

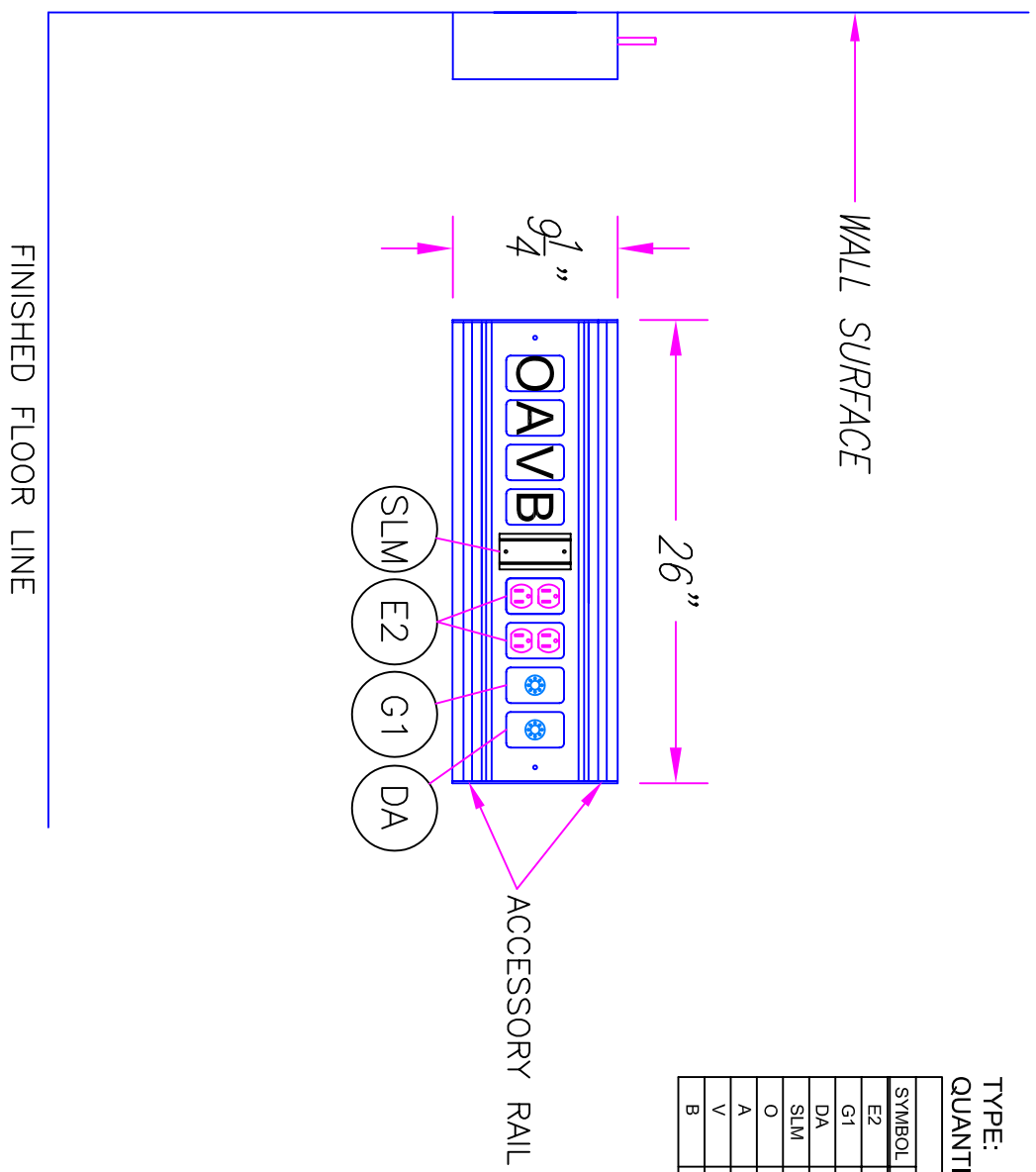
# SELECT SERIES SURFACE MOUNTED CONSOLE

(M/N: E-CON-SFM-09)

DRAWING # 49

TYPE:  
QUANTITY:

SYSTEM DETAILS		
SYMBOL	QTY.	DESCRIPTION
E2	2	RECEPTACLE - DUPLEX RED
G1	1	GROUNDING JACK
DA	1	PROVISION - DATA
SLM	1	VACUUM BOTTLE SLIDE
O	1	GAS, OXYGEN
A	1	GAS, MED AIR
V	1	GAS, VACUUM
B	1	BLANK



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

APPROVAL - PRINT AND SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

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HOSPITAL	A. NURSE CALL MFR: _____	MODEL NO.:	DRWG. NO.
LOCATION	B. MEDICAL GAS MFR: _____	TYPE CONNECTION:	DRAWN BY:CS
QTY: ( ) TYPE UNITS AS SHOWN / ( ) TYPE UNITS OPPOSITE	C. FINISH: _____	CEILING HEIGHT: _____	CHECKED BY:CS
			REV. NO.:
			DATE: