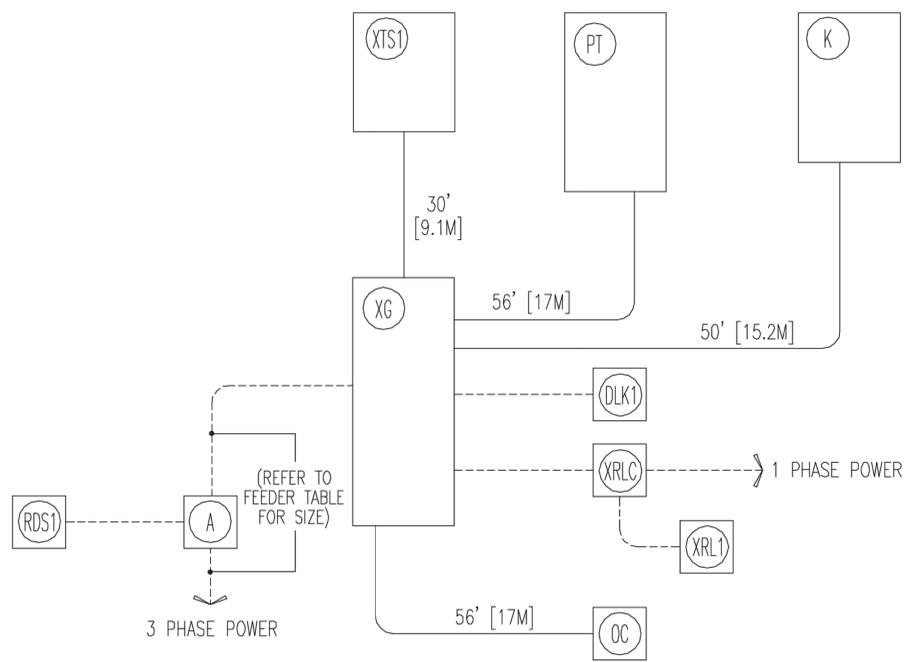


three inches = one foot
 one and one-half inch = one foot
 one inch = one foot
 three-quarters inch = one foot
 one-half inch = one foot
 one-quarter inch = one foot
 one-eighth inch = one foot

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 50 OR 60 Hz
 NOMINAL LINE VOLTAGE OF 380 TO 480, 3 PHASE, WITHOUT NEUTRAL.
 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 KVA 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 =4.6 KVA. (MAX DEMAND = 125 KVA)

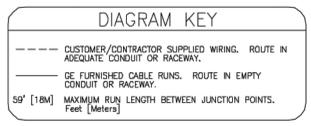
DEMAND	PROTEUS/DEFINUM
kVa * POWER FACTOR AT	125 0.73
mA	630
kVp	80

* 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.



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 SUCCESSFUL LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS. ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS TO BE PROVIDED BY ARCHITECT. THIS DRAWING IS NOT TO BE USED FOR ACTUAL CONSTRUCTION PURPOSES. HOWEVER, 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:

SHEET
 E2
 NISH-1002



FOR REFERENCE ONLY

ARCHITECT OF RECORD:

SBBL Architecture + Planning
 1001 North Alhambra Way # 105, Tucson, Arizona 85711
 T: 520.620.0255 F: 520.620.0255 E: sbbl@sbbluz.com

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
 CHECKED BY: Checker
 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

FOR REFERENCE ONLY

KEY PLAN

48-EQS5.6