

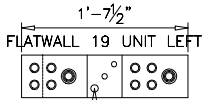
| REV. | DATE | CHANGE DESCRIPTION | Made By: |
|------|------|--------------------|----------|
| | | | |

P670E00 FLATWALL

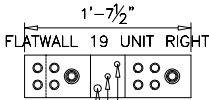
Unit ID:01A

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

| Room # | As Shown | Opposite (Mirror Image) |
|--------|----------|-------------------------|
| 7C307 | X | |
| 7C403 | X | |
| 7C404 | | X |
| 7C405 | X | |
| 7C406 | | X |
| 7C407 | X | |
| 7C408 | | X |
| 7C412 | X | |
| 7C413 | | X |
| 7C419 | X | |
| 7C420 | X | |
| 7C421 | | X |



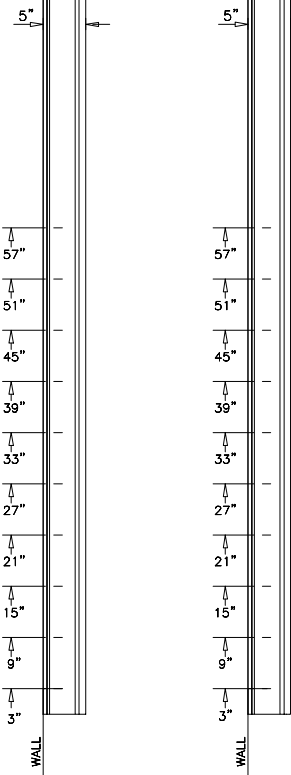
VACUUM - 7/8" O.D.



OXYGEN - 5/8" O.D.
MEDICAL AIR - 5/8" O.D.
VACUUM - 7/8" O.D.

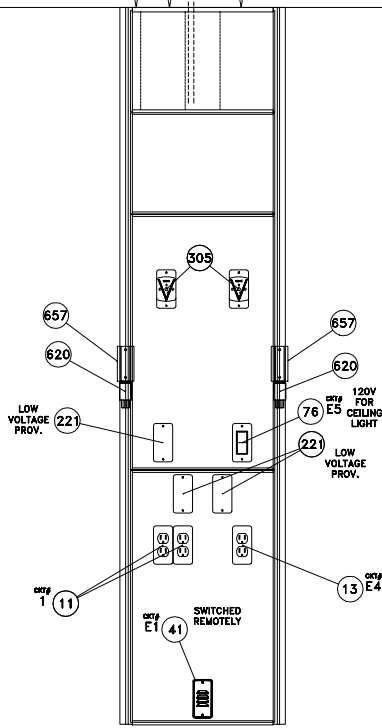
Gases
Low Voltage
Critical Branch
Normal Power

Gases
Low Voltage
Critical Branch
Normal Power



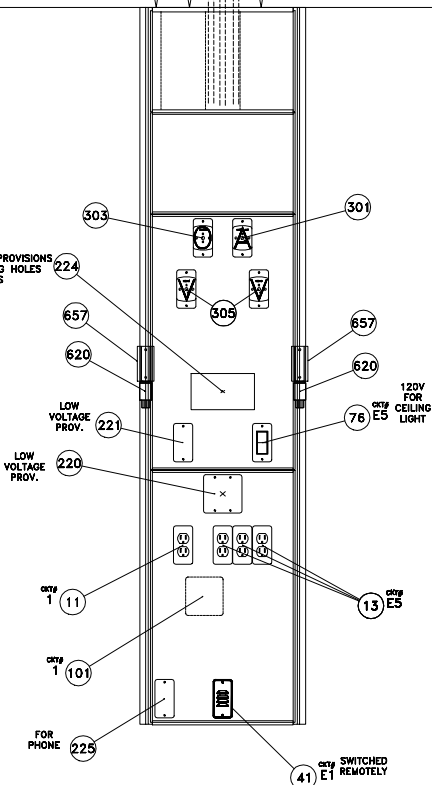
VIEW A

VIEW C



FRONT VIEW

ALL NURSE CALL PROVISIONS
TO HAVE MOUNTING HOLES
TAPPED BY OTHERS



FRONT VIEW



VIEW B



VIEW D

| FLATWALL 19 UNIT RIGHT | | | DESCRIPTION |
|------------------------|-----|---------|---|
| ITEM # | QTY | PART # | |
| 11 | 1 | | RECEPTACLE, DUPLEX IVORY (20A) |
| 13 | 3 | | RECEPTACLE, DUPLEX RED (20A) |
| 41 | 1 | | NIGHT LIGHT (VERTICAL) |
| 76 | 1 | | SWITCH, 3-WAY DECORA 20A IVORY |
| 101 | 1 | | LOW VOLTAGE RELAY 2-FUNCTION |
| 220 | 1 | | PROVISION, 2GANG W/FACEPLATE |
| 221 | 1 | | PROVISION, 1GANG W/FACEPLATE |
| 224 | 1 | | PROVISION, NURSECALL |
| 225 | 1 | | PROVISION, TELEPHONE |
| 301 | 1 | | MEDICAL AIR Beacon/Medaes DiamondCare - Chem Comp Latch Type |
| 303 | 1 | | MEDICAL OXYGEN Beacon/Medaes DiamondCare - Chem Comp Latch Type |
| 305 | 2 | | MEDICAL VACUUM Beacon/Medaes DiamondCare - Chem Comp Latch Type |
| 620 | 2 | P970A01 | UNIVERSAL HOLDER |
| 657 | 2 | P973-01 | UTILITY, SLIDE MOUNT |

| FLATWALL 19 UNIT LEFT | | | DESCRIPTION |
|-----------------------|-----|---------|---|
| ITEM # | QTY | PART # | |
| 11 | 2 | | RECEPTACLE, DUPLEX IVORY (20A) |
| 13 | 1 | | RECEPTACLE, DUPLEX RED (20A) |
| 41 | 1 | | NIGHT LIGHT (VERTICAL) |
| 76 | 1 | | SWITCH, 3-WAY DECORA 20A IVORY |
| 221 | 3 | | PROVISION, 1GANG W/FACEPLATE |
| 305 | 2 | | MEDICAL VACUUM Beacon/Medaes DiamondCare - Chem Comp Latch Type |
| 620 | 2 | P970A01 | UNIVERSAL HOLDER |
| 657 | 2 | P973-01 | UTILITY, SLIDE MOUNT |



| | | |
|-----------|--------------------------------|--|
| UL LISTED | NURSE CALL MFR: MODEL #: | |
| | UNIT FINISH HPL: SEE LEGEND | WOOD: SEE LEGEND |
| | LOCATOR FINISH HPL: SEE LEGEND | PAINT: SEE LEGEND |
| | Ceiling Height: in. | Medical Gas Keying Style: Beacon/Medaes DiamondCare - Chem Comp Latch Type |

NOTICE:
The drawings and all information thereon is property of:
HILL-ROM COMPANY, Inc.
Batesville, Indiana
This drawing and information thereon, is confidential; and must not be made public, copied or used to disadvantage of said Hill-Rom Company, Inc. It is subject to return on demand.

PATIENT ENVIRONMENT
1069 State Route 46 East
Batesville, Indiana 47006
Ph: (812) 934-7777
www.hill-rom.com



| | | | | | |
|------------------------------|-------------|---|--|------------------------|-------------------------|
| Project Manager: J. SEALS | | Customer: DEPARTMENT OF VETERANS AFFAIR CENTER 4500 S LANCASTER ROAD DALLAS, TX, 752167167 | | Date: 5/19/2014 | Scale: NONE |
| CPI: | PE: | UNITED STATES | | Customer ID: 611304 | Presentation |
| sealsj | Checked By: | Room Description: 7th FLOOR, C300/400 | | Quantity: 12 | File Name: 24730501A |

INFORMATION NEEDED TO PROCESS ORDER (Flatwall 670)

Architectural

● FINISH OF FLATWALL UNITS: _____
If Required:
H.P.L. FINISH OF SPECIALITE UNITS: _____
H.P.L. FINISH OF BED LOCATOR UNITS: _____
HILL-ROOM CAN TYPICALLY PROVIDE ANY NORTH AMERICAN HIGH PRESSURE LAMINATE MANUFACTURED BY EITHER DECORATIVE PRODUCTS (NEVAMAR), WILSONART, LAMINART, FORMICA OR PIONEER PLASTICS (PIONITE). PLEASE VISIT THEIR WEBSITES FOR AVAILABLE COLOR OPTIONS.

● 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: _____

● FLATWALL: BOTTOM OF UNIT 12" A.F.F. UNLESS OTHERWISE NOTED.

● 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: _____

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: _____

● IDENTIFICATION OF DEVICE FACEPLATE WITH CIRCUIT INFORMATION, IF REQUIRED, 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 DISTRIBUTION WITHIN THE HILL-ROM HEADWALL.

● 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: _____

● ARE THE HANGER BRACKETS REQUIRED IN ADVANCE? ☐ YES ☐ NO
IF YES, WHAT IS THE DELIVERY DATE YOU REQUIRE: _____

● HILL-ROM BIU IS PROVIDED AT THE TIME THE NURSECALL SYSTEM IS INSTALLED. (UNDER SEPARATE CONTRACT)

● 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 ☐ DiamondCare-PB Comp Geometric
☐ Series B-DISS ☐ DiamondCare-DISS
☐ Series B-Medaes Pin Index ☐ DiamondCare-Medaes Pin Index
☐ Series B-Chemetron Latch Type ☐ DiamondCare-Chemetron Comp Latch Type
Allied
☐ Chemetron 400-Latch Type ☐ Hill-Rom - PB Comp Geometric
☐ Connect2-Chem Latch/Medaes Pin ☐ Hill-Rom - DISS
☐ Oxequip Med Star Quick ☐ Hill-Rom - Medaes Pin Index
☐ Oxequip Med Star DISS ☐ Hill-Rom - Chemetron Comp Latch Type
☐ OTHER: _____
*NOTE: OTHER GASES WILL HAVE TO BE APPROVED BY HILL-ROM AND ADDITIONAL 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.

● PLEASE NOTE:
HANGER BRACKETS SUPPLIED BY HILL-ROM AND INSTALLED BY OTHERS.
CONDUIT SUPPLIED AND INSTALLED BY OTHERS.

● 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.

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

| | | | | | |
|-----------|--|--|--|--|--|
| 24730501A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 LEAD TIME IS 10 TO 12 WEEKS AFTER RECEIPT OF APPROVED, SIGNED SHOP DRAWINGS.

NOTICE:

The drawings and all information thereon is property of:
HILL-ROM COMPANY, Inc.
Batesville, Indiana
This drawing and information thereon, is confidential; and must not be made public, copied or used to disadvantage of said Hill-Rom Company, Inc. It is subject to return on demand.

PATIENT ENVIRONMENT
1069 State Route 46 East
Batesville, Indiana 47006
Ph: (812)934 7777
www.hill-rom.com

Project Manager:

J. SEALS

CPI:

PE:

Drawn By:

sealsj

Checked By:

Customer:

DEPARTMENT OF VETERANS AFFAIR CENTER
4500 S LANCASTER ROAD
DALLAS, TX, 752167167

UNITED STATES

Room Description:

7th FLOOR, C300/400

Date:

5/19/2014

Scale:

Customer ID:
611304

Request For Information

Quantity:

12

File Name:

247305InfoF

REQUESTED DELIVERY DATE: _____

APPROVAL SIGNATURE _____

DATE _____

PHONE _____