MAX. SWING	68.00	250		

NOTE EXPLANATION:
 CF01 = CONTRACTOR FURNISHED - CONTRACTOR INSTALLED
 DF01 = OWNER FURNISHED - CONTRACTOR INSTALLED
 OF01 = OWNER FURNISHED - OWNER INSTALLED

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RECOMMENDED ROOM SIZES:
 MINIMUM 18'-0" x 18'-0"
 NOMINAL 20'-0" x 20'-0"
 IDEAL 22'-0" x 22'-0"

HEATING, VENTILATING AND AIR CONDITIONING REQUIREMENTS
 OPERATING TEMPERATURE RANGE: 68° F (20° C) - 75° F (24° C). INTAKE AIR TO ALL EQUIPMENT SHALL BE MAINTAINED WITHIN THIS RANGE.
 RELATIVE HUMIDITY RANGE: 30% - 70% NDN CONDENSING.
 REFER TO EQUIPMENT SCHEDULE FOR INDIVIDUAL EQUIPMENT BTU/HR RATING.

TERMINAL SCHEDULE

(CONTRACTOR FURNISHED - CONTRACTOR INSTALLED)

ITEM	DESCRIPTION
	FACILITY TO DETERMINE 75KVA, 480VAC, 3-PHASE, POWER SOURCE LOCATION FOR X-RAY GENERATOR.
A	NEMA 1, 480VAC, THREE PHASE, 5-WIRE, FRONT OPERATED, CIRCUIT BREAKER ENCLOSURE WITH GROUND ACCESSORIES. ENCLOSURE SHALL CONTAIN ONE 70AMP, 3-POLE, THERMAL MAGNETIC CIRCUIT BREAKER WITH SHUNT TRIP DEVICE. FLUSH MOUNT IN WALL WHERE SHOWN. LOCATE ENCLOSURE CENTER LINE 5'-6" A.F.F. NOTE: EC SHALL ENSURE THAT LUGS ARE LARGE ENOUGH TO FACILITATE OVERSIZED INCOMING CABLES REQUIRED BY X-RAY EQUIPMENT. REFER TO 'INCOMING WIRE SIZE' NOTES.
A1	NEMA 1, 240/120VAC, SINGLE PHASE, 4-WIRE, COMMERCIAL GRADE, GENERAL PURPOSE, LOADCENTER. LOADCENTER SHALL CONTAIN FRONT OPERATED, THERMAL MAGNETIC, CIRCUIT BREAKERS WITH THE FOLLOWING RATINGS: ONE 100AMP, 2-POLE, MAIN; ONE 30AMP, 2-POLE, CIRCUIT BREAKER FOR THE ELECTRONICS RACK CABINET; IDENTIFY CB AS '1-100' POWER. ONE 15AMP, 2-POLE, CB FOR THE AP X-RAY CONTROL; IDENTIFY CB AS 'AP CONTROL' VOLTAGE' POWER. ONE 20AMP, 1-POLE, CB FOR THE MONITOR CARRIER; IDENTIFY CB AS 'MONITOR STRIP' POWER. ONE 20AMP, 1-POLE, CB FOR THE AP DIGITAL SYSTEM; IDENTIFY CB AS 'AP DIGITAL RECEPTACLE' POWER. ONE 15AMP, 1-POLE, CB FOR THE PRINTER; IDENTIFY CB AS 'PRINTER RECEPTACLE' POWER. ONE 15AMP, 1-POLE, CB FOR THE SPOT LIGHT; IDENTIFY CB AS 'SPOT LIGHT' POWER. THREE 15AMP, 1-POLE, SPARES FLUSH MOUNT IN WALL WHERE SHOWN. LOCATE ENCLOSURE CENTER LINE 5'-6" A.F.F.

INCOMING WIRE SIZE NOTES

(CONTRACTOR FURNISHED - CONTRACTOR INSTALLED)

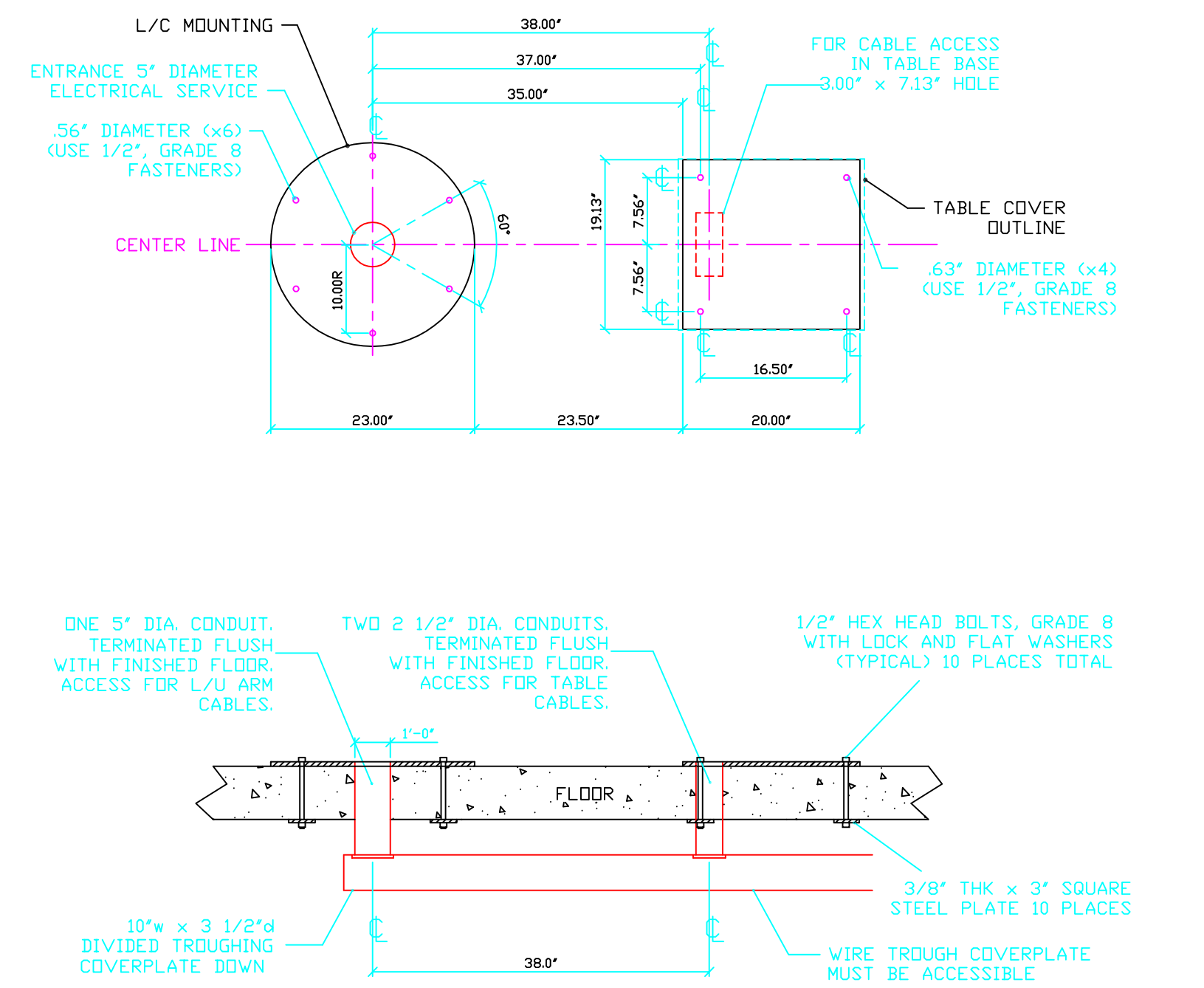
LISTED BELOW IS THE RELATIONSHIP BETWEEN THE LENGTH AND SIZE OF EACH INCOMING WIRE, WITH THE ASSUMPTION THAT THE POWER SOURCE HAS THE REQUIRED CAPACITY. THE VOLTAGE REGULATION UNDER LOAD VARIATION IS CALCULATED TO BE WITHIN ±5%. BE SURE TO USE WIRE SIZES INDICATED OR GREATER.

RECOMMENDED POWER TO THE MAIN DISCONNECT: 480VAC, THREE PHASE, 75KVA
 MAIN CIRCUIT BREAKER: 70AMP, 3-POLE
 X-RAY GENERATOR: OMEGA A-340(0-PIC 60F), A-350(0-PIC 60R), A-370(0-PIC 100C/V)

PROVIDE THE APPROPRIATE WIRE SIZE FROM POWER SOURCE TO MAIN DISCONNECT:

WIRE LENGTH	50'	100'	200'	300'
FEEDER SIZE				
LINE:	#6AWG	#4AWG	#2AWG	#1AWG
NEUTRAL:	#6AWG	#4AWG	#2AWG	#1AWG
GROUND:	#8AWG	#6AWG	#4AWG	#2AWG

PATIENT SAFETY GROUNDING CONSIDERATIONS:
 A SPECIAL GROUNDING SYSTEM IS REQUIRED IN ALL DIAGNOSTIC ROOMS BY SOME STATE AND LOCAL CODES. THIS GROUNDING SYSTEM IS STRONGLY RECOMMENDED IN AREAS WHERE ELECTRICALLY SUSCEPTIBLE PATIENTS MIGHT BE EXAMINED OR TREATED UNDER PRESENT, FUTURE OR EMERGENCY CONDITIONS. CONSULT WITH THE GOVERNING ELECTRICAL CODES AND CONFER WITH APPROPRIATE HOSPITAL ADMINISTRATIVE PERSONNEL AND CONSULTING ENGINEERS TO DETERMINE THE AREAS REQUIRING THIS GROUNDING SYSTEM. IF SUCH A GROUNDING SYSTEM IS REQUIRED, THE RESPONSIBLE CONSTRUCTION PARTICIPANTS SHALL DESIGN AND INSTALL GROUNDING SYSTEM TO INCLUDE ALL METAL OBJECTS AND FIXTURES.



GENERAL CONTRACTOR SHALL DRILL ANCHOR HOLES FOR MOUNTING OF B-200 L/C C-ARM AND C-400 TABLE.

B-200 L/C POSITIONER AND C-400 TABLE BASE BENEATH FLOOR MOUNTING DETAIL

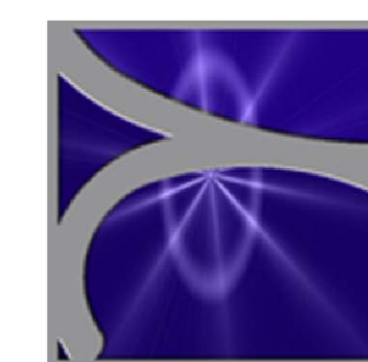
TYPICAL OMI-CS-15
ELECTROPHYSIOLOGY
SINGLE PLANE SUITE

DIAGNOSTIC IMAGING
CENTER

DRAWN FOR:

SUBMITTED BY: _____
APPROVED BY: _____

GAMMA TECH, INC
 129 Wild Berry Lane
 Hampstead, NC 28443
 Ph (910) 270-9787
 Fax (910) 270-9767
 www.gammattech.net



Omega Medical Imaging, Inc.

Phone: 407-323-9400
Fax: 407-323-9331

675 HICKMAN CIRCLE
SANFORD, FL 32771

FILE NAME: OMEGACS15
 DRAWING SET NO. 1
 SCALE: NOTED □
 ISSUED OR REVISED DATE
 CONCEPTUAL 05-11-2001
 REVISED 10-01-2001
 REVISED 12-20-2001
 DRAWN BY: S.M. PULAR
 APPROVED BY: DM
 SHEET TITLE: ROOM AND EQUIPMENT LAYOUT PLAN
 SHEET NO.: B-1

APPROVED BY: _____