

SKYTRON HUNTINGTON VA MEDICAL CENTER

Specification for the SKYTRON products found within this information package are specifically designated for your facility. Please ensure that all of your custom specifications have been included. Deviating from the depicted specific equipment placement could cause equipment conflicts in the room and must be approved by a Skytron Representative.

Equipment References	Drawing Index #	Note that not all drawings will be required for each mount / drawings package	Drawing Package Revision Summary		
A, S	00a	Room Layout - Contains overhead view of Skytron equipment	Rev #	Date/Quote	Description
	1	Elevation/Mounting Details - Contains elevation drawings of equipment with mounting details	0	1/29/2014 46163-0	New Submittal Package
	2	Carrier Details - Contains front, left and right side views of equipment carriers detailing accessories and outlet placement	1	3/6/2014 46163-0	Skyvision changes
	3	Medical Gas Details - Contains medical gas details required for the riser plate installation	2		
	4	Electrical Wiring Detail - Contains detailed wiring diagram and circuit requirements for equipment booms and lights	3		
	5	Communication Details - Contains a breakdown of required communications cabling and connections	4		
	6	Light Fixture Details - Contains details of light wiring for fixture mounts and back box details	5		
S1a	Integration Elevation Details - Contains elevation drawings of the Integration system	6			
S1b	Integration Mounting Details - Contains mounting details of the Integration system	7			

PLEASE READ THE FOLLOWING CAREFULLY

I have read the appropriate requirements from the Skytron Pre-Installation Guide for Ergon booms and consulted with the individual trades. I understand there are specific ceiling height, medical gas, electrical, video/communications and structural requirements that must be supplied by the appropriate trade representatives to support this project. Please be aware that modification to the site specific document could result in additional Change Order/Drawing Change fees. These fees take place after the second Submittal Revision or the first Fabrication Revision. Please speak with your Skytron Representative if you have any questions with regards to these fees. All final tie-ins of electrical connections, plumbing and media must be made by a qualified and licensed individual. Skytron does not provide final tie-ins services due to local licensing regulations. Finish work (e.g., caulking and trim) is the responsibility of others. Installation of standard product moldings or trim is included in the pricing provided.

EACH DRAWING MUST BE INITIALED AND DATED

Accepted - as is Accepted - with changes Rejected

Accepted by: _____
(print)
Accepted by: _____ Date: _____
(signature)
Requested Delivery Date _____ P.O. # _____

SKYTRON

FINAL PLACEMENT OF REQUIRED CONDUIT IS THE RESPONSIBILITY OF AND DETERMINED BY THE ARCHITECT.

IN THE EVENT THAT FIXTURE LOCATIONS NEED TO CHANGE PLEASE CHECK WITH SKYTRON ON THE REVISED LAYOUT LOCATION

SITE SPECIFIC LAYOUT

ID	DESCRIPTION
A	ANESTHESIA COLUMN
S	SKYVISION RACK

Equipment Schedule:

ID	DESCRIPTION
A	ANESTHESIA COLUMN
S	SKYVISION RACK

SkyVision Notes:

- SkyVision rack requires a 12" sq. x 4" deep wall box per SkyVision spec, supplied by contractor.
- Network connections installed to rack by others.
- Structural support for SkyVision rack designed by engineer of records to support 500 lbs. of load.
- Mounting hardware supplied by others to meet support requirements.

INITIAL: _____
DATE: _____

PROJECT #: 13-204-DR
SUBMITTAL
PLOT DATE: 10/31/2014
ROOM TYPE: GEN OR
REV. #: 1
DESCRIPTION: ROOM LAYOUT
SHEET
00a

SKYTRON

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DATE: _____

PROJECT #: 13-204-DR
SUBMITTAL
PLOT DATE: 10/31/2014
ROOM TYPE: GEN OR
REV. #: 1
DESCRIPTION: ROOM LAYOUT
SHEET
01a

SKYTRON

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SITE SPECIFIC LAYOUT

ID	DESCRIPTION
A	EQUIPMENT COLUMN
C	EQUIPMENT ROOM

Equipment Schedule:

ID	DESCRIPTION
A	EQUIPMENT COLUMN
C	EQUIPMENT ROOM

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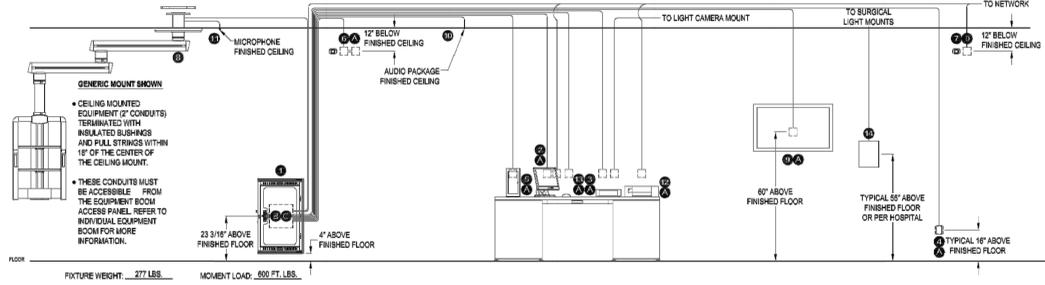
INITIAL: _____
DATE: _____

PROJECT #: 13-204-DR
SUBMITTAL
PLOT DATE: 10/31/2014
ROOM TYPE: GEN OR
REV. #: 1
DESCRIPTION: ROOM LAYOUT
SHEET
02a

SKY1
FOR REFERENCE ONLY - 10-31-2014
NOT FOR CONSTRUCTION



ELEVATIONS SHOWN BELOW ARE GENERIC AND PROVIDE TYPICAL ELEVATIONS FOR EACH ITEM.



HVAC Required to maintain Storage cabinet temperature not to exceed 90degrees Fahrenheit. Airflow to be adjusted accordingly

NOTE: ALL JUNCTION BOXES AND CONDUIT TO BE SUPPLIED BY CONTRACTOR.

ID	ITEM	CONDUIT DIAMETER	DESCRIPTION	TERMINATION	LOCATION OF JUNCTION BOX	TO
1	SKYVISION ENCLOSURE	N/A	SKYVISION ROUGH-IN	12" SQ. X 4" DEEP JUNCTION BOX	SEE ROUGH-IN DETAIL	N/A
2	TOUCH PANEL	2"	NETWORK CONNECTIONS	ROUTE TO NETWORK	PER HOSPITAL	HOSPITAL NETWORK
3	SKYTRON LIGHT CAMERA CONTROL	1"	TOUCH PANEL, KEYBOARD, MOUSE	4" SQ. X 3.5" DEEP BOX W/ 1 GANG P-RING	PER HOSPITAL	RACK
4	WALL SOURCE	1"	HOSPITAL NETWORK CONNECTION	HOSPITAL SURGE PROTECT NETWORK JACK	PER HOSPITAL	HOSPITAL NETWORK
5	EXTERNAL COMPUTER	1"	LIGHT CAM VIDEO TO RACK	4" SQ. X 3.5" DEEP BOX W/ 1 GANG P-RING	PER HOSPITAL	RACK
6	WALL CAMERA	1"	SOURCE DESCRIPTION	4" SQ. X 2" DEEP BOX W/ 1 GANG P-RING	PER HOSPITAL	RACK
7	IP CAMERA	1"	PC VIDEO	4" SQ. X 3.5" DEEP BOX W/ 1 GANG P-RING	PER HOSPITAL	RACK
8	CEILING MOUNTED EQUIPMENT	2"	WALL CAMERA	4" SQ. X 3.5" DEEP BOX W/ 1 GANG P-RING	12" BELOW FINISHED CEILING	RACK
9	WALL DISPLAY	1"	WALL CAMERA CONTROL	4" SQ. X 2" DEEP BOX W/ 1 GANG P-RING	12" BELOW FINISHED CEILING	CONNECTED TO 3.5" BOX
10	AUDIO PACKAGE	3/8" FLEX	IP CAMERA	4" SQ. X 2" DEEP BOX W/ 1 GANG P-RING	12" BELOW FINISHED CEILING	NETWORK
11	MICROPHONE	3/8" FLEX	CEILING SPEAKERS	TERMINATES TO SPEAKERS PER INSTRUCTIONS	FINISHED CEILING PER HOSPITAL	RACK
12	HP NETWORK PRINTER	1"	MICROPHONE	STUB OUT	FINISHED CEILING PER HOSPITAL	RACK
13	HP DOCK	1"	HP NETWORK PRINTER	4" SQ. X 2" DEEP BOX W/ 1 GANG P-RING	PER HOSPITAL	HOSPITAL NETWORK
14	WALL CONTROL	0.75"	HP DOCK	4" SQ. X 2" DEEP BOX W/ 1 GANG P-RING	PER HOSPITAL	RACK
			WALL CONTROL - LIGHT INTENSITY	SINGLE/DOUBLE - 10" W x 8" H x 8.5" D	PER HOSPITAL	LIGHT MOUNT
				TRIPLE - 13.5" W x 10" H x 8.5" D	PER HOSPITAL	LIGHT MOUNT

ID	ITEM	CONDUIT DIAMETER	DESCRIPTION	TERMINATION	LOCATION OF JUNCTION BOX	TO
A	DEVICE POWER	N/A	120V, 20A DUPLEX	PER ENGINEER	PER HOSPITAL	ELECTRICAL
B	SKYVISION POWER	N/A	(2) 120V, 20A DEDICATED CIRCUITS	PER ENGINEER	SKYVISION JUNCTION BOX	ELECTRICAL
C	GROUND LEAD	N/A		PER ENGINEER	FACILITY GROUND	RACK
D	P.O.E.	N/A	POWER OVER ETHERNET	SHARED PER ITEM 7	12" BELOW FINISHED CEILING	HOSPITAL NETWORK

** - IF P.O.E. IS NOT AVAILABLE, USE ELECTRICAL REQUIREMENTS ID A

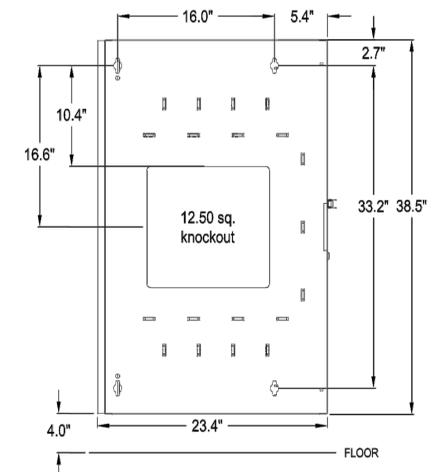
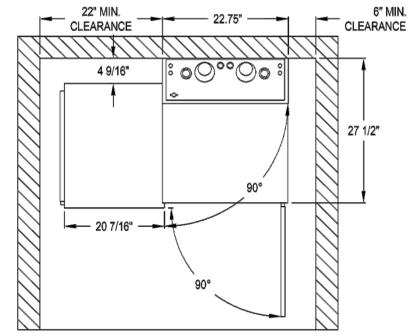
INITIAL: _____
DATE: _____

PROJECT #: 13-204-DR
SUBMITTAL
PLOT DATE: 3/7/2014
HUNTINGTON VAMC

MDL: SVIS-LINK
QTY: 6
REV. #: 1
DESCRIPTION: SKYVISION ELEVATION
SHEET
S1a



RIGHT-HAND SWING CABINET



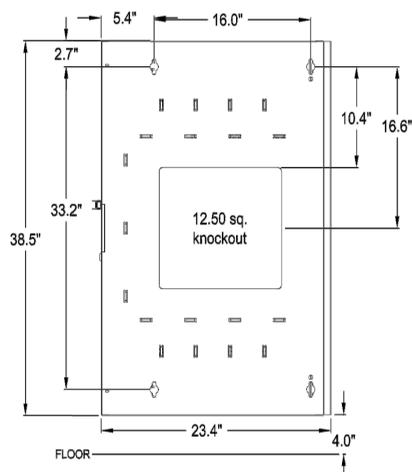
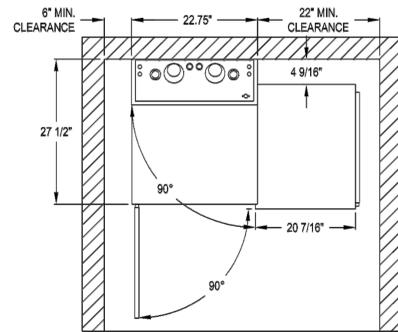
INITIAL: _____
DATE: _____

PROJECT #: 13-204-DR
SUBMITTAL
PLOT DATE: 3/6/2014
HUNTINGTON VAMC

MDL: SVIS-LINK
QTY: 5
REV. #: 1
DESCRIPTION: SKYVISION MOUNTING
SHEET
S1b



LEFT-HAND SWING CABINET



INITIAL: _____
DATE: _____

PROJECT #: 13-204-DR
SUBMITTAL
PLOT DATE: 3/6/2014
HUNTINGTON VAMC

MDL: SVIS-LINK
QTY: 1
REV. #: 1
DESCRIPTION: SKYVISION MOUNTING
SHEET
S1c