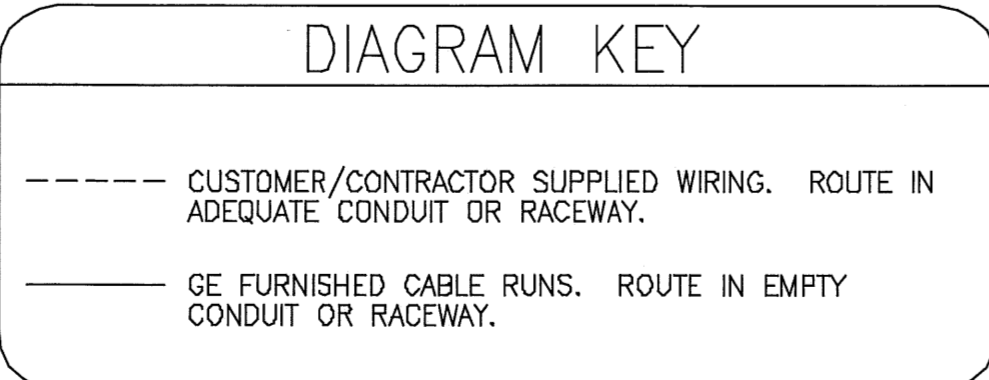
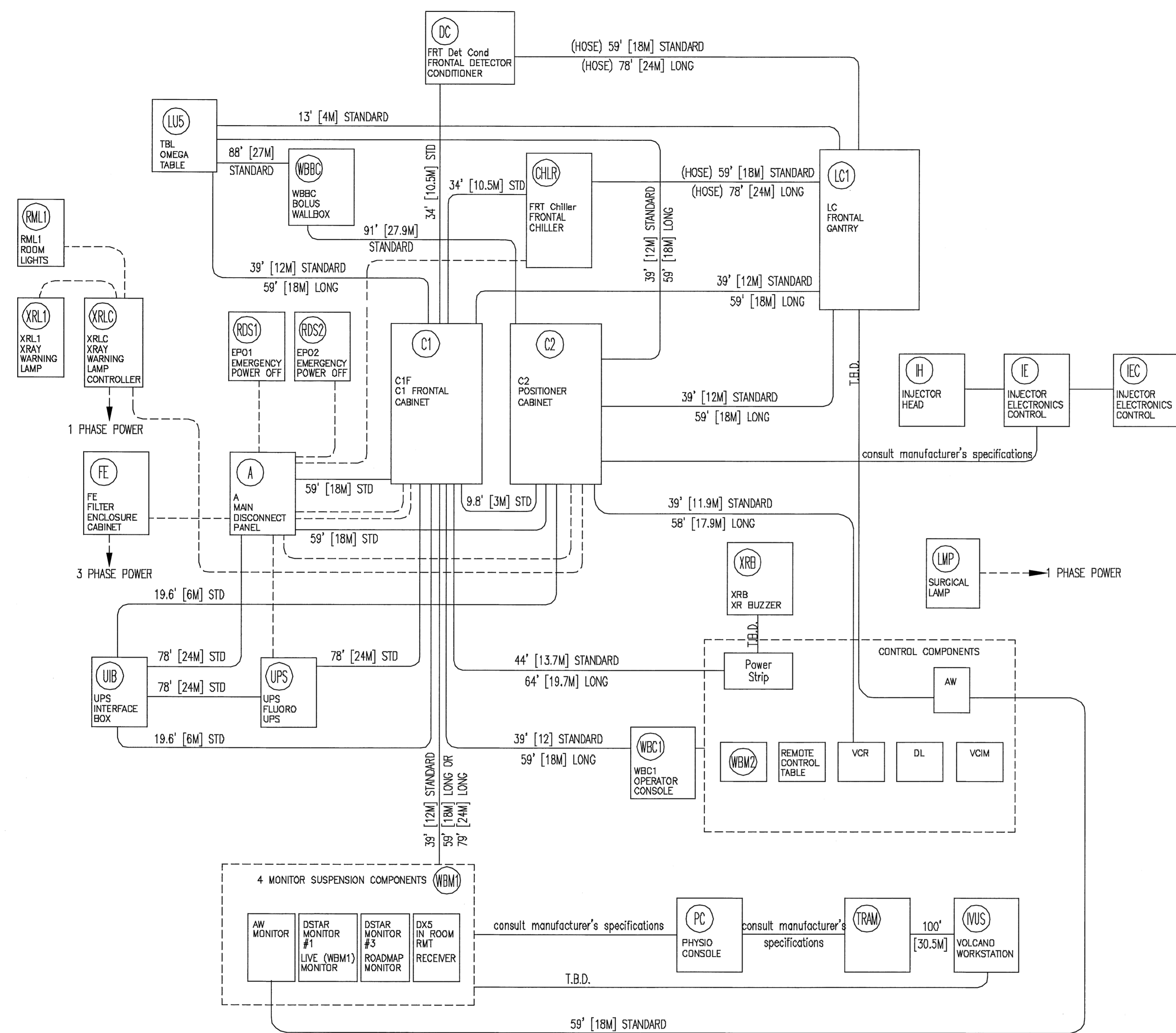


INTERCONNECT DIAGRAM

DATED: 05/06/08



POWER SPECIFICATIONS

INNOVA SYSTEMS  
REV. DATE: 01/04/07

VOLTAGE: PRIMARY SOURCE IS REQUIRED FOR ALL INSTALLATIONS.  
RANGE OF LINE VOLTAGES: 360 TO 480, 3 PHASE, 50 OR 60 Hz  
NOMINAL LINE VOLTAGE OF 360 TO 480, 3 PHASE, 50 OR 60 Hz  
REQUIRED POWER SUPPLY: WYE DISTRIBUTION

MAXIMUM DAILY VOLTAGE VARIATION MUST FALL WITHIN ONE OF THE RANGES IN TABLE A.

TABLE A ALLOWABLE INPUT VOLTAGES/CURRENT DEMAND

NOMINAL VOLTAGE	NORMAL RANGE ±10 PERCENT	CURRENT (AMPS)	
		MAX. MOMENTARY	CONTINUOUS
360	324-396	304	32
380	342-418	289	31
400	360-440	274	29
420	378-462	264	28
440	396-484	249	26
460	414-506	238	25
480	432-528	228	24

ALL CALCULATIONS BASED UPON NOMINAL VOLTAGE

NOTE: LOW LINE CONDITIONS MAY INHIBIT SOME HIGH KVp TECHNIQUES. THE GENERATOR AUTOMATICALLY ESTABLISHES THESE INHIBITS BASED ON ACTUAL LINE CONDITIONS AND SYSTEM REGULATION.

PHASE-BALANCE: PHASE-TO-PHASE VOLTAGES MUST BE WITHIN +2 PERCENT OF THE LOWEST PHASE-TO-PHASE VOLTAGE. MAXIMUM ALLOWABLE TRANSIENT VOLTAGE EXCURSIONS ARE 2.5 PERCENT OF RATED LINE VOLTAGE AT A MAXIMUM DURATION OF 5 CYCLES AND FREQUENCY OF 10 TIMES PER HOUR.

POWER DEMAND: CONTINUOUS POWER DEMAND = 20KVA. (MAX DEMAND = 171 KVA)

TABLE B MAXIMUM MOMENTARY POWER DEMAND.

DEMAND	ADVANTX 100
kVa * POWER FACTOR AT	171 0.9
mA	1250
kVp	80

\* DEMAND INCLUDES POWER FOR ENTIRE ADVANTX SYSTEM. LINE VOLTAGE REGULATION AT MAXIMUM POWER DEMAND MUST BE LESS THAN OR EQUAL TO 6 PERCENT.

DISTRIBUTION TRANSFORMER: FOR A SINGLE UNIT INSTALLATION, THE MINIMUM TRANSFORMER SIZE IS 225 KVA.

ELECTRICAL NOTES

- NOTE 1: ALL WIRES SPECIFIED SHALL BE COPPER STRANDED, FLEXIBLE, THERMO-PLASTIC, COLOR CODED, CUT 10 FOOT LONG AT OUTLET BOXES, DUCT TERMINATION POINTS OR STUBBED CONDUIT ENDS. ALL CONDUCTORS, POWER, SIGNAL AND GROUND, MUST BE RUN IN A CONDUIT OR DUCT SYSTEM. ELECTRICAL CONTRACTOR SHALL RING OUT AND TAG ALL WIRES AT BOTH ENDS. WIRE RUNS MUST BE CONTINUOUS COPPER STRANDED AND FREE FROM SPLICES. ALUMINUM OR SOLID WIRES ARE NOT ALLOWED.
- NOTE 2: WIRE SIZES GIVEN ARE FOR USE OF EQUIPMENT. LARGER SIZES MAY BE REQUIRED BY LOCAL CODES.
- NOTE 3: IT IS RECOMMENDED THAT ALL WIRES BE COLOR CODED, AS REQUIRED IN ACCORDANCE WITH NATIONAL AND LOCAL ELECTRICAL CODES.
- NOTE 4: CONDUIT SIZES SHALL BE VERIFIED BY THE ARCHITECT, ELECTRICAL ENGINEER OR CONTRACTOR, IN ACCORDANCE WITH LOCAL OR NATIONAL CODES.
- NOTE 5: CONVENIENCE OUTLETS ARE NOT ILLUSTRATED. THEIR NUMBER AND LOCATION ARE TO BE SPECIFIED BY OTHERS. LOCATE AT LEAST ONE CONVENIENCE OUTLET CLOSE TO THE SYSTEM CONTROL, THE POWER DISTRIBUTION UNIT AND ONE ON EACH WALL OF THE PROCEDURE ROOM. USE HOSPITAL APPROVED OUTLET OR EQUIVALENT.
- NOTE 6: GENERAL ROOM ILLUMINATION IS NOT ILLUSTRATED. CAUTION SHOULD BE TAKEN TO AVOID EXCESSIVE HEAT FROM OVERHEAD SPOTLIGHTS. DAMAGE CAN OCCUR TO CEILING MOUNTING COMPONENTS AND WIRING IF HIGH WATTAGE BULBS ARE USED. RECOMMEND LOW WATTAGE BULBS NO HIGHER THAN 75 WATTS AND USE DIMMER CONTROLS (EXCEPT MR). DO NOT MOUNT LIGHTS DIRECTLY ABOVE AREAS WHERE CEILING MOUNTED ACCESSORIES WILL BE PARKED.
- NOTE 7: ROUTING OF CABLE DUCTWORK, CONDUITS, ETC., MUST RUN DIRECT AS POSSIBLE OTHERWISE MAY RESULT IN THE NEED FOR GREATER THAN STANDARD CABLE LENGTHS (REFER TO THE INTERCONNECTION DIAGRAM FOR MAXIMUM USABLE LENGTHS POINT TO POINT).
- NOTE 8: CONDUIT TURNS TO HAVE LARGE, SWEEPING BENDS WITH MINIMUM RADIUS IN ACCORDANCE WITH NATIONAL AND LOCAL ELECTRICAL CODES.
- NOTE 9: A SPECIAL GROUNDING SYSTEM IS REQUIRED IN ALL PROCEDURE ROOMS BY SOME NATIONAL AND LOCAL CODES. IT IS RECOMMENDED IN AREAS WHERE PATIENTS MIGHT BE EXAMINED OR TREATED UNDER PRESENT, FUTURE, OR EMERGENCY CONDITIONS. CONSULT THE GOVERNING ELECTRICAL CODE AND CONFER WITH APPROPRIATE CUSTOMER ADMINISTRATIVE PERSONNEL TO DETERMINE THE AREAS REQUIRING THIS TYPE OF GROUNDING SYSTEM.
- NOTE 10: THE MAXIMUM POINT TO POINT DISTANCES ILLUSTRATED ON THIS DRAWING MUST NOT BE EXCEEDED.
- NOTE 11: PHYSICAL CONNECTION OF PRIMARY POWER TO GE EQUIPMENT IS TO BE MADE BY CUSTOMERS ELECTRICAL CONTRACTOR WITH THE SUPERVISION OF A GE REPRESENTATIVE. THE GE REPRESENTATIVE WOULD BE REQUIRED TO IDENTIFY THE PHYSICAL CONNECTION LOCATION, AND INSURE PROPER HANDLING OF GE EQUIPMENT.

This drawing is based on Sketch No.: Option 4 88-09009-ijm2

GE Healthcare  
Installation Services - Design Center  
Wisconsin

SHEET TITLE: ELECTRICAL SPECIFICATIONS  
MODALITY TYPE: INNOVA 3100

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS, ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS. IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO ACTUAL CONSTRUCTION PURPOSES. HOWEVER, THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE: ROOM NO. CATH LAB 2  
MAINE MEDICAL CENTER  
PORTLAND, MAINE

PROJECT	REVISION
090498	00
DATE:	02-27-09
DRAWN BY:	TST
CHECKED BY:	TST
GON NO:	2770927
GON DT:	02-23-09

REVISION HISTORY:


SHEET  
E2