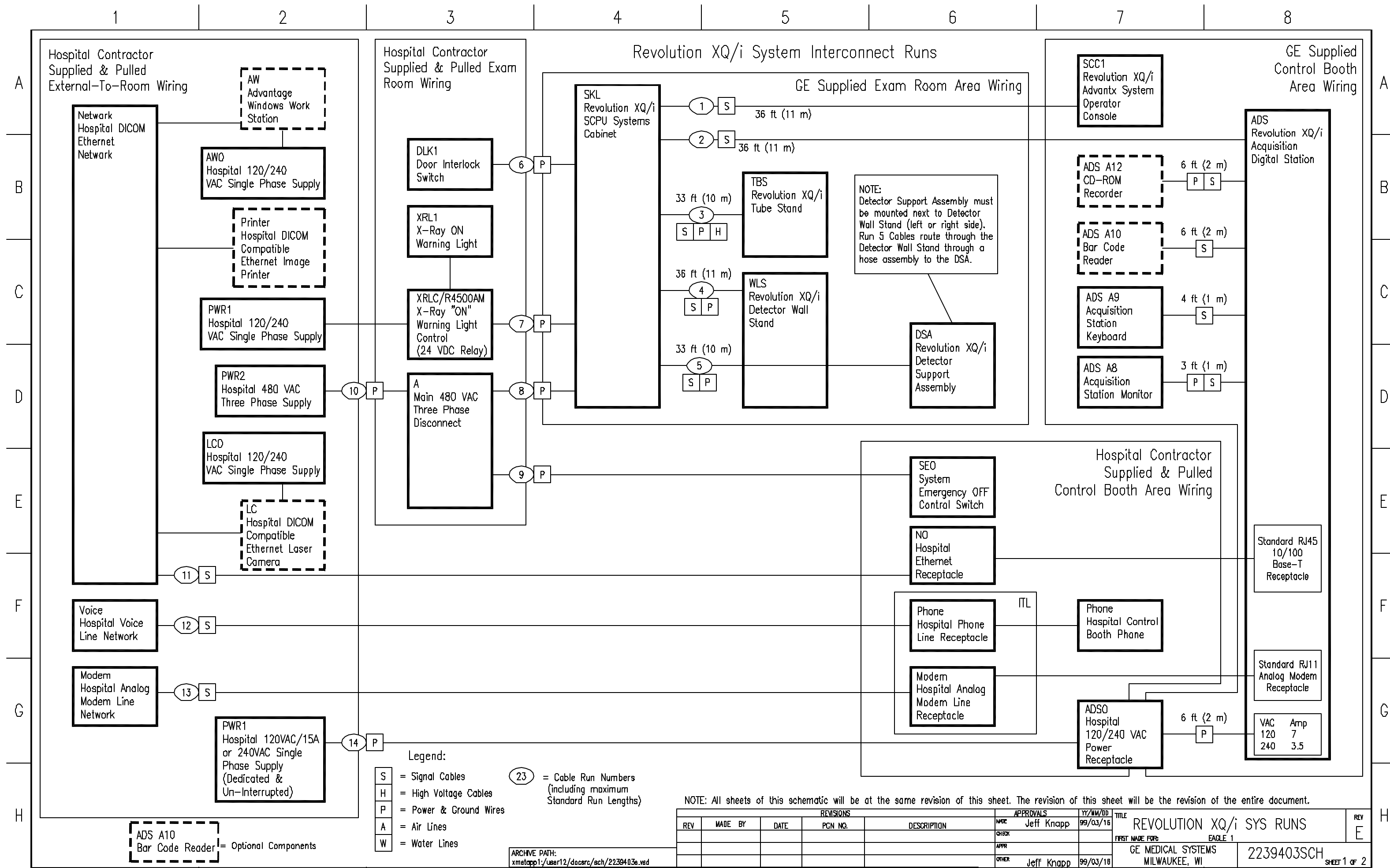


INTERCONNECT DIAGRAM

[illegible]

Hospital Electrical Contractor Supplied Wiring							
Run #	Quantity	Min. Wire Size		Description	Cable Take-Up Inside GE Cabinet		Notes
		AWG	mm2		Feet	Meters	
6	3 Wires	14	2	Exam Room Door Interlock Switch to SKL Systems Cabinet	10	3	Black, White, and Green wires.
7	3 Wires	14	2	X-Ray Warning Light 24 VDC Control to SKL Systems Cabinet	10	3	Black, White, and Green wires. GE offers RM500AM kit to provide 24 VDC control of 120/240 VAC Warning Light Indicator.
8	3 Power Wires	See Notes					
	1 Ground Wire	1/0	50	Room 480 VAC Disconnect to SKL Systems Cabinet	10	3	See Feeder Tables for recommended wires sizes.
	1 Neutral Wire	See Notes					
9	3 Wires	14	2	Room 480 VAC Disconnect to System Emergency OFF (SECO)	Not Applicable		Black, White, and Green wires.
10	3 Power Wires	See Notes					
	1 Ground Wire	1/0	50	Room 480 VAC Disconnect to Hospital Power Source			See Feeder Tables for recommended wires sizes.
	1 Neutral Wire	See Notes					
11	1 Ethernet Wire	See Notes		Hospital Ethernet Network to Aquitation Digital Station	2	1	ADS equipped with Standard RJ45 10/100 Base-T Receptacle. Category 5 Cable required.
12	1 Telephone Wire	See Notes		Hospital Telephone Voice Network to Control Booth Telephone			Standard RJ11 Telephone Receptacle & Telephone. This line may be routed through a telephone switchboard.
13	1 Telephone Wire	See Notes		Hospital Telephone Analog Modern Network to Aquitation Digital Station			ADS equipped with Standard RJ11 Analog Telephone Receptacle. Line must be a direct number from outside the facility. Do not route this line through a telephone switchboard. Telephone line operating charges are paid by Hospital.
14	1 Power Wire	14	2	Control Booth 120 VAC / 15 A Receptacle to Hospital Single Phase 120 VAC Power Source.			
	1 Ground Wire	14	2	Control Booth 240 VAC / 10 A Receptacle to Hospital Single Phase 240 VAC Power Source.			Power Supply source must be un-interrupted.
	1 Neutral Wire	14	2				

NOTE: All sheets of this schematic will be at the same revision of this sheet. The revision of this sheet will be the revision of the entire document.

REVISIONS					APPROVALS	15/03/16	TITLE	REV
REV	MADE BY	DATE	PCN NO.	DESCRIPTION	NAME	09/03/16	REVOLUTION XQ/i SYS RUNS FIRST MADE FOR: PAGE 1	E
					DATE		GE MEDICAL SYSTEMS	
					APP		MILWAUKEE, WI	
					OTHER	09/03/16	22394035SCH	SHEET 2 of 2

POWER SPECIFICATIONS

ADVANTX HF 65/REVOLUTION 65 REV. DATE: 02/22/06

VOLTAGE PRIMARY SOURCE IS REQUIRED FOR ALL INSTALLATIONS.
RANGE OF LINE VOLTAGES :
NOMINAL LINE VOLTAGE OF 380 TO 480, 3 PHASE, 50 OR 60 Hz

REQUIRED POWER SUPPLY: WYE-CONNECTED

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	151	15.8	80-A
400	360-440	143	15	80-A
420	378-462	137	14.5	70-A
440	396-484	130	13.6	70-A
460	414-508	125	13	70-A
480	432-528	119	12.5	60-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-TO-PHASE VOLTAGES MUST BE WITHIN +2 PERCENT
BALANCE.
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 = 10.4KVA. (MAX. DEMAND = 99.2 KVA)

TABLE B MAXIMUM MOMENTARY POWER DEMAND.	DEMAND	ADVANTX HF 65
	kVa * POWER FACTOR AT	99.2 0.73
	mA	800
	kVp	80

* DEMAND INCLUDES POWER FOR ENTIRE ADVANTX SYSTEM.
LINE VOLTAGE REGULATION AT MAXIMUM POWER DEMAND
MUST BE LESS THAN OR EQUAL TO 6 PERCENT.

DISTRI-
BUTION

FOR A SINGLE UNIT INSTALLATION, THE MINIMUM TRANSFORMER SIZE
IS 112.5 KVA.

ELECTRICAL NOTES

NOTE 1: ALL WIRES SPECIFIED SHALL BE COPPER STRANDED, FLEXIBLE, THERMO-PLASTIC, COLOR CODED, CUT 10 FOOT LONG AT OUTLET BOXES, DUCT TERMINATION POINTS OR STUBBED CONDUIT ENDS.

ALL CONDUCTORS, POWER, SIGNAL AND GROUND, MUST BE RUN IN A CONDUIT OR DUCT SYSTEM. ELECTRICAL CONTRACTOR SHALL RING OUT AND TAG ALL WIRES AT BOTH ENDS. WIRE RUNS MUST BE CONTINUOUS COPPER STRANDED AND FREE FROM SPLICES. ALUMINUM OR SOLID WIRES ARE NOT ALLOWED.

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., MUST RUN DIRECT AS POSSIBLE OTHERWISE 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 CUSTOMERS 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

IS Services Design Center
Milwaukee, Wisconsin

SHEET TITLE: ELECTRICAL SPECIFICATIONS

MODALITY TYPE: REVOLUTION XQI

THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARATUS, ELECTRICAL WIRING DETAILS AND ROOM ARRANGEMENTS. IN PREPARING THIS PLAN, EVERY EFFORT HAS BEEN MADE TO CONFORM DETAILS TO ACTUAL EQUIPMENT EXPECTED TO BE INSTALLED. IT IS NOT TO BE USED FOR ACTUAL CONSTRUCTION PURPOSES, HOWEVER, AND THE COMPANY CANNOT ACCEPT RESPONSIBILITY FOR ANY DAMAGES RESULTING THEREFROM.

PROJECT TITLE:

VA BROOKLYN
MEDICAL CENTER
BROOKLYN, NEW YORK

PROJECT	REVISION
111639	00

DATE: 01.Jul.11
DRAWN BY: CPC
CHECKED BY: REK

REVISION HISTORY:

SHEET
E2