

three inches = one foot  
one and one-half inch = one foot  
one inch = one foot  
three-quarters inch = one foot  
one-half inch = one foot  
three-eighths inch = one foot  
one-quarter inch = one foot  
one-eighth inch = one foot



FOR REFERENCE ONLY

ARCHITECT OF RECORD:

SBBL Architecture + Planning  
1007 North Alvarado Way # 105, Tucson, Arizona 85711  
T: 520.620.0255 F: 520.620.0255 E: sbbl@sbbl.biz

SBBL

EMERGENCY DEPARTMENT

AMARILLO VA HEALTH CARE SYSTEM  
AMARILLO, TEXAS

Approved: VA Area Proj. Mgr.

V.A. PROJECT NO: VA258-P-0196  
SBBL PROJECT NO: 0110.00.0  
DRAWN BY: Author  
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DATE: 07/15/11

Δ	Date	Revision

Approved: Med. Ctr. Director

Approved: Asst. Admin Engineering Service

Approved: Asst. VA Medical Director

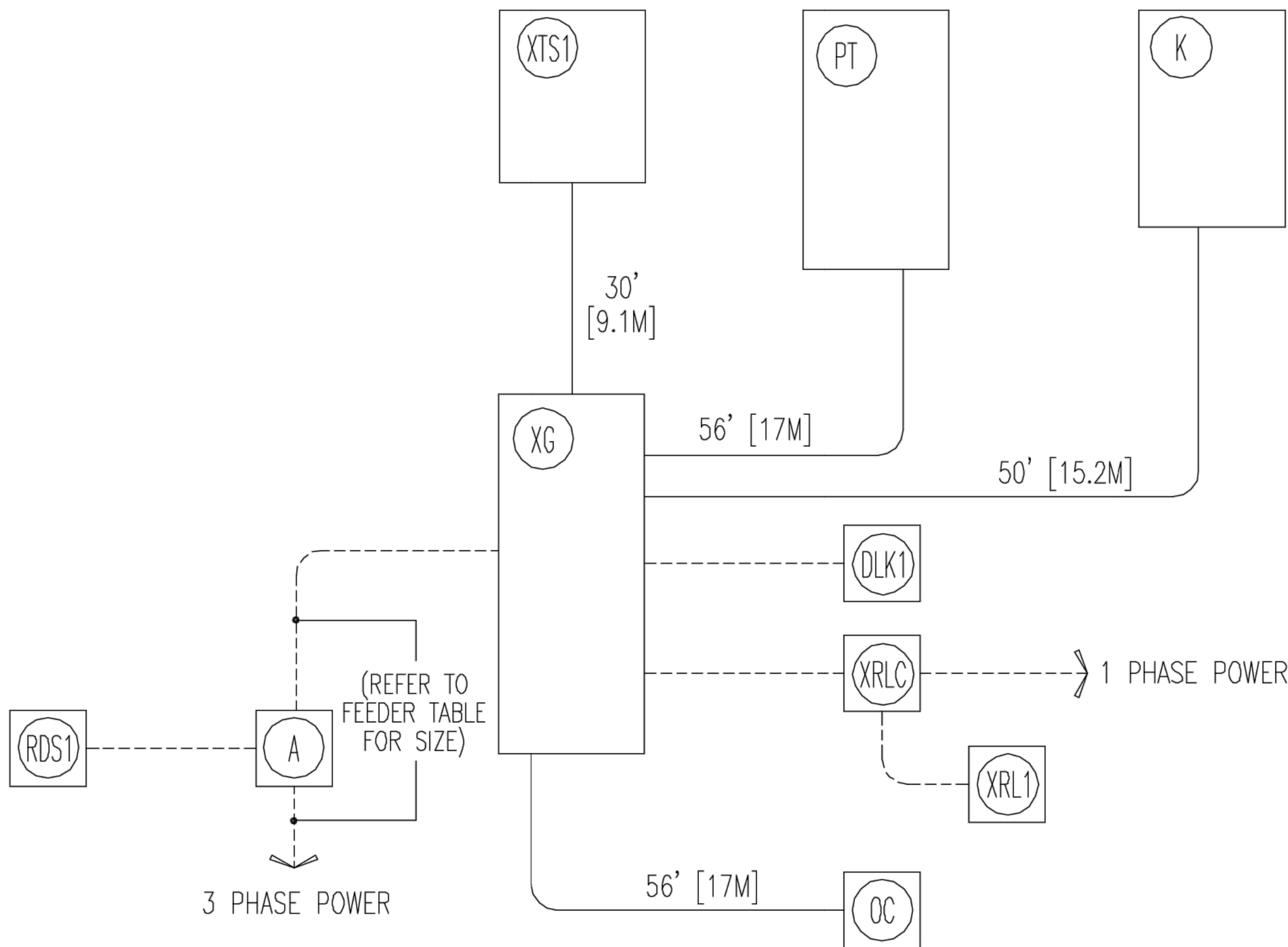
Approved: Chief of Facilities

Approved: Chief of Engineering

Approved: Chief of Projects

48-EQS5.6

## INTERCONNECT DIAGRAM



## POWER SPECIFICATIONS

PROTEUS XR/a 80kw REV. DATE: 05/15/07

VOLTAGE PRIMARY SOURCE IS REQUIRED FOR ALL INSTALLATIONS.  
RANGE OF LINE VOLTAGES  
NOMINAL LINE VOLTAGE OF 380 TO 480, 3 PHASE, WITHOUT NEUTRAL, 50 OR 60 HZ.

REQUIRED POWER SUPPLY: WYE DISTRIBUTION  
MAXIMUM DAILY VOLTAGE VARIATION MUST FALL WITHIN ONE OF THE RANGES IN TABLE A.

NOMINAL VOLTAGE	NORMAL RANGE ±10 PERCENT	CURRENT (AMPS)		MINIMUM STANDARD OVERCURRENT PROTECTION
		MAX. MOMENTARY	CONTINUOUS	
380	342-418	190	7	100-A
400	360-440	181	6.6	90-A
415	373-456	172	6.3	90-A
440	396-484	164	6	90-A
460	414-506	157	5.8	80-A
480	432-528	151	5.5	80-A

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 =4.8 KVA. (MAX DEMAND = 125 KVA)

DEMAND	PROTEUS/DEFINUM
	POWER FACTOR AT
kVa *	125
mA	0.73
kVp	630
	80

\* DEMAND INCLUDES POWER FOR ENTIRE 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 150 KVA.

## ELECTRICAL NOTES

- NOTE 1: ALL WIRES SPECIFIED SHALL BE STRANDED, FLEXIBLE, THERMO-PLASTIC, COLOR CODED, COPPER ONLY, CUT 10 FOOT LONG AT OUTLET BOXES, DUCT TERMINATION POINTS OR STUBBED CONDUIT ENDS, UNLESS OTHERWISE SPECIFIED. ALL CONDUCTORS, POWER, SIGNAL AND GROUND, MUST BE RUN IN CONDUIT OR DUCT SYSTEM. ELECTRICAL CONTRACTOR SHALL RING OUT AND TAG ALL WIRES AT BOTH ENDS. WIRE RUNS MUST BE CONTINUOUS COPPER AND FREE FROM SPLICES.
- 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., OTHER THAN SHOWN ON THIS DRAWING 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 A QUALIFIED 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.

## DIAGRAM KEY

--- CUSTOMER/CONTRACTOR SUPPLIED WIRING. ROUTE IN ADEQUATE CONDUIT OR RACEWAY.

— GE FURNISHED CABLE RUNS. ROUTE IN EMPTY CONDUIT OR RACEWAY.

59' [18M] MAXIMUM RUN LENGTH BETWEEN JUNCTION POINTS. Feet [Meters]

THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED

GE Healthcare Technologies

Installation Services Design Center  
Milwaukee, Wisconsin

SHEET TITLE: ELECTRICAL SPECIFICATIONS  
MODALITY TYPE: PROTEUS XR/a

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS, ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS. IT IS NOT TO BE USED FOR CONSTRUCTION PURPOSES. THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:  
1-124f  
TYPICAL LAYOUT

PROJECT	REVISION
1-124f	06
DATE: 06-26-08	
DRAWN BY: REK	
CHECKED BY: TRS	

## REVISION HISTORY:

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SHEET  
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KEY PLAN

