



MAJESTIC SERIES HORIZONTAL WALL

SPECIFICATIONS:

The Amico Majestic Series 1 horizontal wall shall be manufactured by Amico Corporation, in accordance with these shop drawings and documents. The complete horizontal wall shall be UL and cUL listed.

1. Basic Construction

Enclosure shall be constructed of extruded, anodized aluminum alloy sections to provide a modular surface mounted unit. The unit shall be factory assembled to include mechanical and electrical components as shown on the plans and specifications and wired in accordance with Amico Corporation's shop drawings as herein indicated. Aluminum fascias shall be removable for access to individual components mounted within the console sections of the wall unit. Primary electrical conduit runs to the unit are provided by the electrical contractor and shall be in the service chase or in the wall at the locations indicated on the drawings. All terminations shall be in the wall adjacent to the service chase or in the locations indicated on the drawings for chase less system. All secondary wiring within the wall unit enclosure shall be enclosed in electrical raceways and terminated in the area adjacent to the chase or as indicated on the drawings. All wiring shall be marked, color coded to facilitate easy circuit identification.

Aluminum fascia shall be finished with high-pressure plastic laminate on the outside or anodized. The color of the plastic laminate shall be selected by the hospital or architect from standard color selections from Formica or Wilson Art.

Removable, Pipes cover and Top cover shall be extruded aluminum, anodized finished. The color shall be selected by the hospital or the architect from standard color selection offered by Amico.

Plastic end caps shall be provided at each end of the unit.



2. Components

Medical gas station outlets. Medical gas outlets shall be as indicated in plans and specifications. Amico Corporation will factory install all outlets, manifolded and tested in accordance with the outlet manufacturer's requirements. Each outlet, piping and manifolding shall be pressure tested for 24 hours. The mechanical contractor will bring the primary supply lines of the medical gases to the singular terminal connections at locations shown on the drawings.

Power outlets. Receptacles shall be the type and quantity as shown on the drawings and specified. Unless otherwise noted 2 pole, 3 wire, rated at 20 amperes, 120 Volt, Hospital Grade shall be provided.

Chart lights / Night Light. Shall be 4 watts, 120 VAC to provide light for reading records in a darkened room. The front of the light shall be louvered directed downward and located in front or side of the wall. It shall be complete with bulb.

Vacuum Bottle Slide. Shall be a 4 inch anodized aluminum device with bottom stop. It shall be installed on the wall as specified on drawings.

Internal ground bus. A screw type bus connection will be provided as required. The ground bus assembly shall also provide a positive means for grounding the wall.

Switches. Shall be as shown on drawings, 120 VAC 15 or 20 Amp "Specification" Grade.

PROJECT



Grounding jacks. Externally accessible grounding jacks shall be provided in the horizontal wall unit, as shown in the shop drawings. The solid brass receptacle shall be enclosed in a non-conductive housing, shall be spring-loaded and shall be manufactured to the requirements of NFPA 99.

Lighting fixture. When specified, the overbed lighting fixture shall be provided complete with plastic laminate trim color to match the horizontal wall unit. Amico Corporation does not provide lamps.

Clock timer. When specified, an Amico Corporation Clock/Timer unit shall be provided and factory installed in the horizontal wall. The microprocessor based unit displays both time-of-day and elapsed time. The clock shall have an internal backup circuit that keeps the clock and timer functions running for at least 24 hours. The Clock/Timer unit shall have a provision for Code Blue input. The installing contractor shall perform wiring and electrical actuation between the monitor and the Clock/Timer unit.

3. Provisions

Nurse call equipment. All nurse call equipment shall be furnished and installed by others as indicated in the plans and specifications. Amico Corporation shall provide a pull cord for use by the nurse call installer.

Code Blue. Code Blue equipment shall be furnished and installed by others as indicated in the plans and specifications. Amico Corporation shall provide a labeled pull cord for use by contractor.

Monitoring equipment. Monitor equipment shall be provided and installed by others. Amico Corporation shall provide a matching blank plate for the monitor receptacle to the monitor supplier when requested. The wall unit will include a factory-installed raceway and pull cord to accommodate the monitor wiring. Where specified, a Tilt Swivel Monitor Bracket and slide shall be provided to support the monitor.

Computer interconnects. A computer system furnished by others shall be installed at locations as shown on the plans and specifications. Amico Corporation shall provide a matching blank plate for the computer-jack when requested. The wall unit will include a factory-installed raceway and pull cord to accommodate the computer system wiring.

Telephone Provisions. Shall include a 1/2" conduit with "Pull-cord" to junction box. Telephone Jack shall be installed and wired by contractor or local telephone company.

4. Accessories

Accessories shall be provided in the quantities and types as shown in the submittal. Accessories shall be installed by others in the locations as determined by the end user. See accessories catalog for additional information

5. Installation

Mounting of the product shall be the responsibility of the installing contractor. This includes receiving, storage, erection, overhead bracing, clean up, touch up, carton disposal etc. This contractor shall supply all necessary installation material including such items as tools, fasteners, caulking and electric lamps not supplied by Amico Corporation.

The electrical contractor shall be responsible for all electrical hook-up at service connection locations plus interconnect wiring on multi-section units. After the installation is complete the electrical contractor shall test equipment function plus electrical receptacles and grounding in accordance with local electrical code requirements.

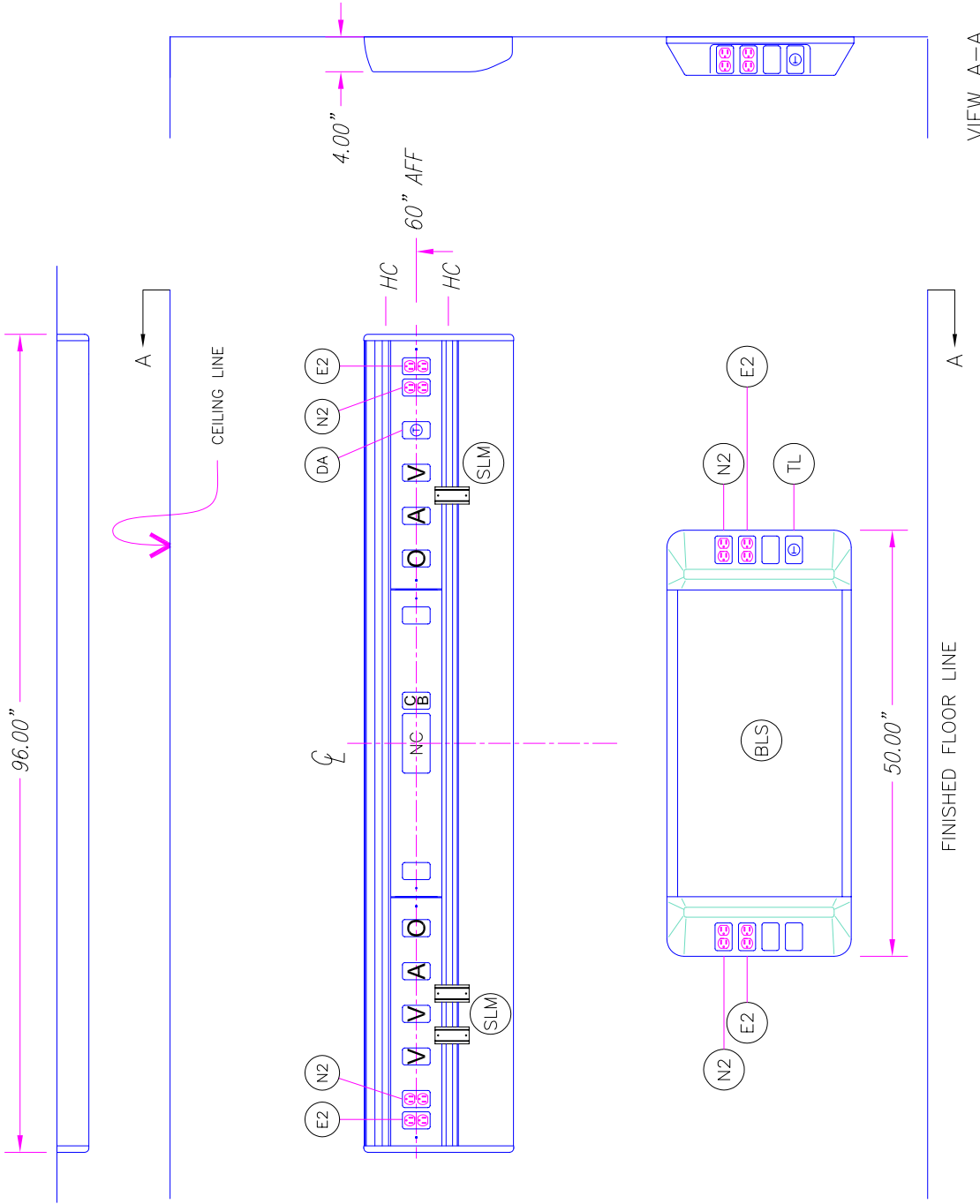
The medical gas contractor shall be responsible for piping and hook-up of all medical gas services. In addition, hook-up of piping between sections on multi-section units shall be the responsibility of this contractor. The medical gas contractor shall be responsible for purging, pressure testing, gas identification and system certification in accordance with NFPA 99 or CSA-Z305.1.

Accessory items shall be installed in accordance with the manufacturer's instructions and shall be the responsibility of this section. The installation shall take place under the direction of the hospital.

Note: All Specifications are nominal and subject to change without notice.

DISTRIBUTED BY:

AMICO HORIZONTAL MEDICAL WALL SYSTEM MAJESTIC SERIES 1
SINGLE TIER WITH NO CHASE



TYPE:
QUANTITY:

SYMBOL	QTY.	DESCRIPTION
HC	2	HORIZONTAL CHANNEL
N2	2	DUPLEX RECEPTACLE - IVORY
E2	2	DUPLEX RECEPTACLE - RED
NC	1	NURSE CALL PROVISION
CB	1	CODE BLUE PROVISION
DA	1	DATA PROVISION
O	2	GAS, OXYGEN
A	2	GAS, AIR
V	3	GAS, VACUUM
SLM	3	VACUUM SLIDE C/W MOUNT

*BACK BOX SIZE (NC):

DEEP		WIDE		HIGH	
SYMBOL	QTY.	DESCRIPTION	SYMBOL	QTY.	DESCRIPTION
N2	2	DUPLEX RECEPTACLE - IVORY	N2	2	DUPLEX RECEPTACLE - RED
E2	2	DUPLEX RECEPTACLE - RED	TL	1	TELEPHONE PROVISION
TL	1	TELEPHONE PROVISION			

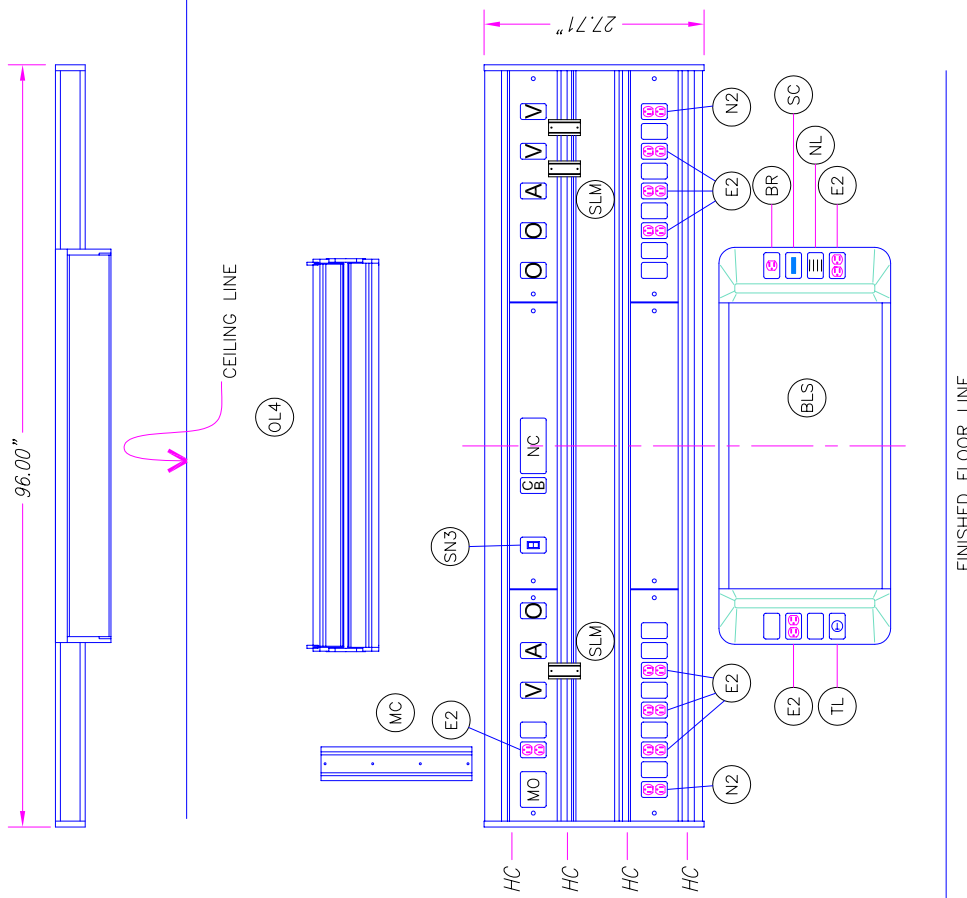
IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION ARE CORRECT, AND SUPPLY THE REMAINING INFORMATION.

APPROVAL SIGNATURE _____ DATE _____ PHONE NO. _____

<p>85 Fulton Way Richmond Hill, Ontario L4B 2N4, CANADA Toll-free: 1-877-462-6426 Tel: (905) 764-0862 Fax: (905) 764-0862 www.amico.com</p>	HOSPITAL	TYPICAL DRAWING	
	LOCATION	A. NURSE CALL MFRG: _____ MODEL NO.: _____	B. MEDICAL GAS MFRG.: AMICO TYPE CONNECTION: _____
	QTY. () TYPE () UNITS AS SHOWN / () TYPE () UNITS OPPOSITE	C. FINISH: _____ CEILING HEIGHT: _____	

DRWG. NO.	031104-003
DRAWN BY: CE	
CHECKED BY: CS	
REV. NO.: 00	
DATE: 11/04/03	

AMICO HORIZONTAL MEDICAL WALL SYSTEM MAJESTIC SERIES 2
 TWO TIER with NO CHASE
 (M/N: HW00-M-02T-096)



TYPE: _____
 QUANTITY: _____

SYMBOL	QTY.	DESCRIPTION
HC	4	HORIZONTAL CHANNEL
E2	7	DUPLEX RECEPTACLE - RED
N2	2	DUPLEX RECEPTACLE - IVORY
SN3	1	LIGHT SWITCH, MOMENTARY
OL4	1	OVERBED LIGHT NOMINAL 4 FT.
LVC	1	LOW VOLTAGE CONTROLLER
NC	1	NURSE CALL PROVISION *
CB	1	CODE BLUE PROVISION
MO	1	MONITOR PROVISION
SLM	3	VACUUM SLIDE C/W MOUNT
MC	1	MONITOR CHANELL ONLY
A	2	GAS, AIR
V	3	GAS, VACUUM
O	3	GAS, OXYGEN

SYMBOL	QTY.	DESCRIPTION
BR	1	BED RECEPTACLE - IVORY
E2	2	DUPLEX RECEPTACLE - RED
NL	1	NIGHT LIGHT
TL	1	TELEPHONE PROVISION
SC	1	SIDE COM RECEPTACLE-37 PIN JACK

IMPORTANT: PLEASE VERIFY THAT THE ABOVE INFORMATION IS CORRECT, AND PROVIDE THE REMAINING INFORMATION.

APPROVAL SIGNATURE _____ DATE _____ PHONE NO. _____

 85 Fulton Way Richmond Hill, Ontario L4B 2N4, CANADA Toll-Free: 1-877-462-6426 Tel: (905) 764-0850 Fax: (905) 764-0852 www.amico.com	HOSPITAL	TYPICAL DRAWING	DRWG. NO. 030911-003
	LOCATION	MODEL NO.:	DRAWN BY/CE
QTY. () TYPE () UNITS AS SHOWN / () TYPE () UNITS OPPOSITE		TYPE CONNECTION:	CHECKED BY/CS
		CEILING HEIGHT:	REV. NO.: 00
			DATE: 09/11/03