

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 22 BRAMHALL ST

Job ID: 2012-04-3818-ALTCOMM

CBL: 053-D-007-001

has permission to Renovate the Cystology Room #18 in the basement of the Bean Bldg. upgrade equipment provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

\_\_\_\_\_  
**Fire Prevention Officer**

*[Signature]* 5/17/12  
\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2012-04-3818-ALTCOMM	Date Applied: 4/20/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone: 662-6149
Business Name:	Contractor Name: Dave Moore @ Herbert Construction	Contractor Address: 9 GOULD LEWISTON MAINE 04240	Phone: (207) 783-2091
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: C-41
Past Use: Hospital Use	Proposed Use: Same: Hospital use – to renovate the existing cystoscopy procedure room #18 in the basement of the Bean Bldg.	Cost of Work: \$99,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt. Poirier</i>	Inspection: Use Group: I-2 Type: IA IBC-2009 Signature: <i>JMB</i>
Proposed Project Description: Renovations Cysto Room		Pedestrian Activities District (P.A.D.)  5/12/12	
Permit Taken By: Lannie		<b>Zoning Approval</b>	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>OK 4/24/12</i></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>S</i></p>
	<b>CERTIFICATION</b>		

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* • [www.portlandmaine.gov](http://www.portlandmaine.gov)

Acting Director of Planning and Urban Development  
Gregory Mitchell

Job ID: 2012-04-3818-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

## Conditions of Approval:

### **Fire**

1. All construction shall comply with City Code Chapter 10.
2. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
3. Fire extinguishers are required. Installation per NFPA 10.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
8. Non-combustible construction of this structure requires all construction to be Non-combustible.
9. Any cutting and welding done will require a Hot Work Permit from Fire Department.

### **Building**

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Equipment shall be installed in compliance with the manufacturer's specifications and the UL listing. Per Steve J., the angle bracket attachments to the structure are existing, the new equipment plate will be attached and is lighter in weight.
3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

C-41



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>Maine Medical center 22 Bramhall St.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>(207) 662-6149</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Same as above</u> Address City, State & Zip	Cost Of Work: \$ <u>99,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>1,020.00</u>
Current legal use (i.e. single family) <u>Healthcare</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: <u>Healthcare</u>		
Is property part of a subdivision? _____ If yes, please name _____		
Project description: <u>Renovation to existing cystoscopy procedure room 10</u>		
Contractor's name: <u>Hebert Construction</u>		
Address: <u>9 Gould Road</u> <u>Basement of Bean Bldg</u>		
City, State & Zip <u>Lewiston, ME 04240</u>		Telephone: <u>(207) 783-2091</u>
Who should we contact when the permit is ready: <u>Steve Janosco</u>		Telephone: <u>(207) 783-2091</u>
Mailing address: _____		

RECEIVED  
 APR 20 2012  
 Dept. of Building Inspections  
 City of Portland Maine  
 RECEIVED  
 APR 20 2012  
 Dept. of Building Inspections  
 City of Portland Maine

**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: <u>Steve Janosco</u> Steve Janosco / Project mgr	Date: <u>April 19, 2012</u>
--	-----------------------------

**This is not a permit; you may not commence ANY work until the permit is issue**



# Certificate of Design Application

From Designer:

Carol Gillis, AIA, Design Group Collaborative

Date:

April 10, 2012

Job Name:

Maine Medical Center - Cysto Room 18 Renovations

Address of Construction:

22 Bramhall Street, Portland, ME 04102

## 2009 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2009 Use Group Classification (s) Institutional I-2

Type of Construction Type IA, fully sprinklered

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC N/A

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) N/A

### Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)

### Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	

### Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)

Basic wind speed (1809.3)

Building category and wind importance Factor,  $I_w$  (table 1604.5, 1609.5)

Wind exposure category (1609.4)

Internal pressure coefficient (ASCE 7)

Component and cladding pressures (1609.1.1, 1609.6.2.2)

Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623)

N/A Design option utilized (1614.1)

Seismic use group ("Category")

Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)

Site class (1615.1.5)

N/A Live load reduction

Roof live loads (1603.1.2, 1607.11)

Roof snow loads (1603.7.3, 1608)

Ground snow load,  $P_g$  (1608.2)

If  $P_g > 10$  psf, flat-roof snow load  $P_f$

If  $P_g > 10$  psf, snow exposure factor,  $C_e$

If  $P_g > 10$  psf, snow load importance factor,  $I_s$

Roof thermal factor,  $C_t$  (1608.4)

Sloped roof snowload,  $P_s$  (1608.4)

Seismic design category (1616.3)

Basic seismic force resisting system (1617.6.2)

Response modification coefficient,  $R$ , and deflection amplification factor,  $C_d$  (1617.6.2)

Analysis procedure (1616.6, 1617.5)

Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)

Elevation of structure

### Other loads

N/A Concentrated loads (1607.4)

Partition loads (1607.5)

Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



# Certificate of Design

Date: April 16, 2012

From: Carol Gillis, AIA, Design Group Collaborative

These plans and / or specifications covering construction work on:

Maine Medical Center, Cystoscopy Room 18  
Renovations

To the best of my knowledge, information and belief, have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2009 International Building Code* and local amendments.



(SEAL) 4/16/12

Signature: Carol Gillis

Title: Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Suite 303  
Portland, ME 04101

Phone: 207-699-3300

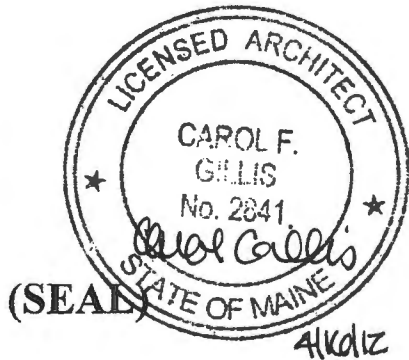
For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Accessibility Building Code Certificate

Designer: Carol Gillis, AIA, Design Group Collaborative  
 Address of Project: Maine Medical Center  
22 Bramhall Street, Portland, ME  
 Nature of Project: Renovation of existing Cystoscopy  
Procedure room 18

To the best of my knowledge, information and belief  
 the technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: Carol Gillis  
 Title: Architect  
 Firm: Design Group Collaborative  
 Address: 22 Free Street, Suite 303  
Portland, ME 04101  
 Phone: 207-699-3300

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



**Letter of Transmittal**

**To:** Jeannie Burke  
Portland City Hall  
Inspection Division  
389 Congress St.  
Portland, ME 04101  
Ph: 207-874-8703

**Transmittal #:** 1  
**Date:** 4/19/2012  
**Job:** 110118 MMC-OR 18/Cystoscopy Rm Reno

**Subject:**

- WE ARE SENDING YOU**
- |   |   |
|---|---|
| <input type="checkbox"/> Attached       | <input type="checkbox"/> Under separate cover via None the following items: |
| <input type="checkbox"/> Shop drawings  | <input type="checkbox"/> Prints   |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Change order                                       |
| <input type="checkbox"/> Plans          | <input type="checkbox"/> Samples  |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Other  |

Document Type	Copies	Date	No.	Description
Other	1			Building Application
Other	1			Certificate Of Design Application
Other	1			Certificate Of Design / Accessibility Building Code Certificate
Other	1			Disc -Plans 24x36 text
Other	1			Drawings 24x36
Other	1			Check #40903

**THESE ARE TRANSMITTED as checked below:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> For approval            | <input type="checkbox"/> Approved as submitted            | <input type="checkbox"/> Resubmit ___ copies for approval   |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted                | <input type="checkbox"/> Submit ___ copies for distribution |
| <input type="checkbox"/> As requested            | <input type="checkbox"/> Returned for corrections         | <input type="checkbox"/> Return ___ corrected prints        |
| <input type="checkbox"/> For review and comment  | <input type="checkbox"/> Other                            |   |
| <input type="checkbox"/> FOR BIDS DUE            | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |   |

**Remarks:**

**Copy To:**

**From:** Steve Janosco (Hebert Construction)

**Signature:** Steve Janosco

## Planning Sheet & Equipment Drawings

SHT. NO.	CONTENTS
1	Table of Contents
2	Account Information
3	SCCT Custom Orders
4	Plan & Elevation
5	Parts List
6	Standard Mount Detail
7	Support Structure Detail
8	Ceiling Access Detail
9	Structural Plate Bolt Hole Pattern
10	Structural Plate Instructions
11	STERIS vLED (Single Cardanic) Spring Arm and Lighthead



1. STERIS RECOMMENDS INSTALLATION DURING EARLY PHASE OF CONSTRUCTION.
2. STERIS ASSUMES NO RESPONSIBILITY FOR CHANGES MADE NECESSARY THROUGH FAILURE TO OBSERVE INSTALLATION INSTRUCTIONS. IT IS THE RESPONSIBILITY OF THE CUSTOMER TO INSURE THAT UNITS ARE INSTALLED IN ACCORDANCE WITH STATE AND LOCAL CODE.

**THIS SIGNATURE CONFIRMS EQUIPMENT SPECIFICATIONS AND CEILING HEIGHT CONTAINED IN THIS DOCUMENT AND ACKNOWLEDGES THAT ANY CHANGES MAY RESULT IN ADDITIONAL FEES AND DELAYED DELIVERY**

TITLE:  
SIGNATURE:

DATE:

ACCOUNT NAME  
Maine Medical Center

ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLEd Cysto Room

PRINTED DATE  
3/29/2012

SHEET 1 of 11

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

# STERIS®



STERIS Corporation  
Mentor, OH

## TITLE SHEET AND TABLE OF CONTENTS

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

Date: March 29, 2012

H-number \_\_\_\_\_

Description: Harmony vLED Single

Item no: \_\_\_\_\_

Room Application: Cysto

Account: Maine Medical Center

Location Portland, ME

Customer Rep: John Romanowski

Voice Mail: 978-764-2677

Project Manager: Mike McCormick

Voice Mail: 413-575-6086

Customer PO Number: \_\_\_\_\_

Quantity: 1 Room Numbers: OR 18

STERIS Order No: \_\_\_\_\_

Order Item No: \_\_\_\_\_

**Special Instructions:**

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

**ACCOUNT  
INFORMATION**

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

ACCOUNT NAME  
Maine Medical Center

ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLEd Cysto Room

PRINTED DATE  
3/29/2012

SHEET 2 of 11

## Additional Terms for SCCT Custom Orders

Custom orders for integrated operating rooms, lights and booms, and other customized equipment for surgical and critical care shall be subject to STERIS's standard Terms and Conditions of Sale and Installation as well as the following additional terms and conditions:

### Payment

A non-refundable deposit of thirty percent (30%) of the total purchase price of any order that includes custom equipment must be paid to STERIS within ten days of the date that STERIS receives Customer's purchase order. Payment of the remainder of the purchase price must be made within thirty days of STERIS's invoice date.

### Cancellation

If a customer chooses to cancel a purchase order for a custom order, the Customer's deposit will be forfeited.

### Change Orders

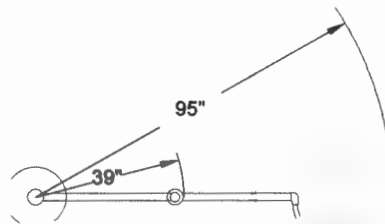
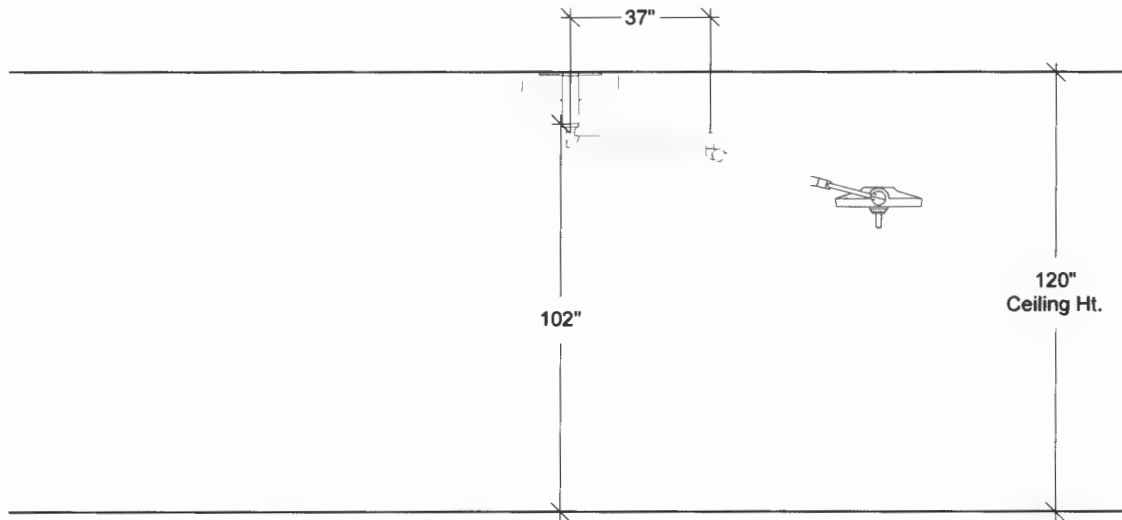
Customer change orders shall be subject to a change order fee of \$2500.00 plus any price difference between the original and revised order. Customers will be invoiced for the change order fee at the time that the requested change is implemented. All change orders must be accepted and approved by STERIS. Change orders may result in delays in shipping and/or installation.

The \$2,500.00 change order fee shall also apply if a STERIS installation team arrives at a Customer facility for a scheduled installation but is unable to complete the installation because of the Customer's failure to prepare the site according to previously agreed upon specifications.

### Return of Goods

Customer shall not be entitled to any refund or credit for custom-made parts, used parts or parts that are missing labels or packaging. Goods may not be returned without prior approval from STERIS. Customer is responsible for all freight costs associated with the return of goods after shipment and may be required to pay a restocking fee.

<small>ALL DIMENSIONS ARE IN INCHES ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</small>	<h2 style="margin: 0;">CUSTOM ORDER TERMS</h2> <p style="margin: 0;">Harmony vLED Single vLED 1 Arm Light (Single Cardanic)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>INITIALS:</small></td> <td style="padding: 2px;"><small>DATE:</small></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>ACCOUNT NAME</small> Maine Medical Center</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>ACCOUNT LOCATION</small> Portland, ME</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>FILE NAME</small> MMC_vLED Cysto Room</td> </tr> <tr> <td style="padding: 2px;"><small>PRINTED DATE</small> 3/29/2012</td> <td style="padding: 2px;"><small>SHEET</small> 3 of 11</td> </tr> </table>	<small>INITIALS:</small>	<small>DATE:</small>	<small>ACCOUNT NAME</small> Maine Medical Center		<small>ACCOUNT LOCATION</small> Portland, ME		<small>FILE NAME</small> MMC_vLED Cysto Room		<small>PRINTED DATE</small> 3/29/2012	<small>SHEET</small> 3 of 11
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<small>PRINTED DATE</small> 3/29/2012	<small>SHEET</small> 3 of 11											
 												



Arm Description	Load (lbs)	Moment (ft-lbs)
The structural load and moment force for this configuration is:	120	279

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

**ELEVATION AND PLAN  
OVERVIEWS**

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

ACCOUNT NAME  
Maine Medical Center

ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLED Cysto Room

PRINTED DATE  
3/29/2012

SHEET 4 of 11

Description	Part #	Type	Qty / Unit	Total Qty
Standard Ceiling Plate Assembly w/Canopy	LV00-001	Acc	1	1
Ceiling Plate Install Package (Includes All Threads Washers and Nuts)	LB39	Acc	1	1
Harmony vLED Non-Camera Ready Lgt-Single Cardanic	LK00-019	Acc	1	1
Single Spindle and Ext Arm for One Lighthead; non-camera	LV00-021	Acc	1	1
Suspension Tube-14" (350mm)	LV00-007	Acc	1	1

ALL DIMENSIONS ARE IN INCHES  
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## PARTS LIST

ACCOUNT NAME  
Maine Medical Center

ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLED Cysto Room

PRINTED DATE  
3/29/2012

SHEET 5 of 11

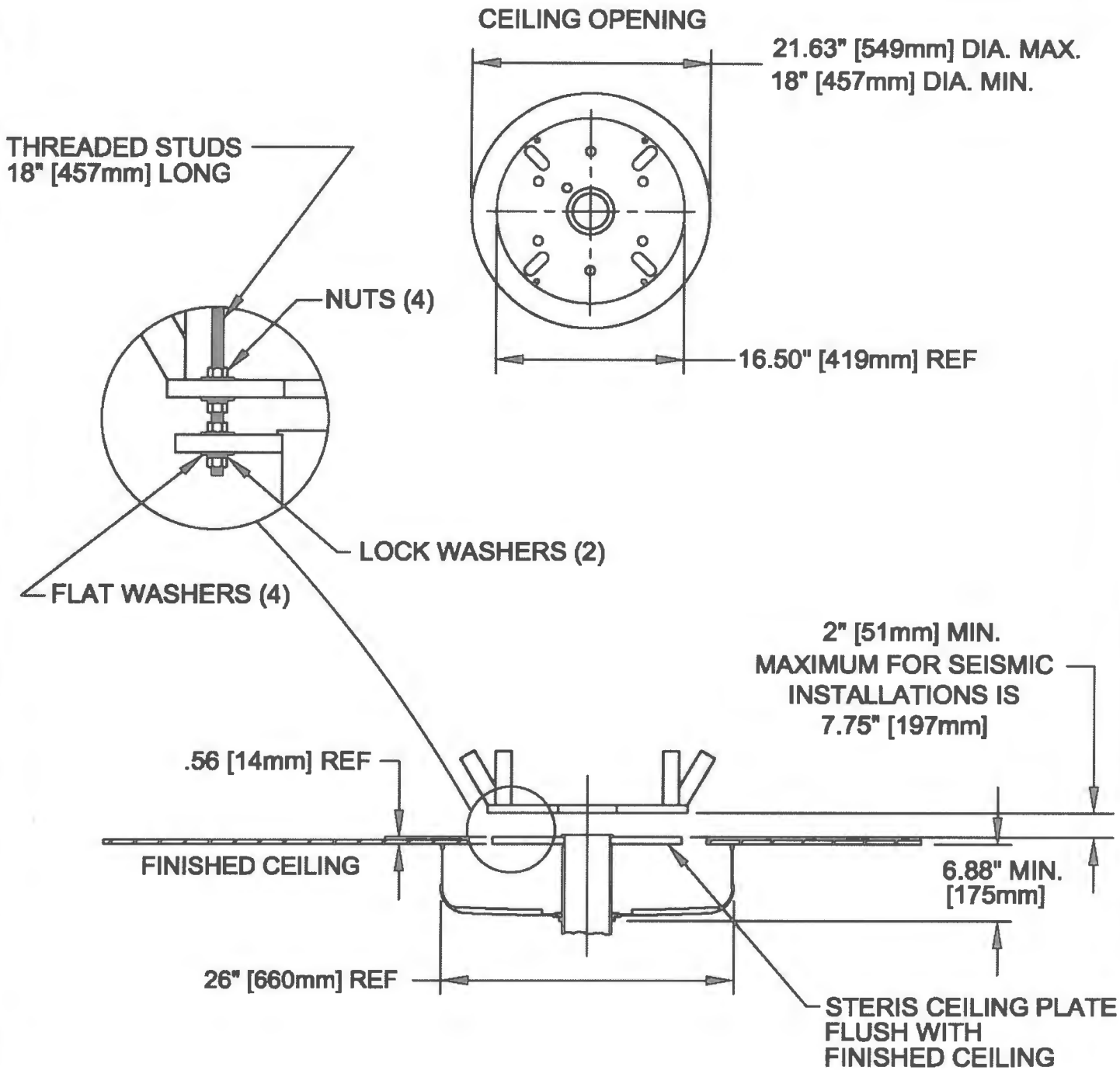
# STERIS®



STERIS Corporation  
Mentor, OH

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

CAD DWG DATE 8-23-09 DRAWN BY GAC CHECKED BY ECA 114308 REV. DATE 2-2-12 REV. NO. 2 DWG. NO. 129378-569



1. ALLOW EXTENSION BOLTS OR FULLY THREADED STUDS TO EXTEND 1.25"±.125" (32MM±3.2mm) THROUGH BOTTOM OF STERIS CEILING PLATE. EXTENSION BOLTS OR FULLY THREADED STUDS TO BE CLASS 2B THREAD SAE J429/ASTM A449 GRADE 5 OR ASTM A193 GRADE B7 MATERIAL OR BETTER. CORRESPONDING GRADE NUTS TO BE USED. DO NOT USE TOGGLE BOLTS.

ALL DIMENSIONS ARE IN INCHES  
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**STERIS®**



STERIS Corporation  
 Mentor, OH

**STANDARD MOUNT  
 DETAIL**

Harmony vLED Single  
 vLED 1 Arm Light (Single Cardanic)

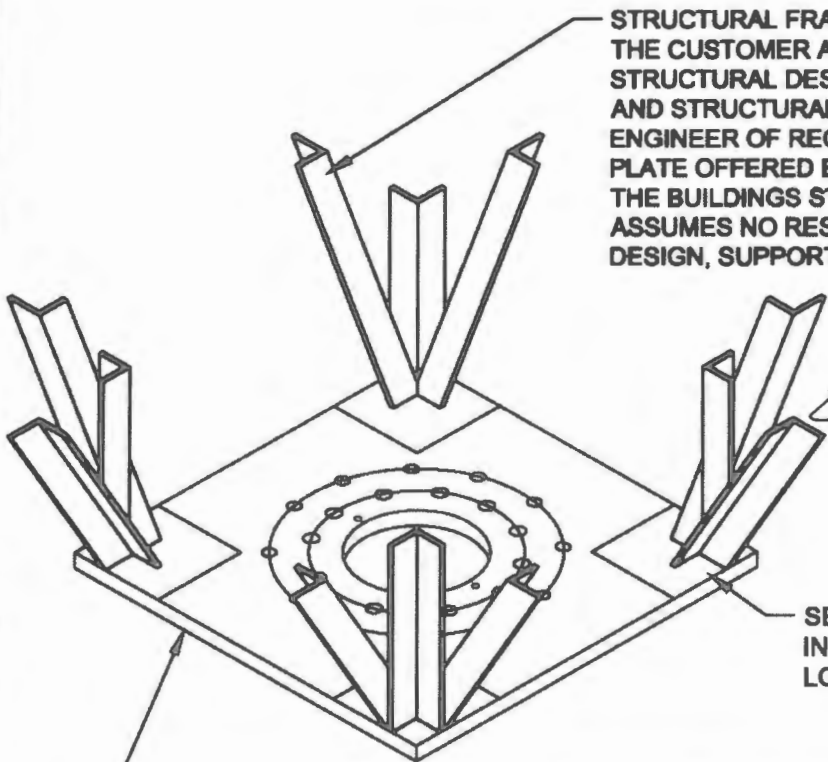
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SHEET 6 of 11

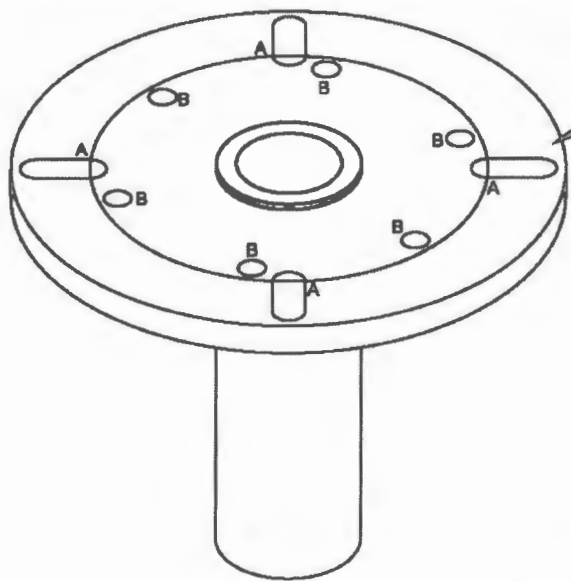


STRUCTURAL FRAMEWORK & BRACING (PROVIDED BY OTHERS). THE CUSTOMER ASSUMES ALL RESPONSIBILITY FOR THE STRUCTURAL DESIGN, SUPPORT BRACING, STRUCTURAL SUPPORT AND STRUCTURAL PLATE INSTALLATION. CONSULT WITH THE ENGINEER OF RECORD (EOR) TO ENSURE THAT THE STRUCTURAL PLATE OFFERED BY STERIS IS SEAMLESSLY INCORPORATED INTO THE BUILDINGS STRUCTURAL DESIGN & SUPPORT BRACING. STERIS ASSUMES NO RESPONSIBILITY FOR THE CUSTOMER'S STRUCTURAL DESIGN, SUPPORT BRACING & STRUCTURAL SUPPORT INSTALLATION.

*3/17/12  
Per Steve J. (Hebert)  
The supports/bracing are  
existing & being re-used  
much lighter equip.  
JMB*

SEE STRUCTURAL PLATE INSTRUCTIONS TO DETERMINE LOCATION OF KICKERS

STRUCTURAL MOUNTING PLATE MAY BE PROVIDED BY STERIS. QUOTED SEPARATELY, ADDITIONAL CHARGE APPLIES. IT IS THE EOR'S RESPONSIBILITY TO ENSURE THAT THE STRUCTURAL PLATE IS APPROPRIATELY INSTALLED AND MEETS ALL ABOVE CEILING SUPPORT REQUIREMENTS.



STERIS CEILING PLATE (PROVIDED BY STERIS)

1. THE CEILING STRUCTURE MUST BE LEVEL.
2. WHEN THE SPECIFIED LOADS ARE APPLIED, THE CEILING STRUCTURE MUST PREVENT THE STERIS CEILING PLATE FROM TIPPING MORE THAN 0.2°.
3. STERIS RECOMMENDS A CEILING STRUCTURE THAT CAN ACCOMMODATE THE MAXIMUM LOAD CONFIGURATION WHICH IS SFPM, LIGHT, LIGHT, SFPM WITH A LOAD OF 362LBS (164KG) AND A MOMENT OF 1265FT-LBS (1715NM) (FOR MORE SPECIFIC LOADING INFORMATION SEE PAGE 2)

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

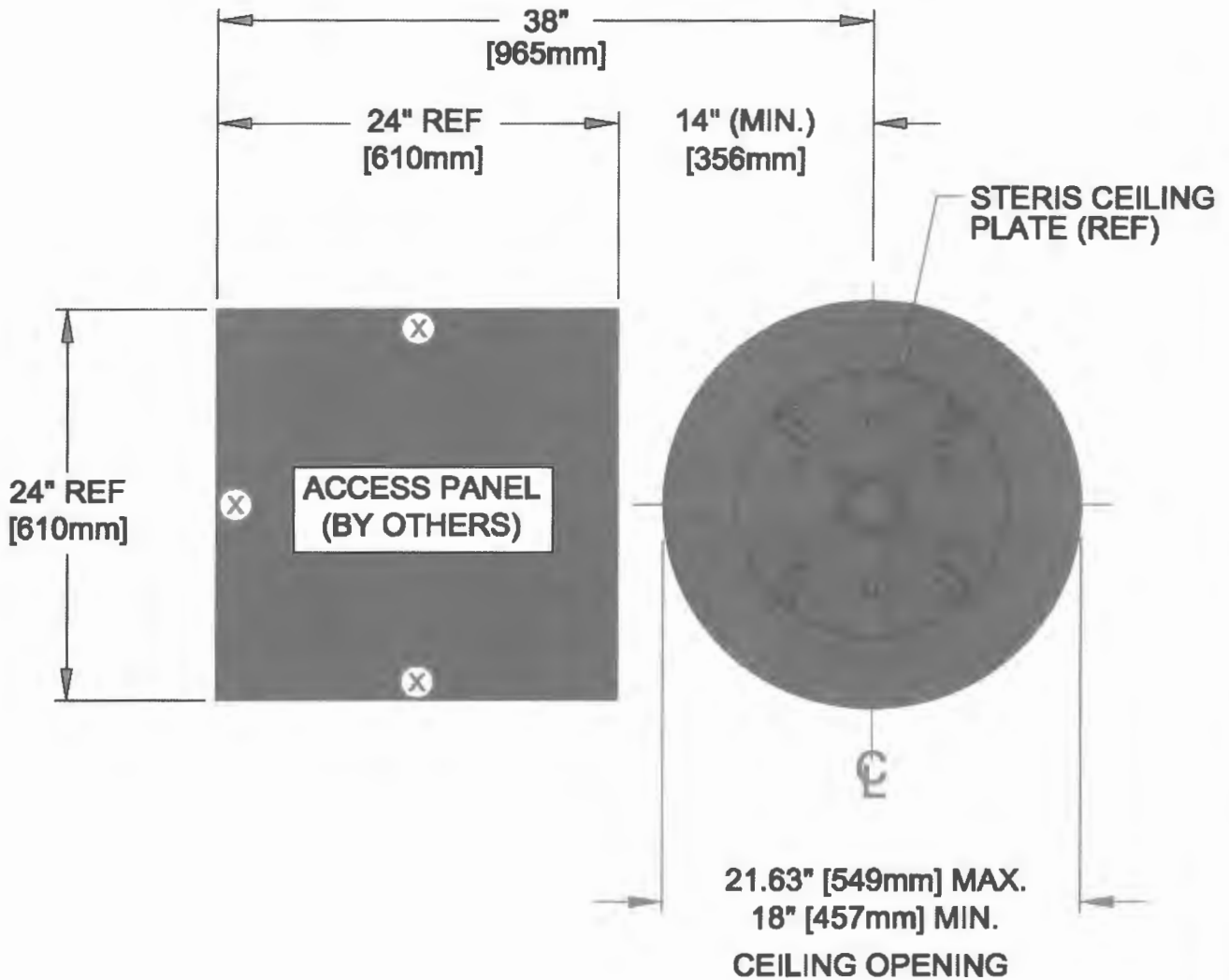


## SUPPORT STRUCTURE DETAIL

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

ACCOUNT NAME Maine Medical Center	
ACCOUNT LOCATION Portland, ME	
FILE NAME MMC_vLEd Cysto Room	
PRINTED DATE 3/29/2012	SHEET 7 of 11





**NOTES:**

1. (X) RECOMMENDED HINGE LOCATIONS.
2. WHILE REQUIRED FOR SYSTEMS THAT HAVE MONITORS, IT IS HIGHLY RECOMMENDED THAT A 24" SQUARE HINGED SERVICE ACCESS PANEL BE PROVIDED IN THE CEILING WITHIN 38" OF THE SPINDLE FOR WIRING AND SERVICE ACCESSIBILITY.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

**CEILING ACCESS  
DETAIL**

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

ACCOUNT NAME  
Maine Medical Center

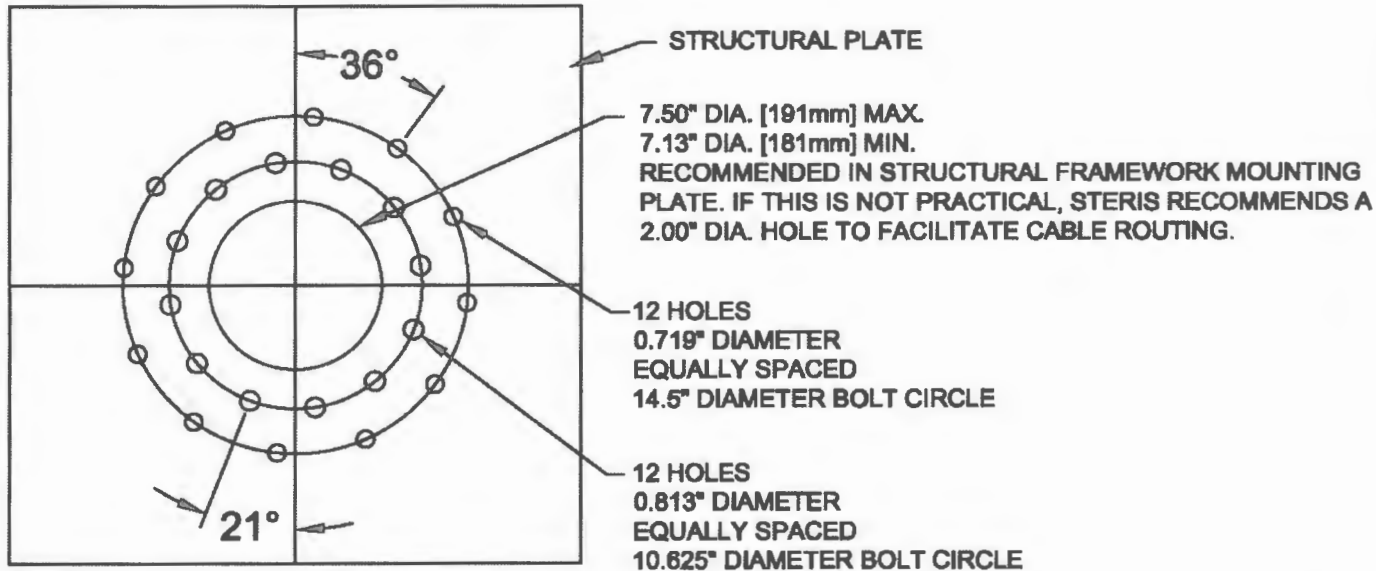
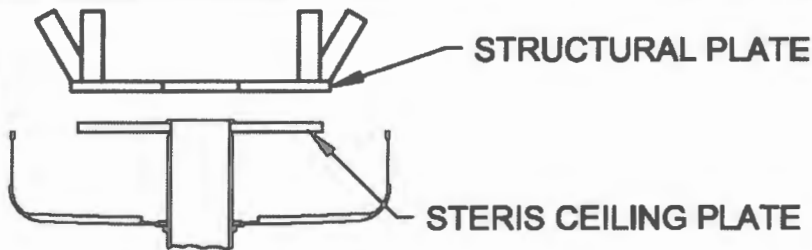
ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLEd Cysto Room

PRINTED DATE  
3/29/2012

SHEET 8 of 11

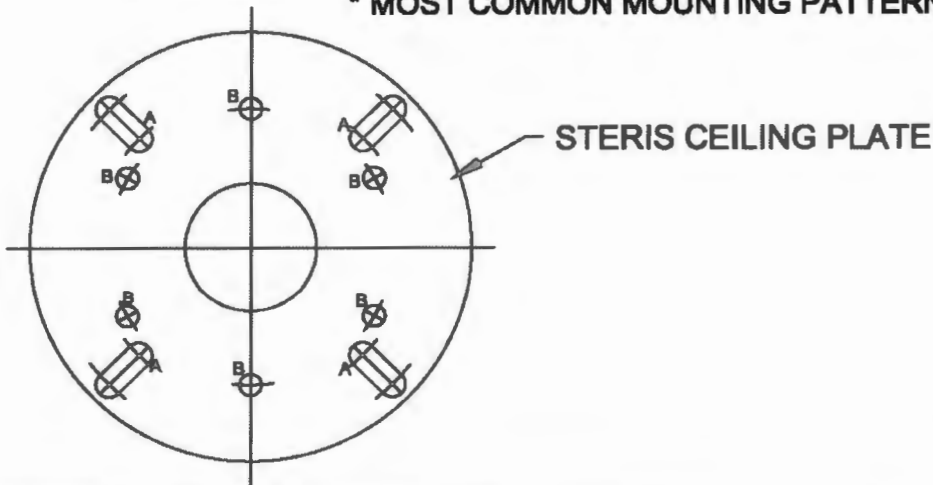
CAD DWG DATE 08-17-11 DRAWN BY G.J. CHECKED BY G.J. ECA 114119 REV. DATE 8-17-11 REV. NO. 0 DWG. NO. 129378-885



WHEN MOUNTING TO EXISTING STRUCTURES THE FOLLOWING BOLT PATTERNS CAN BE USED

MOUNTING HOLE CHART				
HOLES	BOLT DIA.	QTY.	BOLT CIRCLE DIA.	HOLE TO HOLE
A	*5/8"	4	11.813" [300mm]	8.38" [213mm]
	OR 7/8"		THRU 14.938" [379mm]	THRU 10.56" [268mm]
B	5/8"	6	10.625" [270mm]	5.31" [135mm]

\* MOST COMMON MOUNTING PATTERN



ALL DIMENSIONS ARE IN INCHES  
 ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



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 Mentor, OH

**STRUCTURAL PLATE  
 BOLT HOLE PATTERN**

Harmony vLED Single  
 vLED 1 Arm Light (Single Cardanic)

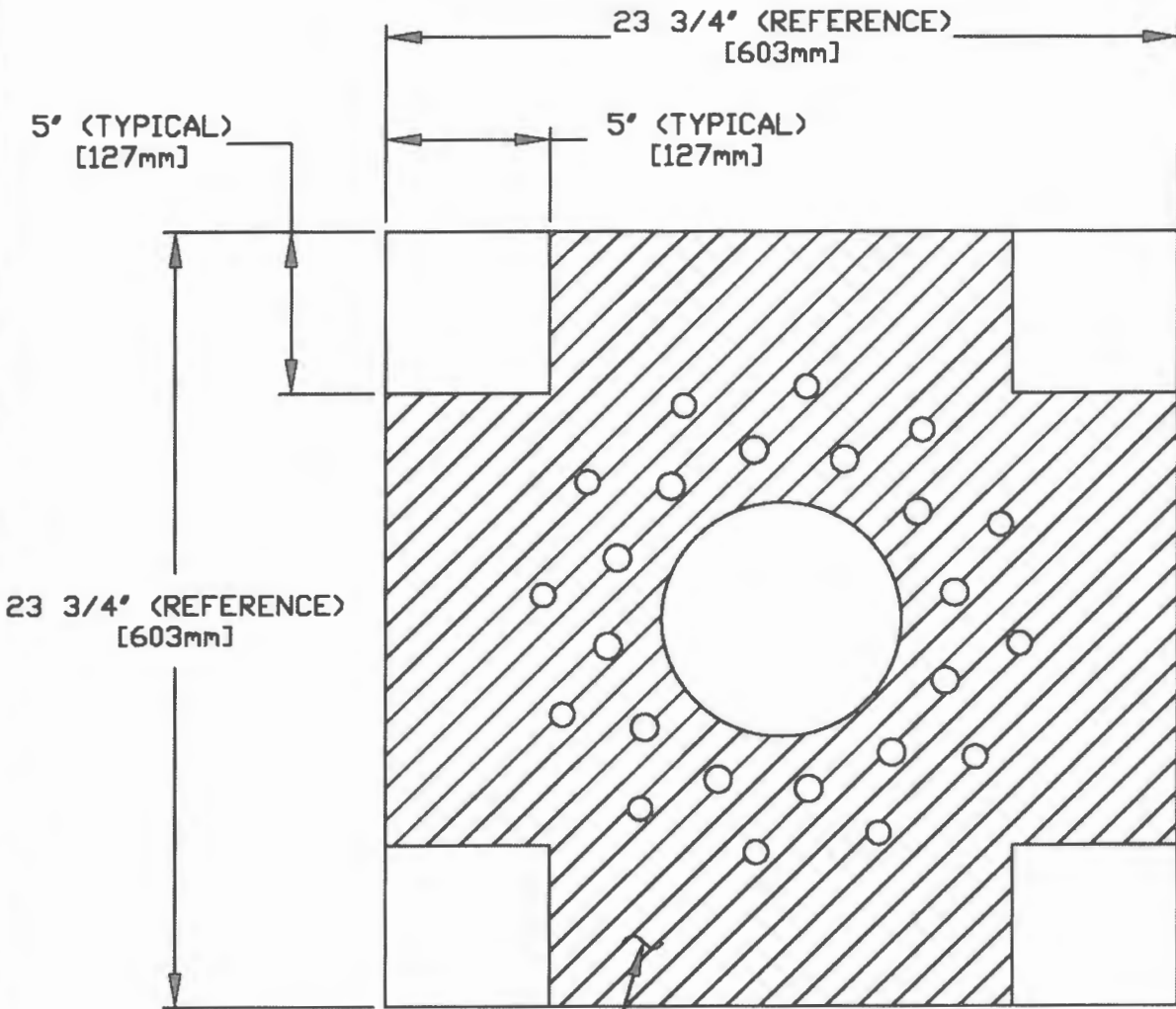
ACCOUNT NAME  
 Maine Medical Center

ACCOUNT LOCATION  
 Portland, ME

FILE NAME  
 MMC\_vLED Cysto Room

PRINTED DATE  
 3/29/2012

SHEET 9 of 11



NO KICKERS OR WELD ALLOWED IN THIS AREA

**NOTES:**

1. ALL WELD AND KICKERS MUST BE CONTAINED WITHIN THE 5" X 5" AREAS LOCATED AT EACH CORNER OF THE PLATE.
2. STRUCTURAL PLATE MATERIAL: 1" A36 STEEL (PROVIDED BY STERIS). PLATE WEIGHS APPROXIMATELY 150 POUNDS.

ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS®**



STERIS Corporation  
Mentor, OH

**STRUCTURAL PLATE  
INSTRUCTIONS**

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

ACCOUNT NAME  
Maine Medical Center

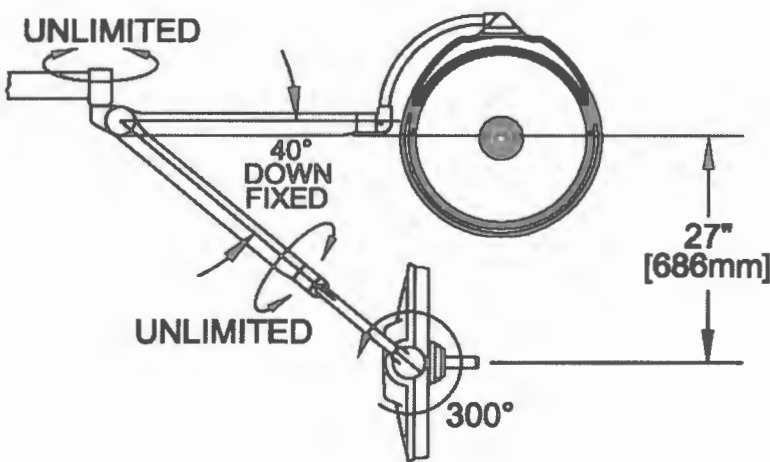
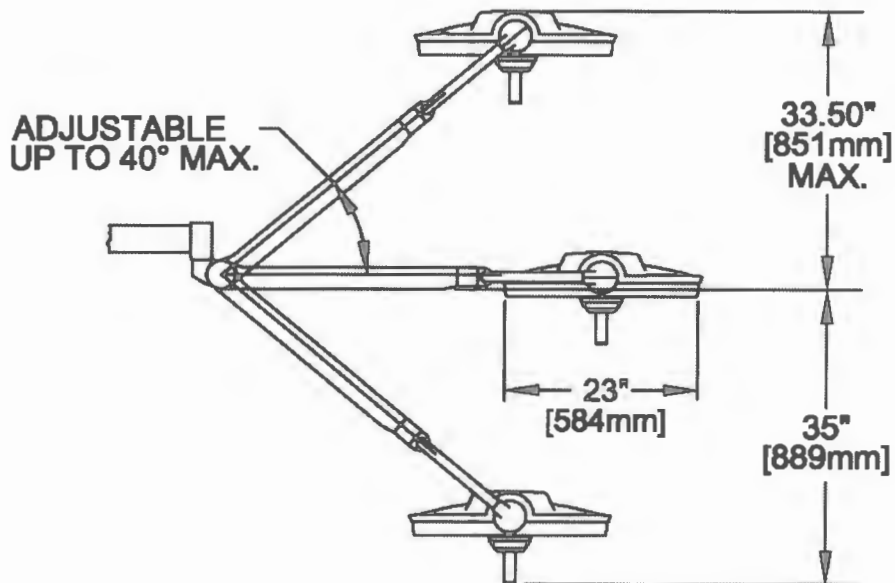
ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLEd Cysto Room

PRINTED DATE  
3/29/2012

SHEET 10 of 11

CAD DWG DATE 02-18-10 DRAWN BY SD CHECKED BY SD ECA 104164 REV. DATE 02-18-10 REV. NO. 0 DWG. NO. 136824-197



ALL DIMENSIONS ARE IN INCHES  
ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS

**STERIS**



STERIS Corporation  
Mentor, OH

**STERIS vLED (SINGLE CARDANIC)  
SPRING ARM AND LIGHTHEAD**

Harmony vLED Single  
vLED 1 Arm Light (Single Cardanic)

ACCOUNT NAME  
Maine Medical Center

ACCOUNT LOCATION  
Portland, ME

FILE NAME  
MMC\_vLED Cysto Room

PRINTED DATE  
3/29/2012

SHEET 11 of 11

CAD DWG ·  
136824-348


ECA. NO. 114128  
 REV. DATE 06/08/11  
 REV. NO. 4 DWG. NO. \_\_\_\_\_

DRAWN BY JKD      CHECKED BY DH

DRAWN DATE 08-02-10

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6	RECESS MOUNTED WALL CONTROL CENTER
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9	REMOTE PANEL CONTROL CONDUIT LOCATIONS
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12	FIELD AC WIRING CONNECTION DETAILS
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15	CONTROL WIRING SCHEMATIC W/AUTOCAL

ALL DIMENSIONS ARE IN INCHES  ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS	<b>REMOTE PANEL EQUIPMENT          DWG., vLED SURGICAL          LIGHTING CONTROL SYSTEM</b>	EQUIPMENT DRAWING NO. <b>136824-348</b>				
 STERIS Corporation Mentor, OH	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">ITEM _____</td> <td style="width: 20%; text-align: center;">SHT 1</td> </tr> <tr> <td>LOCATION(S) _____</td> <td style="text-align: center;">OF 16</td> </tr> </table>		ITEM _____	SHT 1	LOCATION(S) _____	OF 16
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LOCATION(S) _____	OF 16					

GENERAL NOTES:

1. vLED REMOTE PANEL CONTROLS CONSIST OF A WALL CONTROL AND A REMOTE CONTROL PANEL.
2. WALL CONTROL KEYPAD ROUGH-IN BOX ASSEMBLY SUPPLIED BY STERIS.
3. RECOMMENDED HEIGHT OF ROUGH-IN BOX 60" MIN. ABOVE FINISHED FLOOR TO COMPLY WITH NFPA REQUIREMENTS FOR FLAMMABLE ANESTHETICS. CONTROL BOX MAY BE MOUNTED BELOW 60" IF NO FLAMMABLE ANESTHETICS ARE UTILIZED.
4. OPENING IN WALL FOR THE WALL CONTROL ROUGH-IN BOX ASSEMBLY MUST BE 5 1/4"H X 7 1/4"W X 3 1/2" DEPTH.  
"LC/vLED" ROUGH-IN BOX IS NOT THE SAME BOX AS PRIOR STERIS/AMSCO LIGHTING SYSTEMS"
5. IF REPLACING AN SQ240 OR OTHER LIGHTING SYSTEM, THE EXISTING ROUGH-IN BOX ASSEMBLY MAY POSSIBLY BE USED. A RETROFIT KIT IS REQUIRED TO ACCOMMODATE REPLACEMENT OF EXISTING SYSTEMS. 4" UTILITY BOX FROM ROUGH-IN BOX ASSEMBLY WILL NOT BE USED. NOTE: SOME EXISTING ROUGH-IN BOXES MAY NOT BE LARGE ENOUGH TO ACCOMMODATE THE RETROFIT KIT.
6. WALL CONTROL KEYPAD MOUNTING OPTION:  
A). FOR RECESS MOUNTED CONTROL: SEE PAGE 6 OF 15  
B). FOR SURFACE MOUNTED CONTROL: SEE PAGE 7 OF 15
7. ROUGH-IN BOX ASSEMBLY MUST BE SECURELY MOUNTED ON WALL KEYPAD.
8. PULL THE PRE-LABELED 35'-OR-65' CONTROL CABLE THROUGH WALL CONDUIT, 3/4" MINIMUM, PRIOR TO INSTALLING CONTROLS.
9. THE PULL BOX MUST BE LOCATED WITHIN A CONDUIT RUN NO MORE THAN 60" FROM THE CEILING SPINDLE FOR COMMUNICATIONS AND POWER.
10. THE PANEL MAY BE LOCATED NEAR THE CEILING WITHIN 6" OF THE FALSE CEILING AND A MINIMUM OF 60" FROM FLOOR TO BOTTOM OF PANEL. ALL CONDUIT ENTERS AT THE TOP OF THE PANEL. ALL CONDUIT POINTS ARE PRE-PUNCHED FOR THE SPECIFIC CONDUIT.
11. A COSMETIC COVER MAY BE ADDED BY THE INSTALLER TO COVER THE CONDUIT BETWEEN THE TOP OF THE PANEL AND THE CEILING.
12. THE COMMUNICATIONS CONVERSION MODULES ARE INSTALLED ON THE CEILING PLATE - UP TO 3 MODULES WITH CONNECTIONS TO BOTH THE DC POWER FROM THE LIGHTHEAD AND THE COMMUNICATION SIGNAL.
13. A PULL BOX IS REQUIRED FOR EACH CONDUIT TO THE REMOTE CONTROL BOX AND LOCATED LESS THEN 6' FROM REMOTE PANEL CONTROL.
14. EQUIPMENT MUST BE INSTALLED PER NATIONAL AND LOCAL CODES.
15. CEILING ACCESS PANEL HIGHLY RECOMMENDED, AND LOCATED WITHIN ARMS REACH OF THE CANOPY LOCATION FOR SERVICE TO THE CEILING PANEL.
16. STERIS ASSUMES NO RESPONSIBILITY FOR CHANGES MADE NECESSARY THROUGH FAILURE TO OBSERVE THESE INSTRUCTIONS.

ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation  
Mentor, OH

REMOTE PANEL EQUIPMENT  
DWG., vLED SURGICAL  
LIGHTING CONTROL SYSTEM

EQUIPMENT DRAWING NO.

136824-348

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OF 16

ITEM \_\_\_\_\_

LOCATION(S) \_\_\_\_\_

GENERAL NOTES: (continued)

17. FOR RECOMMENDED CONDUIT AND WIRE LENGTHS REFER TO HARMONY LC/vLED CABLES, AND HARMONY CONDUIT REQUIREMENTS CHARTS ON PAGES #10 & #11.
18. SEPARATE PULL BOXES (NOT SUPPLIED BY STERIS) MUST BE MOUNTED WITHIN 24" OF CEILING STRUCTURE FOR ALL CONDUIT RUNS. SEPARATE PULL BOX IS REQUIRED FOR DC CONNECTIONS FOR BACK-UP POWER REQUIREMENTS.
19. ALL AC WIRING MUST BE ENCLOSED W/FLEX CONDUIT FROM PULL BOX TO CANOPY CONDUIT  $\frac{3}{4}$ " FLEX CONDUIT.
20. MAXIMUM AMBIENT TEMPERATURE FOR EXTERIOR OF REMOTE PANEL CONTROL IS 40°C (104°F).
21. RECOMMENDED INSTALLATION FOR RPC WALL PANEL: USE TWO PIECES OF HORIZONTAL UNISTRUT TO ANCHOR ACROSS (3) STUDS. MOUNT RPC WITH (4) 1/4" BOLTS USING LARGE FLAT WASHER & LOCK WASHER FOR EACH BOLT. FASTENERS AND HORIZONTAL UNISTRUT NOT SUPPLIED BY STERIS.

ECA. NO. 114128 CAD DWG .  
 REV. DATE. 06/08/11 136824-348  
 REV. NO. 4 DWG. NO.  
 DRAWN DATE 08-02-10 DRAWN BY JKD CHECKED BY DH

ALL DIMENSIONS ARE IN INCHES  ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS	REMOTE PANEL EQUIPMENT DWG., vLED SURGICAL LIGHTING CONTROL SYSTEM	EQUIPMENT DRAWING NO. 136824-348   SHT 3 OF 16
 STERIS Corporation Mentor, OH		ITEM _____ LOCATION(S) _____

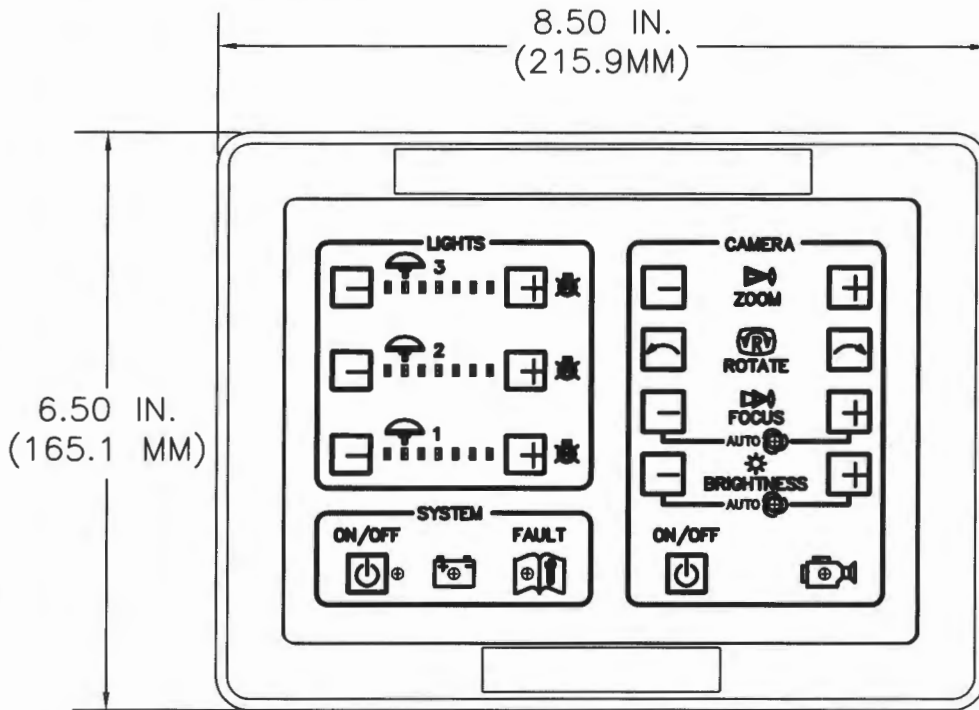




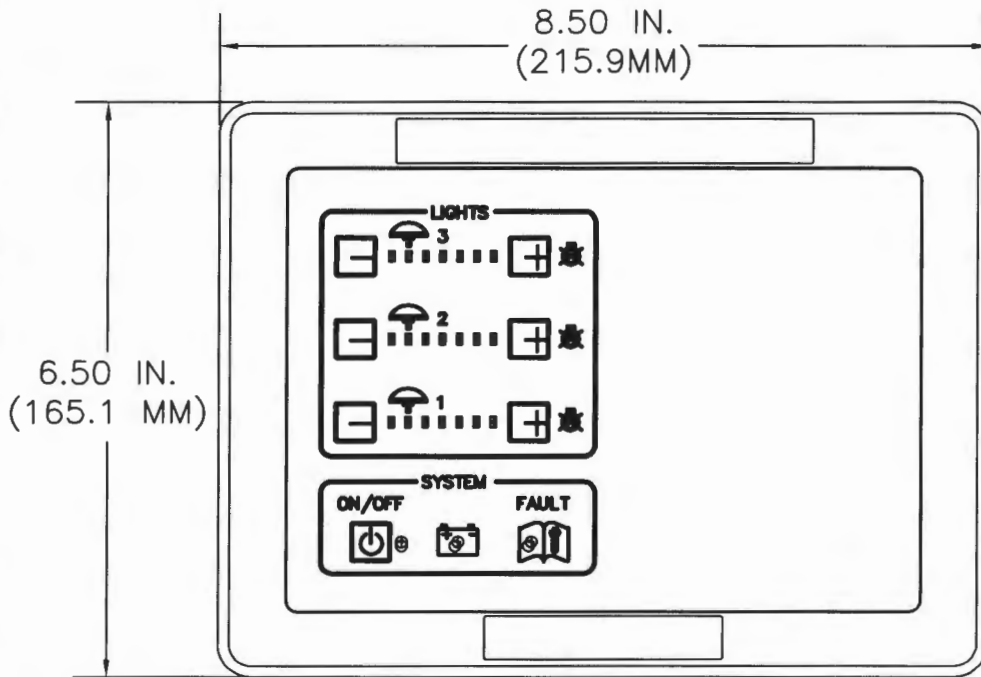


ECA. NO. 114128  
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 REV. NO. 4  
 DWG. NO. 136824-348  
 DRAWN DATE 08-02-10  
 DRAWN BY JKD  
 CHECKED BY DH

CAD DWG



WALL CONTROL PANEL WITH CAMERA



WALL CONTROL PANEL W/O CAMERA

ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES  
 APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation  
 Mentor, OH

REMOTE PANEL EQUIPMENT  
 DWG., vLED SURGICAL  
 LIGHTING CONTROL SYSTEM

EQUIPMENT DRAWING NO.

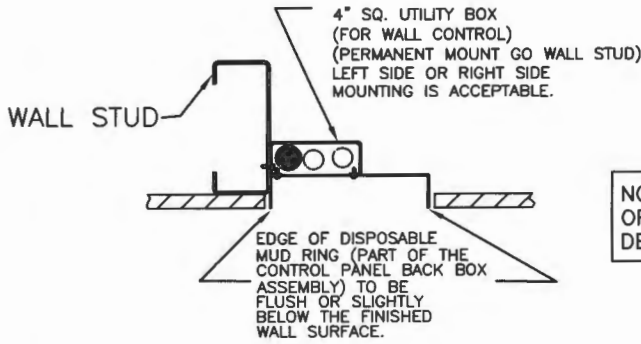
136824-348

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 OF 16

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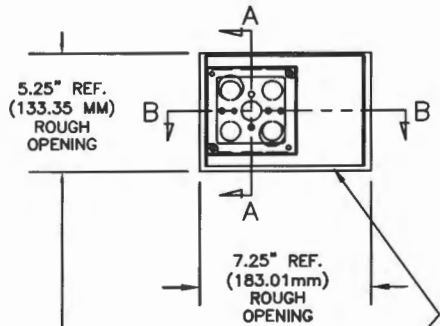
LOCATION(S) \_\_\_\_\_

# RECESS MOUNTED WALL CONTROL



SECTION B-B

NOTE: SEE SHEET 9 FOR DETAILS OF CONDUIT LOCATION AND INPUT DESCRIPTIONS.

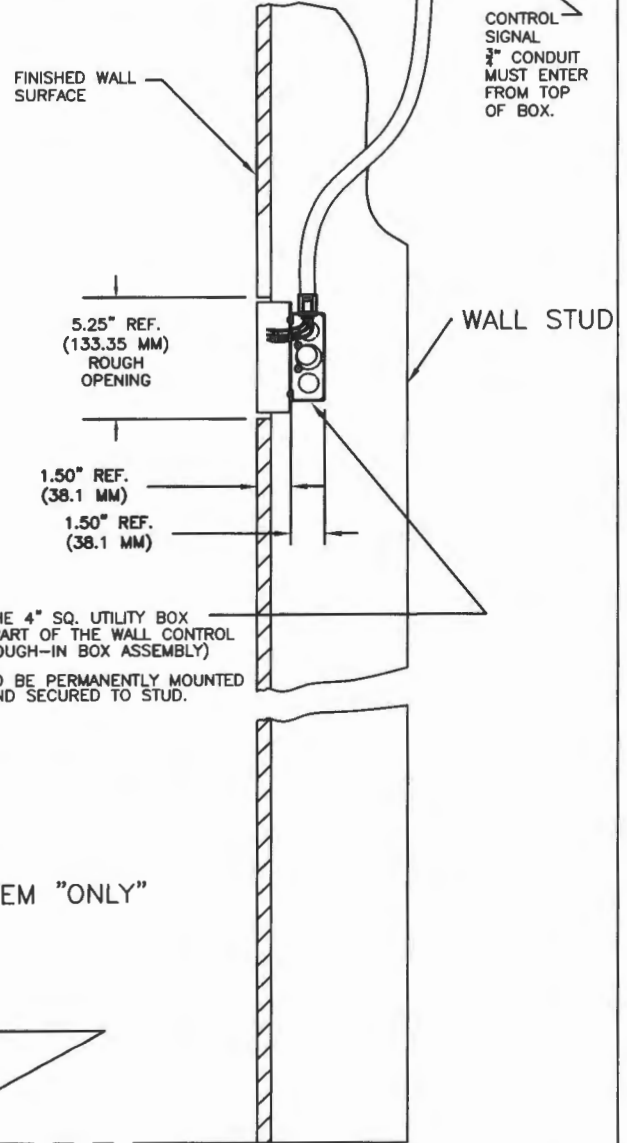


DISPOSABLE MUD RING

60" (1.524 M)

\* FOR DC BATTERY BACKUP SYSTEM "ONLY"

FINISHED FLOOR SURFACE



SECTION A-A

ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation  
Mentor, OH

## REMOTE PANEL EQUIPMENT DWG., vLED SURGICAL LIGHTING CONTROL SYSTEM

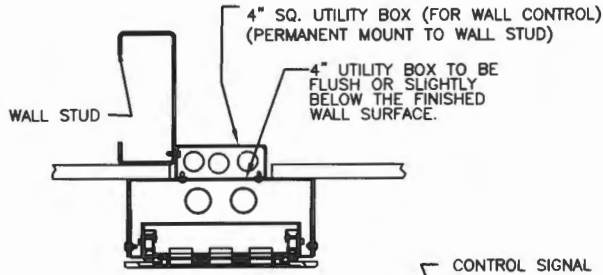
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136824-348

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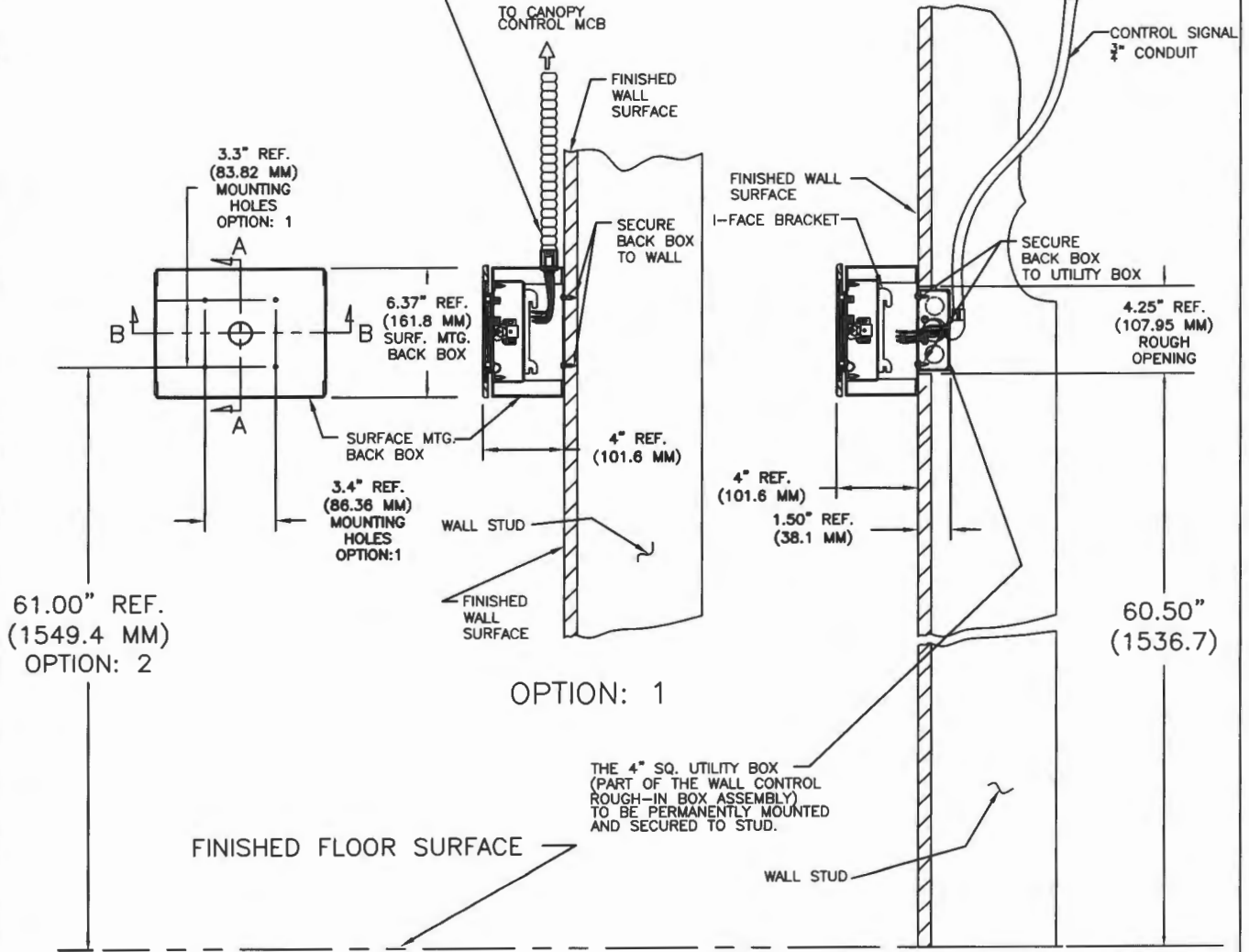
ITEM	_____
LOCATION(S)	_____

# SURFACE MOUNTED WALL CONTROL



NOTE: SEE SHEET 9 FOR DETAILS OF CONDUIT LOCATION AND INPUT DESCRIPTIONS.

SECTION B-B  
OPTION: 1



OPTION: 1

SECTION A-A  
OPTION: 2

\* FOR DC BATTERY BACKUP SYSTEM "ONLY"

ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation  
Mentor, OH

## REMOTE PANEL EQUIPMENT DWG., vLED SURGICAL LIGHTING CONTROL SYSTEM

EQUIPMENT DRAWING NO.

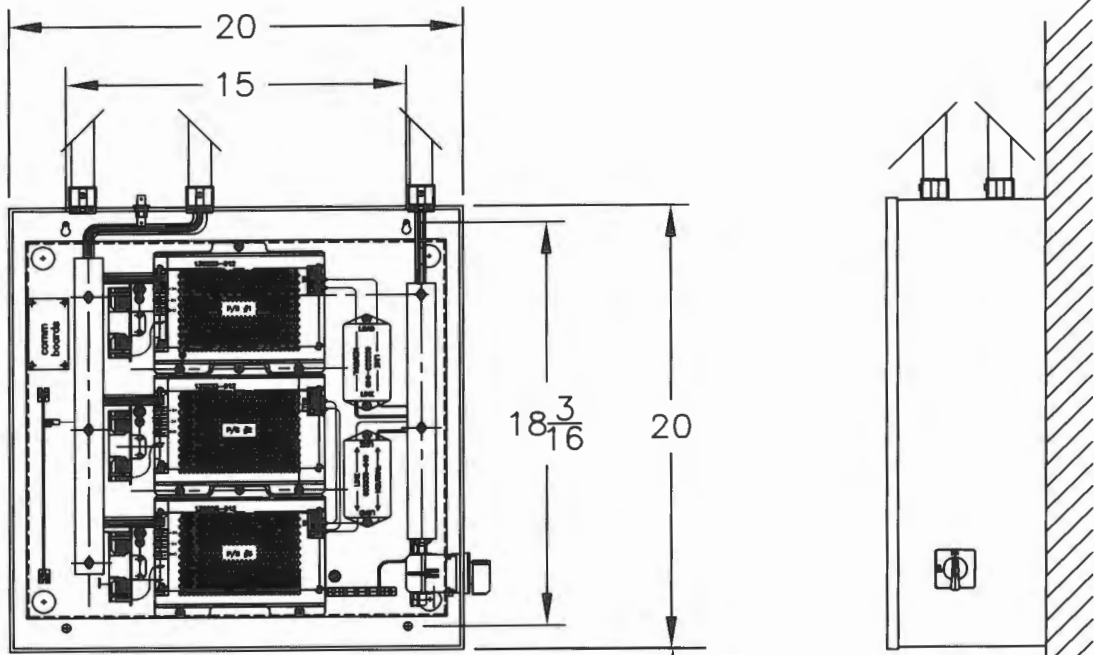
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LOCATION(S)

ECA. NO. 114128  
 REV. DATE 06/08/11  
 REV. NO. 4 DWG. NO. 136824-348  
 CAD DWG  
 DRAWN BY JKD  
 CHECKED BY DH  
 DRAWN DATE 08-02-10




USE 1/4" FASTENERS TO SECURE PANEL. FASTENERS SHOULD BE ANCHORED IN STUDS CAPABLE OF HOLDING 50 LB WEIGHT.

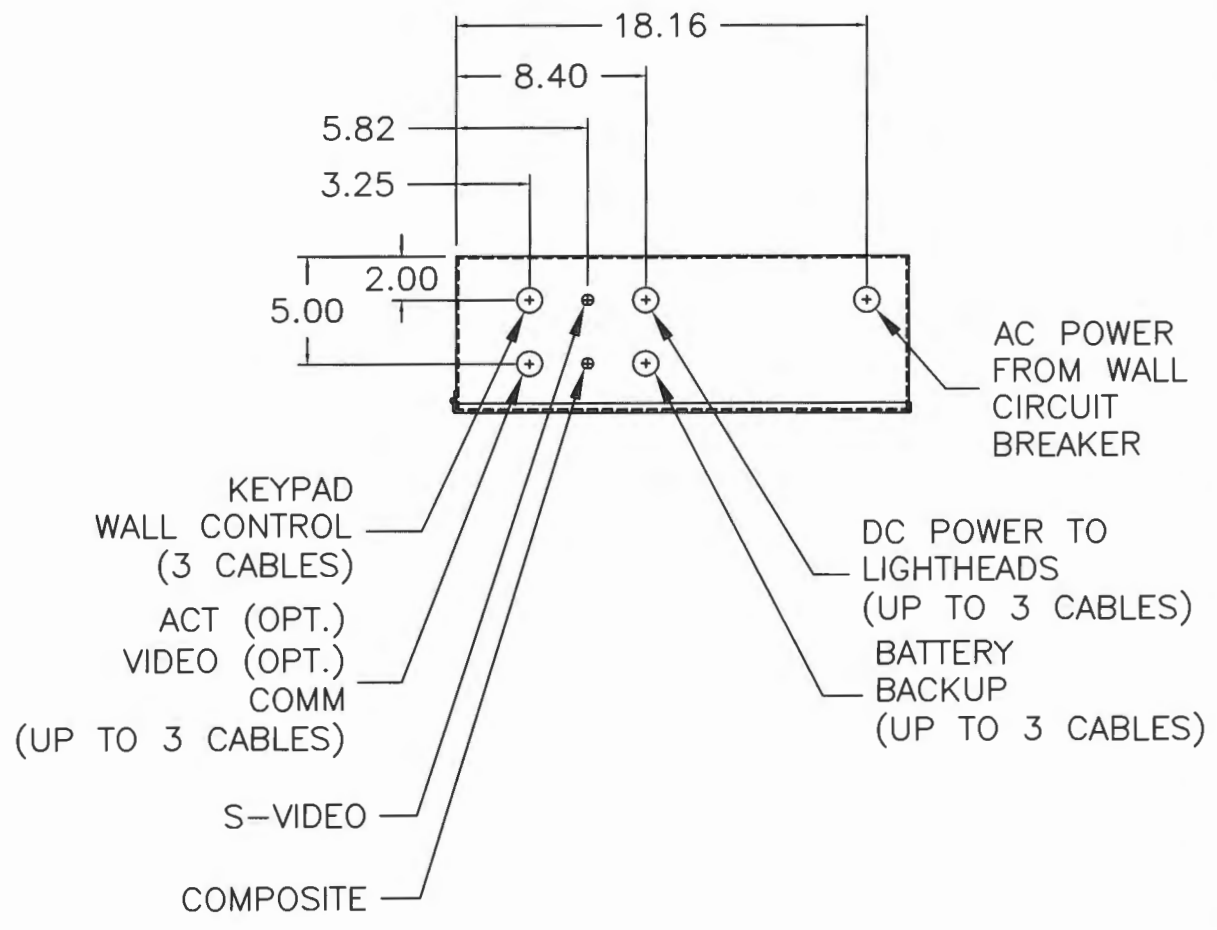
60" MIN.




NOTE: IMAGE OF REMOTE PANEL CONTROL IS FOR ILLUSTRATION OF MOUNTING HOLE LOCATIONS ONLY. MAY NOT SHOW ACTUAL CONFIGURATION OF CUSTOMER'S SYSTEM.

<p>ALL DIMENSIONS ARE IN INCHES</p> <p>ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</p>	<p>REMOTE PANEL EQUIPMENT          DWG., vLED SURGICAL          LIGHTING CONTROL SYSTEM</p>	<p>EQUIPMENT DRAWING NO.          136824-348</p>	<p>SHT 8          OF 16</p>
<p><b>STERIS</b>            STERIS Corporation          Mentor, OH</p>		<p>ITEM _____</p> <p>LOCATION(S) _____</p>	

ECA. NO. 114128  
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 CAD DWG  
 DRAWN BY JKD  
 CHECKED BY DH  
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CONDUIT LOCATIONS AND INPUT DESCRIPTIONS

<p>ALL DIMENSIONS ARE IN INCHES</p> <p>ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</p> <p><b>STERIS</b>   STERIS Corporation        Mentor, OH</p>	<p>REMOTE PANEL EQUIPMENT          DWG., vLED SURGICAL          LIGHTING CONTROL SYSTEM</p>	<p>EQUIPMENT DRAWING NO.</p>	
		<p>136824-348</p>	<p>SHT 9          OF 16</p>
		<p>ITEM _____</p>	
		<p>LOCATION(S) _____</p>	


ECA. NO. 114128  
 REV. DATE 06/08/11  
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 DWG. NO. 136824-348  
 CAD DWG  
 CHECKED BY DH  
 DRAWN BY JKD  
 DRAWN DATE 08-02-10

## vLED CONTROL CABLES

	PART NUMBER	DESCRIPTION	CONNECTION LOCATION		QUANTITY PER SYSTEM
			FROM	TO	
STANDARD LENGTH NON-PLENUM	093930-032	35' SERVICE CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	093930-034	35' PWR/RESET CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	093930-036	35' COMM. CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	136824-380	35' COMM. CABLE ASS'Y.	REMOTE PANEL CONTROL	CANOPY HUB	1/LH
	136824-349	35' POWER CABLE W/MOLEX CONN.	REMOTE PANEL CONTROL	CANOPY HUB	1/LH
	136824-386	36' COMM/VIDEO CABLE	REMOTE PANEL CONTROL	LIGHTHEAD W/CAMERA	1/LH
OPTIONAL LENGTH NON-PLENUM	093930-031	65' SERVICE CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	093930-033	65' PWR/RESET CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	093930-035	65' COMM. CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	136824-381	65' COMM. CABLE ASS'Y.	REMOTE PANEL CONTROL	CANOPY HUB	1/LH
	136824-350	65' POWER CABLE W/MOLEX CONN.	REMOTE PANEL CONTROL	CANOPY HUB	1/LH
	136824-387	66' COMM/VIDEO CABLE	REMOTE PANEL CONTROL	LIGHTHEAD W/CAMERA	1/LH
OPTIONAL LENGTH PLENUM	093930-046	65' SERVICE CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	093930-047	65' PWR/RESET CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	093930-048	65' COMM. CABLE ASS'Y.	REMOTE PANEL CONTROL	WALL CONTROL (KEYPAD)	1
	136824-382	65' COMM. CABLE ASS'Y.	REMOTE PANEL CONTROL	CANOPY HUB	1/LH
	136824-231	65' POWER CABLE W/MOLEX CONN.	REMOTE PANEL CONTROL	CANOPY HUB	1/LH
	136824-388	66' COMM/VIDEO CABLE	REMOTE PANEL CONTROL	LIGHTHEAD W/CAMERA	1/LH

## CONDUIT REQUIREMENTS NOTES

1. RUN DC POWER AND COMM CONDUIT TO EACH HUB FROM REMOTE PANEL CONTROL BOX. CONDUIT SUPPLIED BY OTHERS.
2. INCOMING AC WIRE/CONDUIT FOR THE REMOTE PANEL CONTROL SUPPLIED BY OTHERS. SITE AC POWER IS: 5A-2A @ 100-240 VAC.
3. OPTIONAL SITE DC POWER FOR BACKUP OPERATION IS 10A @ 21-28 VDC ±1 VDC / 23-31 VDC (OPTIONAL) PER LIGHTHEAD. DC VOLTAGE MEASUREMENTS AT POWER SUPPLY BATTERY BACKUP. SIZE DC WIRE TO MAINTAIN GAUGE. THIS MUST BE CONNECTED TO THE BATTERY BOOST MODULE PIGGYBACKED ON THE POWER SUPPLY (SEPARATE ORDER ITEM).
4. VIDEO OUTPUT FROM THE REMOTE PANEL CONTROL CAN GO DIRECTLY TO SITE SPECIFIC A/V EQUIPMENT, THROUGH THE COMM CONDUIT EXITING AT PULL BOX.
5. ACT CABLE/CONDUIT SUPPLIED BY OTHERS. MAX LENGTH IS 50 FT.
6. POWER RESET, COMM., & SERVICE CABLE CONDUITS SUPPLIED BY OTHERS.
7. BATTERY BACK-UP CABLE/CONDUIT SUPPLIED BY OTHERS.
8. ROUTE CONDUITS FROM PULL BOX(S) AT REMOTE PANEL CONTROL TO SECOND SPINDLE WITH POWER AND COMM CONDUITS FOR REMOTE LIGHTHEAD. THE TOTAL RUN SHOULD NOT EXCEED 65' FROM RPC.

<p>ALL DIMENSIONS ARE IN INCHES</p> <p>ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</p>	<p>REMOTE PANEL EQUIPMENT          DWG., vLED SURGICAL          LIGHTING CONTROL SYSTEM</p>	<p>EQUIPMENT DRAWING NO.          136824-348</p> <p>SHT 10          OF 16</p> <p>ITEM _____</p> <p>LOCATION(S) _____</p>
 <p>STERIS Corporation          Mentor, OH</p>		

# vLED CONDUIT REQUIREMENTS

CONDUIT			CABLE			CONNECTIONS		NOTES
LABEL	SIZE	MAX. LENGTH STD (LONG RUN)	CABLE DESCRIPTION	SHEET NUMBER	QTY	FROM	TO	
<b>AC POWER</b>								
AC1	3/4"	SITE DETERMINED	AC POWER FOR REMOTE PANEL CONTROL/FLEX (SOLID CONDUIT TO LAST PULL BOX. FLEX CONDUIT FROM PULL BOX TO REMOTE PANEL CONTROLS.)	SEE SHEET 10 (NOT BY STERIS)	1 PER SYSTEM	SITE AC POWER	REMOTE PANEL CONTROL	2

## COMMUNICATION/DC POWER/CONTROL

DC1	3/4"	33 FT./63 FT. (10.06 M/19.20 M)	COMM., SERVICE & POWER RESET FOR WALL CTRL	SEE SHEET 10	1 SET PER SYSTEM	WALL CONTROL (KEYPAD)	REMOTE PANEL CONTROL	6
DC2	3/4"	33 FT./63 FT. (10.06 M/19.20 M)	* POWER CONNECTIONS TO SUSPENSION	SEE SHEET 10	1 PER CEILING PLATE N**	REMOTE PANEL CONTROL	CANOPY CEILING PLATE	1
DC3	3/4"	33 FT./65 FT. (10.06 M/19.81 M)	** COMMUNICATION CONNECTIONS TO SUSPENSION	SEE SHEET 10	1 PER CEILING PLATE	REMOTE PANEL	CANOPY CEILING PLATE	1

## ACT, VIDEO SIGNALS AND BATTERY BACK UP

C1	3/4"	BY OTHER	ACT COMMUNICATIONS AND VIDEO SIGNALS	SEE SHEET 10 (NOT BY STERIS)	1 PER SYSTEM	REMOTE PANEL CONTROL	ORCS (BY OTHERS)	5
C2	3/4"	BY OTHER	VIDEO OUTPUT	SEE SHEET 10 (NOT BY STERIS)	1 PER SYSTEM	REMOTE PANEL CONTROL	VIDEO INPUT EQUIPMENT (BY OTHERS)	4
C3	3/4"	BY OTHER	BATTERY BACK-UP POWER WITH REMOTE PANEL CONTROL DISCONNECT SWITCH (BY OTHERS). SOLID CONDUIT.	SEE SHEET 10	1 PER SYSTEM	DISCONNECT SWITCH AC IN	SITE AC POWER (BY OTHER)	
			BATTERY BACK-UP POWER WITH REMOTE PANEL CONTROL DISCONNECT SWITCH (BY OTHERS). FLEX CONDUIT.	SEE SHEET 10	1 PER SYSTEM	DISCONNECT SWITCH AC OUT	REMOTE PANEL CONTROL	

- NOTE:
- DC POWER CONDUIT TO A SECOND/THIRD SPINDLE IS DIVIDED AT THE PULL BOX FOR EACH RUN.
  - BATTERY BACKUP REQUIRES THE ADDITION OF BATTERY BOOST MODULES TO IMPLEMENT BATTERY BACKUP FOR vLED.
  - \*\* 3. SEPARATE CONDUIT(S) WILL BE REQUIRED FOR POWER TO A SECONDARY SPINDLE FROM THE REMOTE PANEL CONTROL TO SECONDARY SPINDLE.

**STERIS**  
STERIS Corporation  
Mentor, OH

ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS

REMOTE PANEL EQUIPMENT  
DWG., vLED SURGICAL  
LIGHTING CONTROL SYSTEM

EQUIPMENT DRAWING NO. 136824-348

ITEM LOCATION(S)

SHT 11 OF 16

ECA. NO. 114128

CAD DWG.

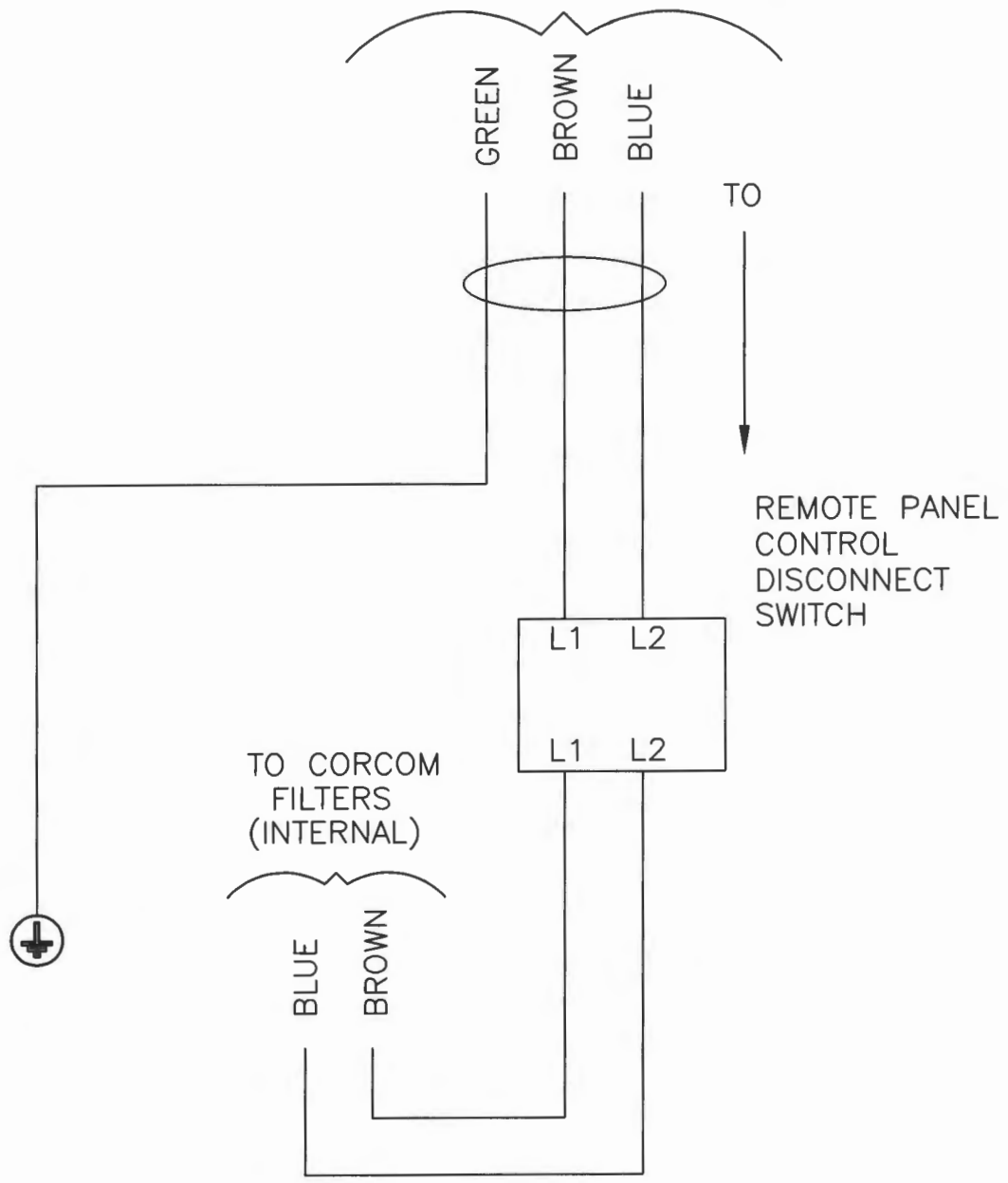
REV. DATE 06/08/11

REV. NO. 4 DWG. NO. 136824-348

DRAWN BY JKD CHECKED BY DH

DRAWN DATE 08-02-10

FROM ENTRY POINT, RUN AC WIRING THROUGH WIRE TROUGH TO SWITCH, CHASSIS GROUND - BUS BAR



ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation Mentor, OH

# REMOTE PANEL EQUIPMENT DWG., vLED SURGICAL LIGHTING CONTROL SYSTEM

EQUIPMENT DRAWING NO.

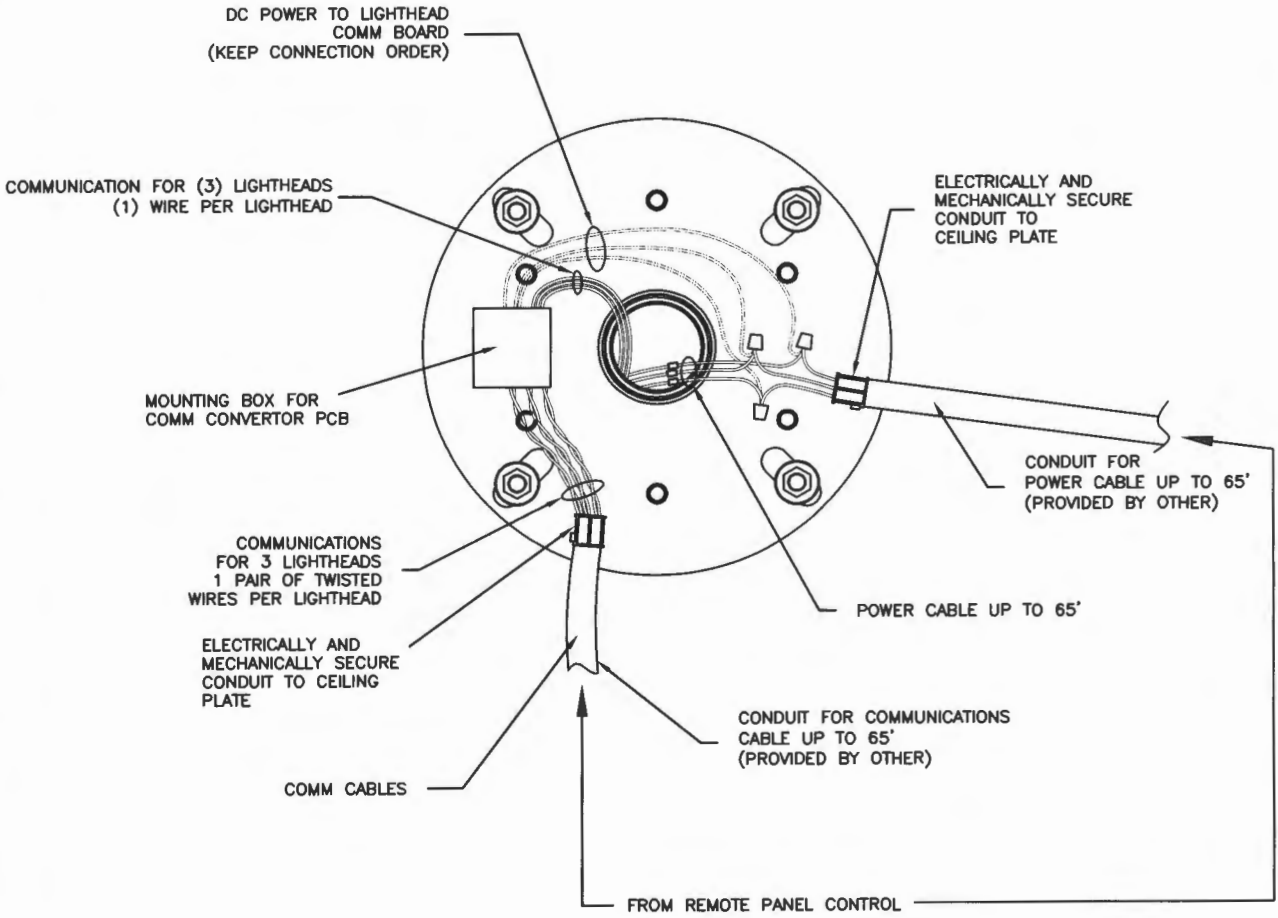
136824-348

SHT 12 OF 16

ITEM \_\_\_\_\_  
LOCATION(S) \_\_\_\_\_



# MOUNTING ON CEILING PLATE FOR CONDUIT AND COMMUNICATIONS BOARD(S)



ECA. NO. 114128  
 REV. DATE 06/08/11  
 REV. NO. 4  
 DWG. NO. 136824-348  
 DWG. NO. 136824-348  
 CAD DWG  
 DRAWN BY JKD  
 CHECKED BY DH  
 DRAWN DATE 08-02-10

ALL DIMENSIONS ARE IN INCHES

ALSO REFER TO GENERAL NOTES  
APPLICABLE TO EQUIPMENT DRAWINGS



STERIS Corporation  
Mentor, OH

REMOTE PANEL EQUIPMENT  
DWG., vLED SURGICAL  
LIGHTING CONTROL SYSTEM

EQUIPMENT DRAWING NO.

136824-348

SHT 13  
OF 16

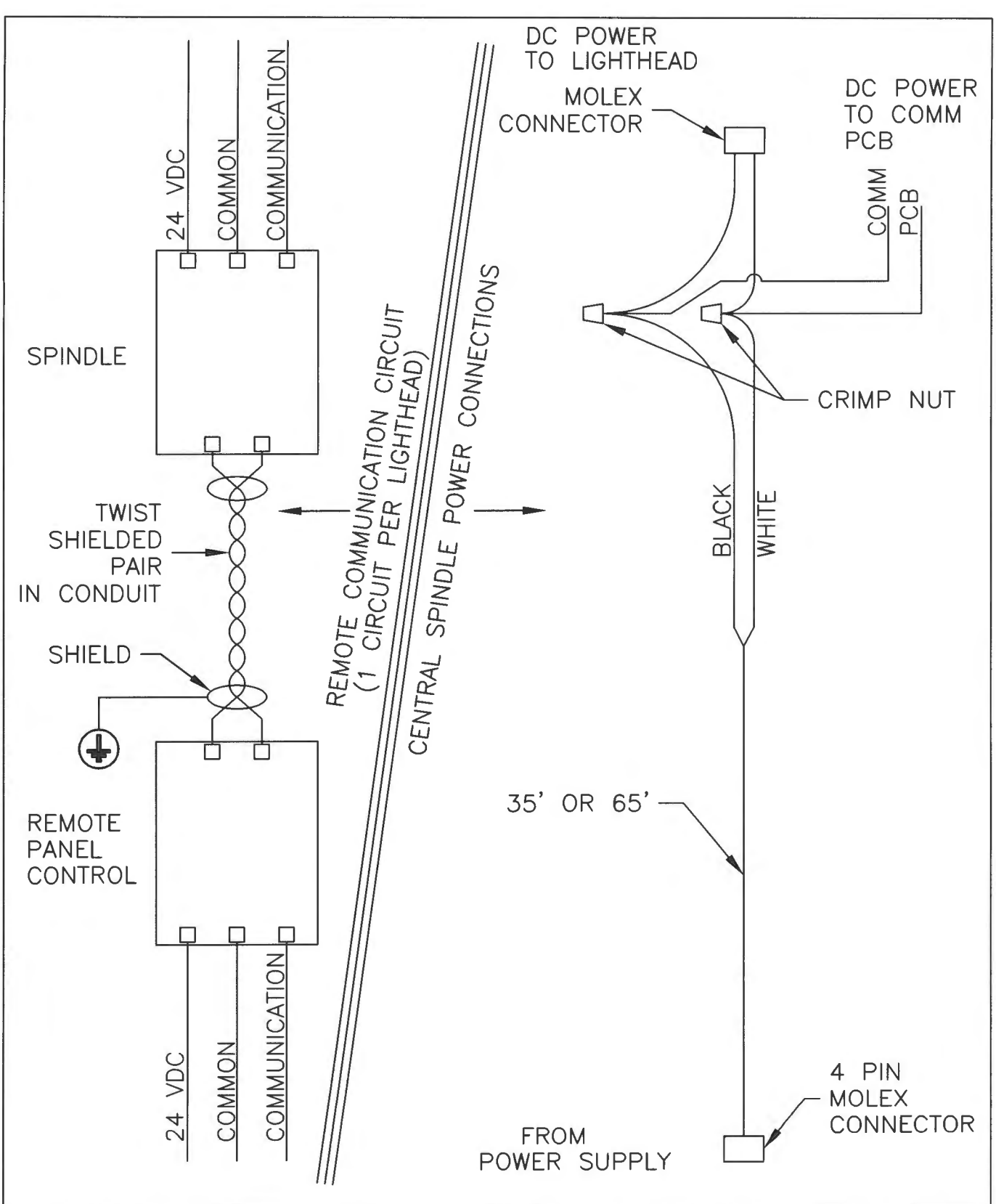
ITEM \_\_\_\_\_


LOCATION(S) \_\_\_\_\_





ECA. NO. 114128  
 REV. DATE 06/08/11  
 REV. NO. 4 DWG. NO. 136824-348  
 CAD DWG.  
 DRAWN DATE 08-02-10  
 DRAWN BY JKD  
 CHECKED BY DH  
 DC POWER TO LIGHTHEAD  
 MOLEX CONNECTOR  
 DC POWER TO COMM PCB  
 COMM PCB  
 CRIMP NUT  
 BLACK  
 WHITE  
 35' OR 65'  
 FROM POWER SUPPLY  
 4 PIN MOLEX CONNECTOR



<p>ALL DIMENSIONS ARE IN INCHES</p> <p>ALSO REFER TO GENERAL NOTES APPLICABLE TO EQUIPMENT DRAWINGS</p>	<p>REMOTE PANEL EQUIPMENT          DWG., vLED SURGICAL          LIGHTING CONTROL SYSTEM</p>	<p>EQUIPMENT DRAWING NO.          136824-348 SHT 16          OF 16</p>
<p><b>STERIS</b>            STERIS Corporation          Mentor, OH</p>		<p>ITEM _____</p> <p>LOCATION(S) _____</p>