



~ DRAWING INDEX ~

PREINSTALLATION CHECKLIST C1

EQUIPMENT LAYOUT A1
(Equipment locations, heat loads, component weights, environmental specs)

STRUCTURAL LAYOUT S1
(Structural support/mounting locations for floor/wall/ceiling, wall support elevations)

STRUCTURAL DETAILS S2
(Floor and Ceiling loading information)

ELECTRICAL LAYOUT E1
(Contractor supplied wiring, interconnect methods, junction point locations and descriptions)

ELECTRICAL SPECIFICATIONS E2
(Maximum wiring run lengths, interconnect diagram, system power specifications)

ELECTRICAL DETAILS E3

EQUIPMENT DETAILS D1

MANDATORY REQUIREMENT, MUST READ!

A mandatory component of these drawings is the GE Healthcare Preinstallation manual:

PIM No. 5116410-100

Preinstallation documents for GE Healthcare products can be downloaded from:

<http://www.gehealthcare.com/company/docs/siteplanning.html>

Failure to reference the preinstallation manual will result in incomplete documentation required for site design and preparation.

THESE SHEETS ARE A DOCUMENT SET AND SHOULD NOT BE SEPARATED
ELECTRICAL INFORMATION AND REFERENCES ARE CONTAINED ON ALL SHEETS

CUSTOMER

FACILITIES COORDINATOR

CONSTRUCTION COORDINATOR

THESE DRAWINGS ARE PROVIDED TO ASSIST YOU IN PREPARING THE ROOM FOR INSTALLATION OF EQUIPMENT ACQUIRED FROM GE HEALTHCARE, AND ARE NOT TO BE USED AS CONSTRUCTION DOCUMENTS. GE HEALTHCARE RESERVES THE RIGHT TO MAKE CHANGES IN THE DRAWINGS OR SPECIFICATIONS SHOWN AT ANYTIME WITHOUT NOTICE OR OBLIGATION, AND HEREBY DISCLAIMS RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

ALL REQUIREMENTS FOR THIS EQUIPMENT ARE NOT NOTED ON THIS SHEET. IT IS SUGGESTED THAT THESE DRAWINGS BE REVIEWED BY QUALIFIED PROFESSIONALS WHO CAN ASSIST WITH MAKING DECISIONS REGARDING RADIATION CONTAINMENT, MAGNETIC FIELD CONTAINMENT, ELECTRICAL, STRUCTURAL AND MECHANICAL REQUIREMENTS. ALTHOUGH THE EQUIPMENT MAY BE INSTALLED IN AN EXISTING ROOM OF SIMILAR FUNCTION, REQUIREMENTS STILL NEED TO BE CHECKED.

– SITE PROGRESS CHECKLIST –

- REVIEW EQUIPMENT ORDER FOR EXACT ITEMS PURCHASED. OPTIONAL/FUTURE ITEMS NOT ON ORDER MAY BE INDICATED ON THESE PLANS.
- ALL ROOM DIMENSIONS ARE CRITICAL! IMMEDIATELY CONTACT GE HEALTHCARE IF CHANGES OCCUR OR DIMENSIONS ARE NOT CORRECT.
- CONTACT A RADIATION PHYSICIST OR CONSULTANT TO SPECIFY REQUIREMENTS FOR RADIATION CONTAINMENT.
- PROVIDE A LOCKABLE EQUIPMENT HOLDING AREA CLOSE TO THE INSTALLATION FOR STORING TOOLS AND TEST EQUIPMENT.
- MAKE SURE A DUST FREE, TEMPERATURE AND HUMIDITY CONTROLLED ENVIRONMENT IS AVAILABLE FOR STORING THE EQUIPMENT IF YOUR SITE IS NOT READY FOR INSTALLATION AT THE TIME OF DELIVERY. ONCE THE SITE IS PREPARED, YOU ARE THEN RESPONSIBLE FOR DELIVERING THE EQUIPMENT TO THE SITE.
- MAKE ARRANGEMENTS FOR ANY RIGGING, SPECIAL HANDLING, OR FACILITY MODIFICATIONS THAT MUST BE MADE IN ORDER FOR THE EQUIPMENT TO BE DELIVERED TO THE INSTALLATION SITE. IF DESIRED, YOUR LOCAL GEHC TEAM REPRESENTATIVE CAN SUPPLY A REFERENCE LIST OF RIGGERS.

FACILITY PLANNING IS TO BE COMPLETED WELL IN ADVANCE OF EQUIPMENT DELIVERY. THESE DRAWINGS NEED TO BE REVIEWED FOR ELECTRICAL, STRUCTURAL AND MECHANICAL REQUIREMENTS AS WELL AS CONTAINMENT NEEDS (E.G. RADIATION, MAGNETIC FIELDS, RADIO FREQUENCY) TO DETERMINE ANY ADDITIONAL CONSTRUCTION REQUIREMENTS OR MODIFICATION TO THE FACILITY.

– SITE PROGRESS CHECKLIST –

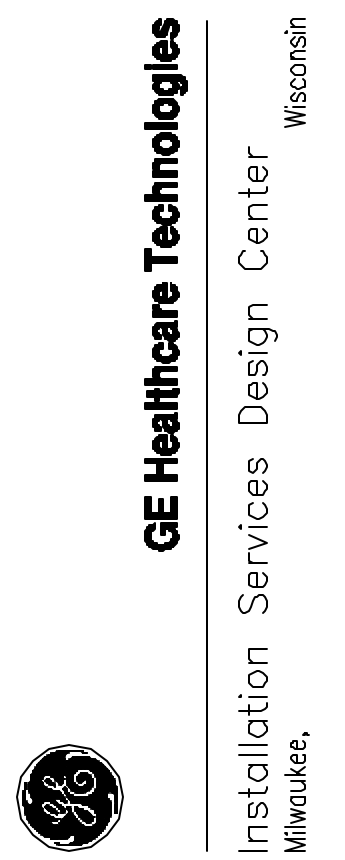
- MAKE SURE THE ROOM MEETS POWER AND GROUNDING REQUIREMENTS INDICATED IN THE EQUIPMENT SPECIFICATIONS AND SUGGESTED LAYOUT.
- THE FOLLOWING MUST BE INSTALLED PRIOR TO EQUIPMENT INSTALLATION AS DEPICTED ON THE ELECTRICAL PLAN (SHEET E1).
 - A DEDICATED DIRECT-DISTANCE-DIALING, VOICE GRADE TELEPHONE LINE.
 - EITHER A SEPARATE TELEPHONE DATA LINE OR NETWORK CONNECTION AS SHOWN ON SHEET E1.
- MAKE SURE ALL CONSTRUCTION WORK HAS BEEN COMPLETED BEFORE THE EQUIPMENT DELIVERY AND INSTALLATION BEGINS.
- MAKE SURE THE ROOM'S ENVIRONMENT IS CLEAN AND FREE OF DUST.
- IF REQUIRED, HAVE STAMPED ARCHITECTURAL PLANS ON SITE.
- PROVIDE AN ACCEPTABLE UNLOADING AREA WITH CLEAR ACCESS TO THE EQUIPMENT HOLDING AREA. COORDINATE DELIVERY ROUTE WITH YOUR LOCAL GE REPRESENTATIVE.
- ON NEW CONSTRUCTION, MAKE SURE THERE ARE CLEAN REST ROOMS, POWER FOR DRILLS AND OTHER TEST EQUIPMENT, AND THE CAPABILITY FOR FILM DEVELOPMENT.
- PROVIDE FOR REFUSE REMOVAL AND DISPOSAL. (E.G. CRATES, CARTONS, PACKING)
- PROVIDE INSTALLER WITH PARKING CLOSE TO THE INSTALLATION SITE.
- MAKE SURE ALL NATIONAL, STATE AND LOCAL CODES ARE MET.
- ALL REQUIRED PERMITS ARE OBTAINED.
- WHERE REQUIRED, SEISMIC DOCUMENTATION MUST BE AVAILABLE TO THE INSTALLERS.

POWER IS CRITICAL FOR EQUIPMENT OPERATION. IF POWER SPECIFICATIONS ARE NOT UPHELD, THE UNIT MAY NOT MEET MANUFACTURER'S SPECIFICATIONS. MEETING CRITICAL POWER REQUIREMENTS IS THE RESPONSIBILITY OF THE OWNER/CUSTOMER AND THEIR ELECTRICIAN.

ANY DEVIATION FROM THESE DRAWINGS MUST BE COMMUNICATED IN WRITING TO, AND REVIEWED BY YOUR LOCAL GE HEALTHCARE SERVICE REPRESENTATIVE PRIOR TO MAKING CHANGES.

– SITE PROGRESS CHECKLIST –

- MAKE SURE THE SUPPORT STRUCTURES FOR WALL, CEILING, AND FLOOR MOUNTED EQUIPMENT HAVE BEEN INSTALLED ACCORDING TO THE LAYOUT. REQUIRED NUTS, BOLTS, ANCHORS, AND OTHER HARDWARE SHOULD BE AVAILABLE ON SITE.
- HAVE CEILINGS, WALLS AND FLOORS FINISHED AND PAINTED, EXCEPT AS REQUIRED BY THE LOCAL INSTALLATION TEAM. (YOUR LOCAL GE TEAM WILL PROVIDE YOU WITH THIS INFORMATION.)
- MAKE SURE HEATING, VENTILATION, AIR CONDITIONING, PLUMBING AND LIGHTING ARE INSTALLED AND WORKING PROPERLY.
- HAVE BASEPLATES INSTALLED ACCORDING TO THE SUGGESTED LAYOUT. (GE WILL ASSIST YOU WITH THIS.)
- MAKE SURE THAT ALL WIRES, JUNCTION BOXES, ACCESS FLOORING, RACEWAYS AND CONDUIT HAVE BEEN INSTALLED WITH THE PROPER COVERS, SCREWS AND CHASE NIPPLES ACCORDING TO THE SUGGESTED LAYOUTS. THE FOLLOWING SPECIFICATIONS MUST BE MET:
 - 10 FOOT PIGTAILS AT ALL JUNCTION POINTS.
 - NO ALUMINUM OR SOLID WIRES.
 - ALL WIRING MUST BE THHN OR TFFN STRANDED COPPER THERMOPLASTIC 600 VOLT OR EQUIVALENT, UNLESS OTHERWISE STATED.
 - GROUNDING IS CRITICAL TO EQUIPMENT FUNCTION AND PATIENT SAFETY. SITE MUST CONFORM TO WIRING SPECIFICATIONS SHOWN ON PLAN.



SHEET TITLE: PREINSTALLATION CHECKLIST
MODALITY TYPE: LIGHTSPEED VCT
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 THE ACTUAL CONSTRUCTION PURPOSES. HOWEVER, AND THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:
MERCY HOSPITAL
FORE RIVER
PORTLAND, MAINE

PROJECT	REVISION
065779	00
DATE:	09-22-06
DRAWN BY:	AJS
CHECKED BY:	REK
QUOTE NO:	KX1CB6
QT. DATE:	09-07-06

REVISION HISTORY:

SHEET
C1

This drawing is based on Sketch No.: D6NEF023-RC