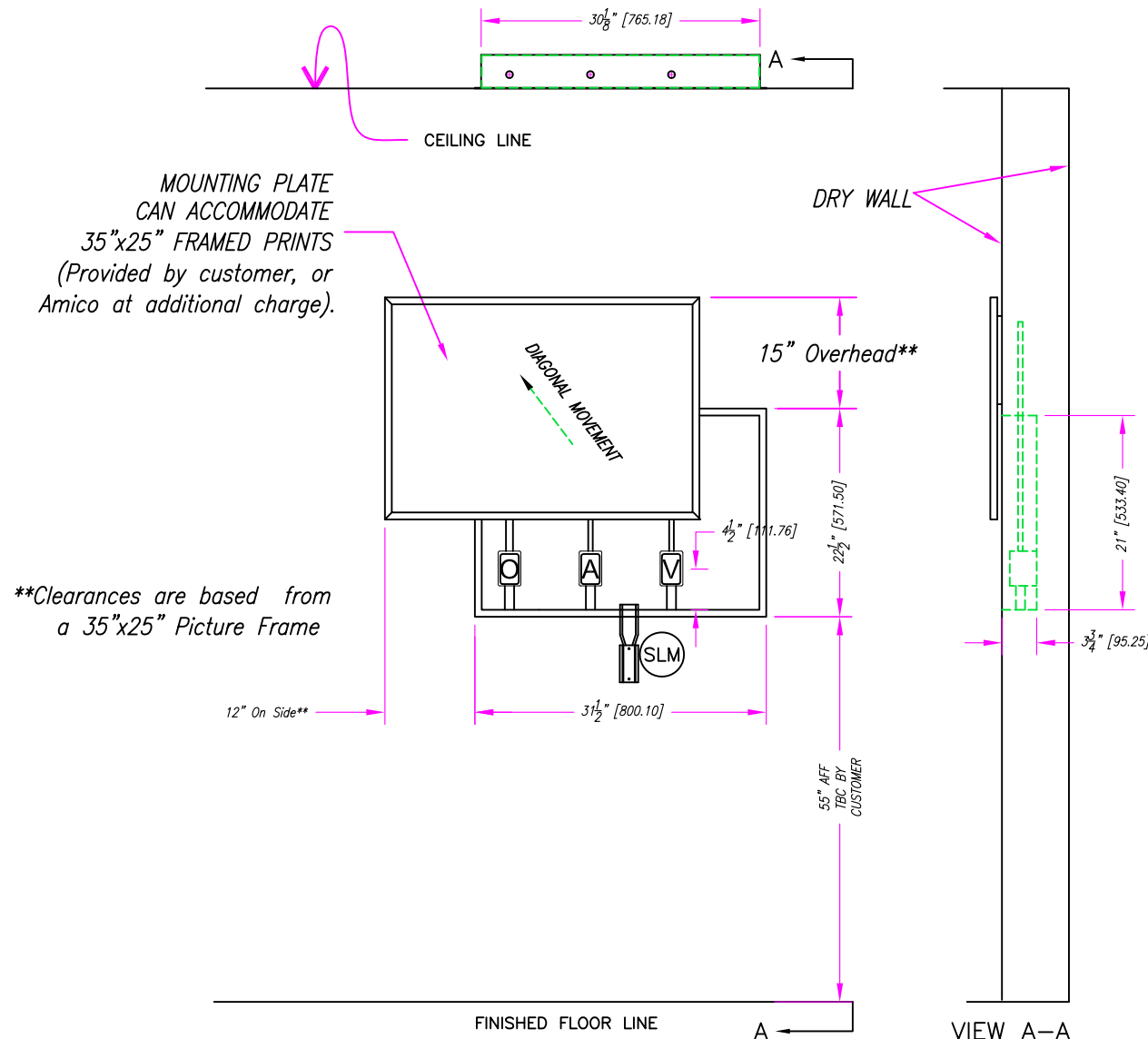


# AMICO 3-GAS ARTWALL SYSTEM

(M/N: W-ARTWALL-03L)

DRAWING # 46



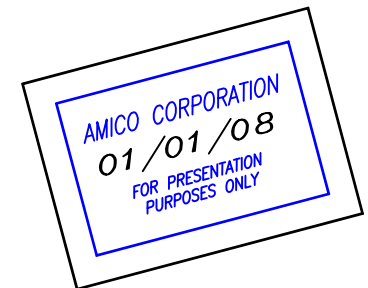
TYPE:

QUANTITY:

| SYSTEM DETAILS |      |                           |
|----------------|------|---------------------------|
| SYMBOL         | QTY. | DESCRIPTION               |
| O              | 1    | GAS, SWIVEL TYPE, OXYGEN  |
| A              | 1    | GAS, SWIVEL TYPE, MED AIR |
| V              | 1    | GAS, SWIVEL TYPE, VACUUM  |
| SLM            | 1    | VACUUM SLIDE, FLIP DOWN   |

FEATURES:

- RECESSED ENCLOSURE (Ga. #16 PAINTED STEEL)
- SWIVEL GAS OUTLETS
- FLOWMETERS & REGULATORS CAN BE ATTACHED TO SWIVEL OUTLETS
- UPWARD PICTURE FRAME (DIAGONAL LEFT OR RIGHT)
- ACCEPTS FRAMED WORK
- GASES MANIFOLD ON SITE BY DIV. 25 CONTRATOR



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

APPROVAL - PRINT AND SIGNATURE

DATE

PHONE NO.



85 Fulton Way  
Richmond Hill, Ontario  
L4B 2N4, CANADA  
Toll-Free: 1-877-462-6426(T)  
1-866-440-4986(F)  
Tel: (905) 764-0800  
Fax: (905) 764-0862

|          |                                                               |
|----------|---------------------------------------------------------------|
| HOSPITAL | HOSPITAL                                                      |
| LOCATION | LOCATION                                                      |
| QTY.     | ( ) TYPE _____ UNITS AS SHOWN / ( ) TYPE _____ UNITS OPPOSITE |

|                             |                        |              |
|-----------------------------|------------------------|--------------|
| A. NURSE CALL MFGR: _____   | MODEL NO.: _____       | DRWG. NO.    |
| B. MEDICAL GAS MFGR.: _____ | TYPE CONNECTION: _____ | PRICEBOOK-50 |
| C. FINISH: _____            | CEILING HEIGHT: _____  | DRAWN BY:    |
|                             |                        | CHECKED BY:  |
|                             |                        | REV.NO.:     |
|                             |                        | DATE:        |