INFORMATION NEEDED TO PROCESS ORDER (Elements)

Architectural

- H.P.L. FINISH OF UNITS: _____

  HILL-ROM CAN TYPICALLY PROVIDE ANY NORTH AMERICAN STANDARD SELECTION HIGH PRESSURE LAMINATE MANUFACTURED BY EITHER DECORATIVE PRODUCTS (NEVAMAR), WILSONART, LAMINART, FORMICA OR PIONEER PLASTICS (PIONITE). PLEASE VISIT THEIR WEBSITES FOR AVAILABLE COLOR OPTIONS.

- ARTGLASS SELECTION: ☐3FORM ☐LUMICORE ☐DESIGNTEX DESIGN/COLOR: _____
  SURFACE FINISHES(YOU MAY SELECT DIFFERENT FINISHES FOR FRONT AND BACK): _____
  THICKNESS(UNLESS OTHERWISED SPECIFIED, HILL-ROM WILL SUPPLY .250" THICK ART GLASS. ANY EXCEPTIONS TO THIS WILL NEED TO BE EVALUATED AND ADDITIONAL CHARGES AN/OR LEAD TIME MAY APPLY): _____
  OTHER ADD-ONS: _____

- PLEASE INDICATE TYPE OF APPLICATION (CHECK APPLICABLE TYPE):
  ☐ON-WALL (3 5/8" DEEP)
  ☐IN-WALL (3 5/8" OR 6" DEEP)
  ☐DOUBLE SIDED (6" DEEP)

- PLEASE INDICATE REVEAL STYLE (CHECK APPLICABLE TYPE)
  ☐3/8" FLUSH CONCAVE - BLACK FINISH (HORIZONTAL AND VERTICAL)
  ☐3/8" FLUSH CONCAVE - SILVER (HORIZONTAL AND VERTICAL)
  ☐3/8" PROTRUDING - SILVER FINISH (HORIZONTAL ONLY W/O CABS AND VERTICAL)

- NURSE CALL MANUFACTURER: _____
  MODEL #: _____
  PANEL OPENING SIZE: _____ BACKBOX SIZE: _____
  NOTE: PLEASE VERIFY WITH YOUR NURSE CALL SUPPLIER THAT THE PATIENT STATION YOU SELECT IS COMPATIBLE TO SIDE-COM AND HILL-ROM's STANDARD 37-PIN AMP CONNECTOR.
  NOTE TO HILL-ROM SALES ENGINEER: IF HILL-ROM NURSECALL SYSTEM IS TO BE USED, HAS THE INSTALLATION BEEN COORDINATED WITH THE HILL-ROM NETWORK ENGINEER (BIU SIZE, ETC.):
  ☐ YES ☐ NO ☐ N/A INITIALS: _____

- CEILING HEIGHT: _____ UNIT HEIGHT: _____ FRAME HEIGHT: _____

- REFERENCE ELEVATIONS AND NOTE DEVICE PLACEMENT (UNIT CONFIGURATION).
  PLEASE ADVISE IF NOT ACCEPTABLE: _____

- REFERENCE ELEVATIONS AND NOTE THE BED CENTERLINE. THIS DIMENSION REPRESENTS WHERE THE BED WILL BE POSITIONED IN FRONT OF THE HEADWALL UNIT.
  PLEASE ADVISE IF NOT CORRECT: _____

- REFERENCE ELEVATION AND VERIFY ACCURACY OF OVERALL UNIT LENGTHS OR HEIGHTS SHOWN.
  PLEASE ADVISE IF NOT ACCEPTABLE: _____
  (NOTE: HILL-ROM RECOMMENDS THAT THE AVAILABLE WALL SPACE BE 4 INCHES OR LONGER THAN THE UNIT LENGTH TO ALLOW FOR INSTALLATION).

- PLEASE COMPLETE THE ROOM HANDING CHART ON THE ATTACHED DRAWING(S) "AS SHOWN" INDICATES THAT THE UNIT WILL BE BUILT AS IT APPEARS ON THE DRAWING. "OPPOSITE" INDICATES THAT THE UNIT WILL BE SET UP IN A CONFIGURATION THAT IS OPPOSITE WHAT IS SHOWN ON DRAWING, AS THOUGH YOU ARE LOOKING IN A MIRROR.

- IF ROOM NUMBERS ARE NOT AVAILABLE, PLEASE INDICATE THE REQUIRED QUANTITY OF "AS SHOWN" AND/OR "OPPOSITE" UNITS.
  QUANTITY AS SHOWN: _____
  QUANTITY OPPOSITE: _____

- ARE UNITS BEING INSTALLED DOUBLE SIDED? ☐YES ☐NO
  PLEASE NOTE THAT IF UNITS ARE INSTALLED DOUBLE SIDED, ADDITIONAL DEPTH WALLS WILL BE REQUIRED TO FACILITATE THE ROUGH-IN WALL BOXES.
  IF WALL DEPTH IS NOT SUFFICIENT PLEASE ADVISE: _____

- SOUND DAMPENING
  ☐NONE ☐SINGLE SIDED 45STC ☐SINGLE SIDED 46STC ☐DOUBLE SIDED 40STC

- FRAME DEPTH OPTIONS
  ☐SINGLE SIDED 3.5" ☐SINGLE SIDED 6" ☐DOUBLE SIDED 6"

SUBMITTALS & VERIFICATIONS 2/1/2014 DO NOT USE FOR CONSTRUCTION

Electrical

- REFERENCE ELEVATIONS AND NOTE THAT CIRCUIT DISTRIBUTION IS INDICATED BY THE FOLLOWING...
  CKT #1 = NORMAL POWER, CIRCUIT #1
  CKT #2 = NORMAL POWER, CIRCUIT #2 ETC...
  CKT #E1 = CRITICAL BRANCH POWER, CIRCUIT #E1
  CKT #E2 = CRITICAL BRANCH POWER, CIRCUIT #E2 ETC...
  NOTE CIRCUIT DISTRIBUTION SHOWN ON DRAWING. PLEASE ADVISE IF NOT ACCEPTABLE: _____

- ALL RECEPTACLES TO BE 20 AMP UNLESS OTHERWISE SPECIFIED.

- ARE PEDIATRIC RECEPTACLES REQUIRED: ☐YES ☐NO
  PLEASE ADVISE IF NOT CORRECT: _____

- PLEASE VERIFY RECEPTACLE GROUND PIN ORIENTATION ☐UP ☐DOWN
  PLEASE ADVISE IF NOT CORRECT: _____

- REFERENCE ELEVATION DRAWING AND NOTE THAT EACH ELECTRICAL DEVICE IS FED BY 120 VOLTS (UNLESS OTHERWISE NOTED.)
  PLEASE ADVISE IF NOT CORRECT: _____

- REFERENCE ELEVATION DRAWING AND NOTE SWITCHES SHOWN FOR REMOTE LIGHTING NOT BEING INTERFACED WITH BED VIA PILLOW SPEAKER, SIDE-COM, OR BIU. PLEASE VERIFY SWITCH TYPE, POWER SOURCE & VOLTAGE FEEDING THESE SWITCHES.
  SWITCH TYPE: ☐SPST ☐3-WAY
  POWER SOURCE: ☐NORMAL POWER ☐CRITICAL BRANCH
  VOLTAGE: ☒120V ☐277V
  PLEASE ADVISE IF NOT CORRECT: _____

- PLEASE VERIFY THE POWER SOURCE OF THE OVERBED VALANCE LIGHTS AS INDICATED ON THE DRAWING.
  POWER SOURCE: ☐ NORMAL POWER ☐ CRITICAL BRANCH
  PLEASE ADVISE IF NOT CORRECT: _____

- IDENTIFICATION OF DEVICE FACEPLATE WITH CIRCUIT INFORMATION, IF REQIRED, WILL BE DONE IN FIELD BY OTHERS. FOR AN ADDITIONAL CHARGE, HILL-ROM CAN PROVIDE FACEPLATES LABELED WITH CIRCUIT INFORMATION. (PANEL OF ORIGIN AND CIRCUIT NUMBER). A CIRCUIT SCHEDULE MUST BE SUPPLIED TO HILL-ROM ALONG WITH THE DISTRIBUTIONWITHIN THE HILL-ROM HEADWALL.

- IF HILL-ROM 37-PIN SIDE-COM RECEPTACLE IS INCLUDED IN THE STAND ALONE BED LOCATOR, THE CABLE LENGTH WILL BE 25'-0" UNLESS OTHERWISE SPECIFIED.
  PLEASE ADVISE IS NOT ACCEPTABLE: _____

- IS UNIT FED BY REMOTE ISOLATED POWER ☐ YES ☐ NO
  IF UNITS ARE BEING FED BY ISOLATION POWER, THE HPL MUST BE MANUFACTURED BY EITHER (NEVAMAR), WILSONART, LAMINART, FORMICA OR PIONEER PLASTICS (PIONITE) TO MEET UL STANDARDS FOR ISOLATION POWER.
  PLEASE ADVISE IF NOT CORRECT: _____

- IS THE GAS MANIFOLDING AND ARE JUNCTION BOX ASSEMBLIES REQUIRED IN ADVANCE? ☐YES ☐NO
  (ON-WALL UNITS ONLY) IF YES, WHAT IS THE DELIVERY DATE YOU REQUIRE: _____

- PLEASE SPECIFY WHICH VERSION OF THE NATIONAL ELECTRICAL CODE (NEC) IS APPLICABLE TO YOUR FACILITY. PLEASE CHECK APPROPRIATE YEAR THAT APPLIES:
  ☐ 1996 ☐ 1999 ☐ 2002 ☐ 2005 ☐ 2008 ☐ 2011

Mechanical

- MEDICAL GAS OUTLET MANUFACTURER:

  Beacon/Medaes
  ☐ Series B-PB GEOMETRIC
  ☐ Series B-DISS
  ☐ Series B-Medaes Pin Index
  ☐ Series B-Chemetron Latch Type

  Allied
  ☐ Chemetron 400-Latch Type
  ☐ Connect2-Chem Latch/Medaes Pin
  ☐ Chemetron 460-DISS
  ☐ Oxequip Med Star Quick
  ☐ Oxequip Med Star DISS

  ☐ OTHER: _____

  Beacon/Medaes
  ☐ DiamondCare-PB Comp Geometric
  ☐ DiamondCare-DISS
  ☐ DiamondCare-Medaes Pin Index
  ☐ DiamondCare-Chemetron Comp Latch Type

  Amico
  ☐ Alert1-PB Comp Geometric
  ☐ Alert1-DISS
  ☐ Alert1-Medaes Comp Pin Index
  ☐ Alert1-Chem Comp Latch Type
  ☐ Alert1-Oxequip/Medstar Compatible

  Hill-Rom
  ☐ Hill-Rom - PB Comp Geometric
  ☐ Hill-Rom - DISS
  ☐ Hill-Rom - Medaes Pin Index
  ☐ Hill-Rom - Chemetron Comp Latch Type

*NOTE: OTHER GASES WILL HAVE TO BE APPROVED BY HILL-ROM AND ADDTIONAL CHARGES MAY RESULT.
UNLESS OTHERWISE SPECIFIED THE HILL-ROM COMPANY RESERVES THE RIGHT TO PROVIDE HILL-ROM MANUFACTURED OUTLETS WITH THE SPECIFIED KEYING STYLE. (HILL-ROM GAS OUTLETS NOT AVAILABLE FOR INTERNATIONAL CONFIGURATIONS.)

- REFERENCE ELEVATIONS AND VERIFY GAS OUTLET POSITIONING. PLEASE VERIFY THAT CONFIGURATION SHOWN WILL ALLOW ENOUGH ROOM FOR SECONDARY EQUIPMENT.
  PLEASE ADVISE IS NOT ACCEPTABLE: _____

- NOTE:
  IT IS THE RESPONSIBILITY OF THE HOSPITAL AND/OR APPROVAL AUTHORITY TO VERIFY THAT THE MEDICAL GAS OUTLET SPECIFIED MEET THE REQUIREMENTS OF THE LOCAL AUTHORITY HAVING JURISDICTION AS THEY PERTAIN TO THE APPROPRIATE EDITION OF NFPA 99.

- REFERENCE ELEVATIONS AND NOTE POSITIONING OF MEDICAL GAS OUTLETS. HILL-ROM DOES NOT RECOMMEND POSITIONING MEDICAL GAS OUTLETS BEHIND THE BED AND WILL NOT BE HELD RESPONSIBLE FOR DAMAGE TO THE OUTLETS IF THEY ARE PLACED THERE. PLEASE ADVISE IF POSITION OF GAS OUTLETS IS NOT ACCEPTABLE _____

THE FOLLOWING SIGNATURES ARE NOT REQUIRED FOR RELEASE TO PRODUCTION. WE SUGGEST REVIEW BY THE RESPECTIVE TRADES TO INSURE COORDINATION OF HEADWALL UNITS...

ARCHITECTURAL _____ DATE _____ PHONE _____

ELECTRICAL _____ DATE _____ PHONE _____

MECHANICAL _____ DATE _____ PHONE _____

PLEASE NOTE: AFTER RECEIPT OF APPROVED SUBMITTAL/VERIFICATION DRAWINGS, ANY CHANGES MAY RESULT IN ADDITIONAL CHARGES AND/OR POSSIBLE DELAYS IN DELIVERY.

IMPORTANT:
- PLEASE NOTE THAT ANY DELAYS IN RETURNING THE APPROVED SUBMITTALS, OR RETURNING THEM WITH INCOMPLETE OR INACCURATE INFORMATION, *WILL CAUSE DELAYS IN DELIVERY* OR POSSIBLY UNITS BUILT WITH WRONG ELECTRICAL AND MECHANICAL SERVICES.
- PLEASE PROVIDE CONTACT NAME, REQUIRED DELIVERY DATE AND ADDRESS FOR ADVANCE SHIPMENT OF HANGER BRACKETS AND/OR ROUGH-IN BACKBOXES.
- PLEASE VERIFY THAT THE ABOVE INFORMATION (WHERE ALREADY PROVIDED) IS CORRECT, AND SUPPLY THE REMAINING INFORMATION NECESSARY TO PROCESS THE ORDER. ALSO, PLEASE BE SURE TO PROVIDE THE APPROPRIATE APPROVAL SIGNATURE(S) AS AUTHORIZATION TO PROCEED WITH MANUFACTURING.
- NORMAL DELIVERY IS 12 WEEKS AFTER RECEIPT OF APPROVED, SIGNED SHOP DRAWINGS. SPECIALS OR ARTGLASS ARE SUBJECT TO LONGER LEADTIMES.

REQUESTED DELIVERY DATE: _____

APPROVAL SIGNATURE _____

DATE _____ PHONE _____

This Information Sheet Applies to the Following Drawing(s):

24709201A						

NOTICE:
The drawings and all information thereon is property of:
HILL-ROM COMPANY, Inc.
Batesville, Indiana
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PATIENT ENVIRONMENT
1069 State Route 46 East
Batesville, Indiana 47006
Ph: (812)934 7777
www.hill-rom.com

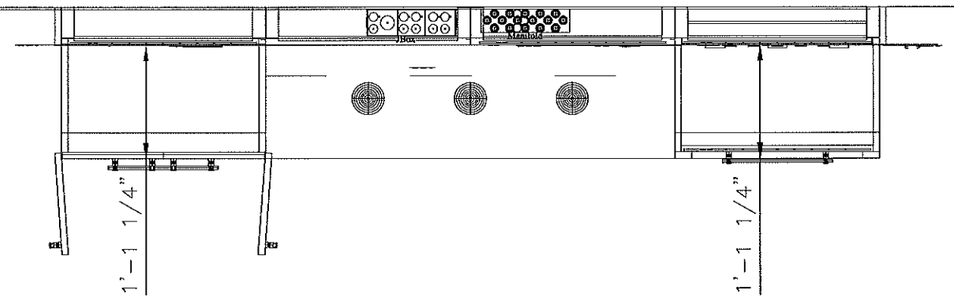
Hill-Rom

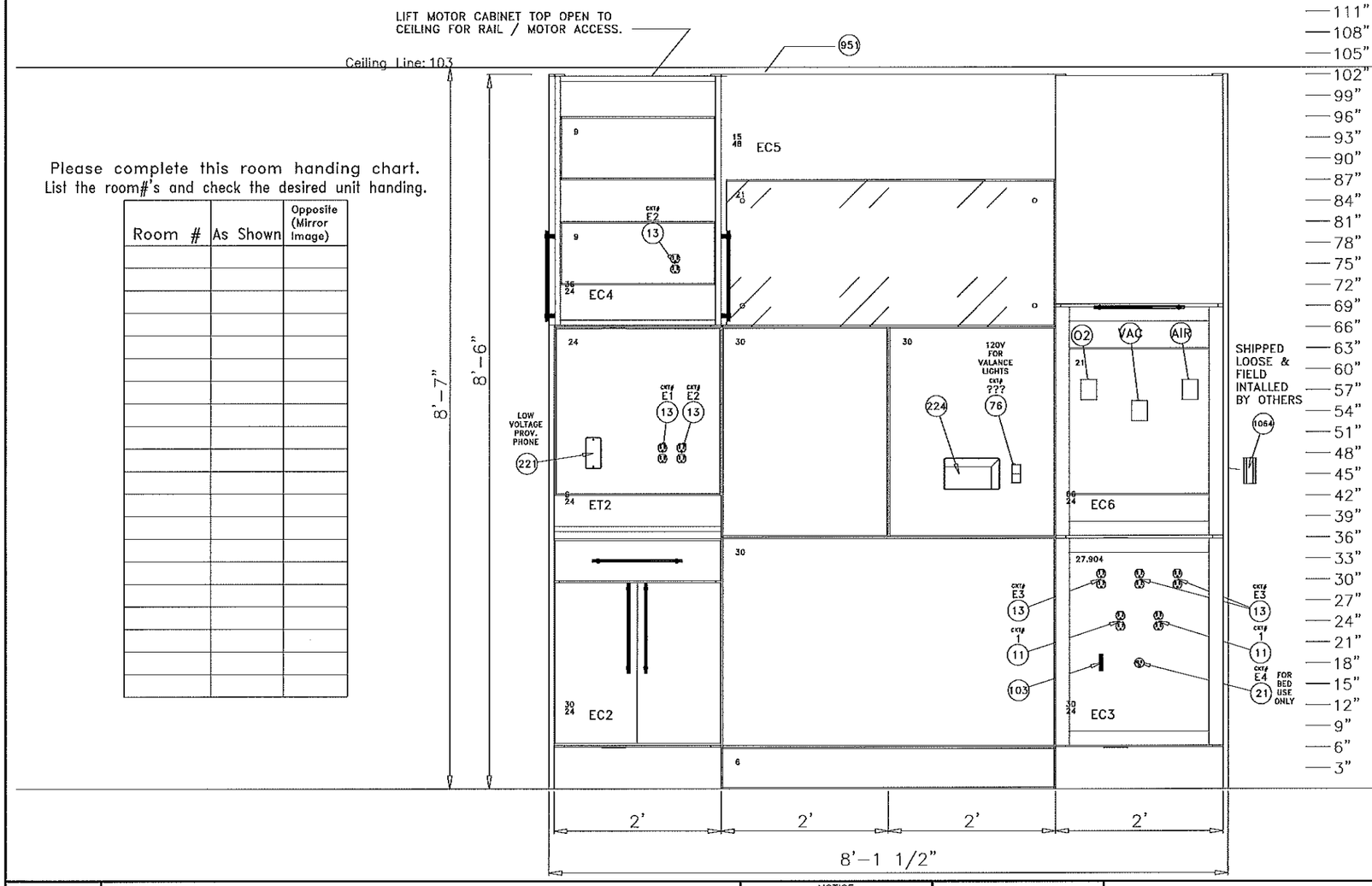
Project Manager: Steve Roell	Customer: VETERANS AFFAIR MEDICAL CENTER 659 1601 BRENNER AVE SALISBURY, NC, 281442515 UNITED STATES		Date: 1/18/2014
CPT: / PE:			Scale:
Drawn By: roells1 / Checked By:	Room Description: MED SURG	Customer ID: 610190 / Quantity: 20	Request For Information
			File Name: 247092InfoE

REV.	DATE	CHANGE DESCRIPTION	Made By:
		Wall Line:	

ELEMENTS P2008A2 ON WALL

Unit ID:01A





Please complete this room handing chart.
List the room#'s and check the desired unit handing.

Room #	As Shown	Opposite (Mirror Image)

ELEMENTS P2008A201

ITEM #	QTY	PART #	DESCRIPTION
103	1		RECEPTACLE, SIDECOM, 37 PIN CONNECTOR
1064	1		BOTTLE SLIDE, FIXED SHIPPED LOOSE
11	2		RECEPTACLE, DUPLEX IVORY (20A)
13	6		RECEPTACLE, DUPLEX RED (20A)
224	1		NurseCall 4 Gangs
21	1		RECEPTACLE, SIMPLEX RED
221	1		PROVISION, 1GANG W/FACEPLATE
76	1		SWITCH, 3-WAY DECORA 20A IVORY
AIR	1		AIR UNKNOWN UNKNOWN
O2	1		O2 UNKNOWN UNKNOWN
VAC	1		VAC UNKNOWN UNKNOWN
951	1		REVEAL STRIP 1"
EC6	1	P2108A01246614999XMIAB	CONCEALMENT 24X66X14 HPL UNDECIDED
EC5	1	P2108A15481514999MYA	Valance 48X15X14 HPL UNDECIDED
EC4	1	P2108A06243614999MIXXA	LIKO LIFT MOTOR CABINET 24X36X14 HPL UNDECIDED
EC3	1	P2108A0214709201A01	SERVICES 24X30X14 HPL UNDECIDED
ET2	1	P2108A122414A999999A	ELEMENTS CABINET COUNTER TOP 24X14 HPL UNDECIDED W/HPL UNDECIDED
EC2	1	P2108A09243014B999YXMITA	DRAWER DOOR CABINET 24X30X14 HPL UNDECIDED
	3	VALANCE LIGHT	VALANCE LIGHT

Supplemental Data:

ITEM	QTY	PART#	DESCRIPTION
			GapTrim 0.345, Indent, COLOR UNDECIDED
	1	P005701	Domestic JBox
	1	P005601	Domestic Gas Manifold
			Studs @ 3.625 Depth
	6		Metal Panels With: None
	1		Metal Panels With: UNKNOWN ARTGLASS
	3		Wood Panels With: None
	1		Side Panel With: None
	1		Side Panel With: None

ALL NURSE CALL PROVISIONS
TO HAVE MOUNTING HOLES
TAPPED BY OTHERS

SUBMITTALS & VERIFICATIONS
2/1/2014
DO NOT USE FOR CONSTRUCTION

UL LISTED

NURSE CALL MFGR: MODEL #:

UNIT FINISH HPL: SEE LEGEND MANUFACTURER PART #: ( )WOOD: SEE LEGEND

LOCATOR FINISH HPL: SEE LEGEND ( )PAINT: SEE LEGEND

Ceiling Height: in. | Medical Gas Keying Style: SEE LEGEND | Medical Gas Connection Type: SEE LEGEND

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Hill-Rom

Project Manager: Steve Roell
CPT: | PE: | Checked By: roellsl

Customer: VETERANS AFFAIR MEDICAL CENTER 659
1601 BRENNER AVE
SALISBURY, NC, 281442515
UNITED STATES

Room Description: MED SURG

Date: 1/18/2014 | Scale: NONE
Customer ID: 610190 | Presentation
Quantity: 20 | File Name: 24709201A