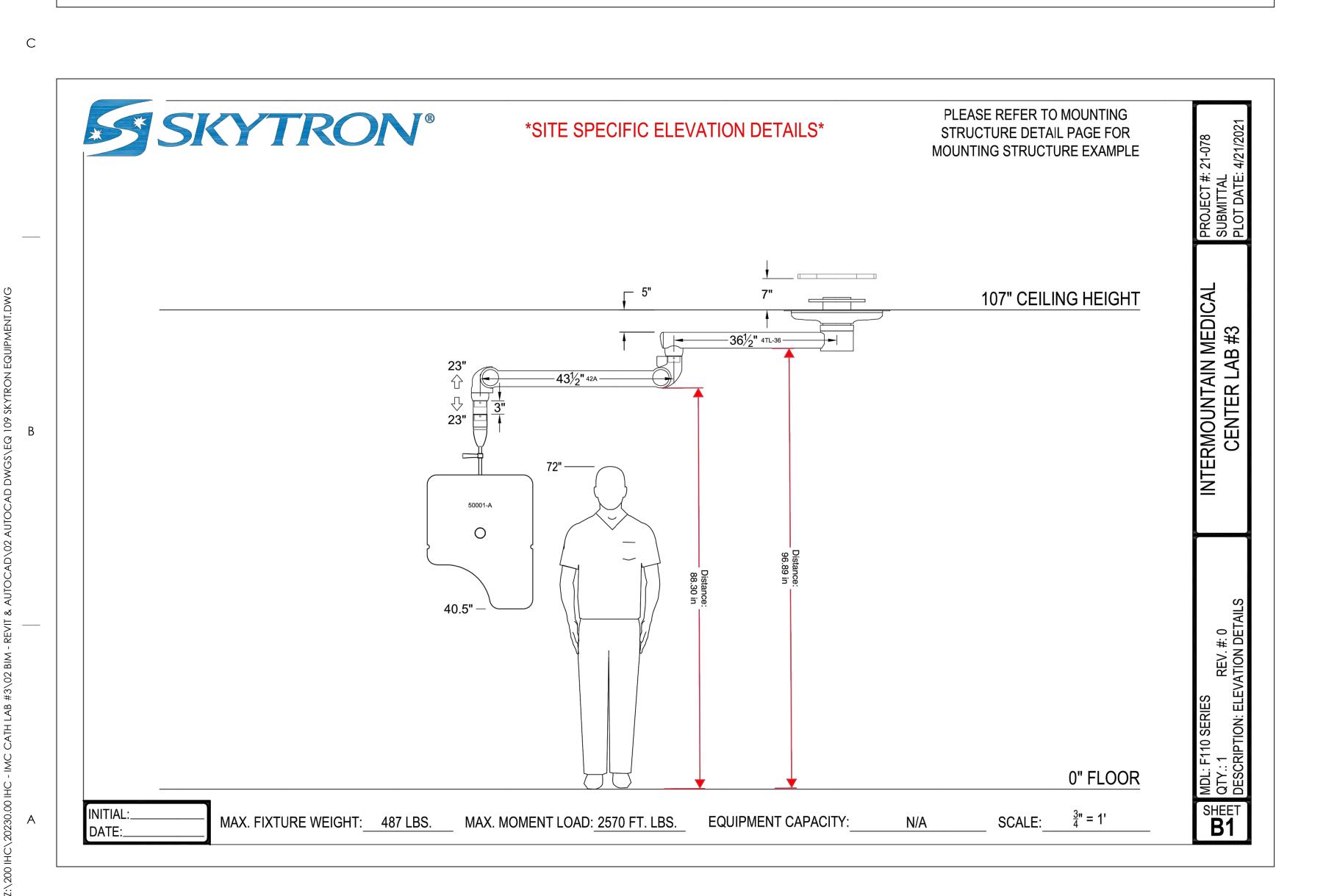


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IN THE EVENT THAT FIXTURE LOCATIONS NEED TO CHANGE PLEASE CHECK WITH SKYTRON ON THE REVISED LAYOUT LOCATION
CONSTRUCTION DOCUMENTS SHOULD BE PROVIDED BY THE ARCHITECT. DIMENSION PROVIDED FROM WALLS ARE BASED ON CURRENT \*SITE SPECIFIC LAYOUT\* INFORMATION PROVIDED TO SKYTRON AT TIME OF DOCUMENT CREATION **EQUIPMENT SCHEDULE** ID DESCRIPTION B X-RAY SHIELD C LARGE DISPLAY / EQUIPMENT \* IF SKYVISION IS APPLICABLE REFER TO THE LAST PORTION OF BOOM PACKAGE\*

\*\*SKYTRON®



Specification for the SKYTRON products found within this information package are specifically designated for your facility. Please ensure that all of your custom specifications have been included. Deviating from the depicted specific equipment placement could cause equipment conflicts in the room and must be approved by a Skytron Representative.

Rev # Date/Quote

4-21-2021

Q-54413-4

Note that not all drawings will be required for each mount / drawings package

Integration Elevation Details - Contains elevation drawings of the Integration system

Integration Mounting Details - Contains mounting details of the Integration system

| Mounting Structure Details - Contains mounting structure details of equipment

Contains overhead view of Skytron equipment

Contains elevation view drawings on equipment

Contains detailed wiring diagram and circuit requirements for equipment booms and lights

Contains front, left and right side views of equipment

carriers detailing accessories and outlet placement

Contains a breakdown of required communications

cabling and connections
Contains details of light wiring for fixture mounts and

□ Rejected

Contains medical gas details required for the riser plate

INTERMOUNTAIN MEDICAL CENTER LAB #3

New Submittal Package

Drawing Package Revision Summary

Description

\*\* SKYTRON®

Elevation Details -

Communication Details -

PLEASE READ THE FOLLOWING CAREFULLY I have read the appropriate requirements from the Skytron Pre-Installation Guide for Ergon booms and consulted with the individual trades. I understand there are specific ceiling height, medical gas, electrical, video/communications and structural requirements that must be supplied by the appropriate trade representatives to support this project. Please be aware that modification to the site specific document could result in additional Change Order/Drawing Change fees. These fees take place after the second Submittal Revision or the first Fabrication Revision. Please speak with your Skytron Representative if you have any questions with regards to these fees. All

final tie-ins of electrical connections, plumbing and media must be made by a qualified and licensed individual. Skytron does not provide

☐ Accepted - with changes

final tie-in services due to local licensing regulations. Finish work (e.g., caulking and trim) is the responsibility of others. Installation of standard product moldings or trim is included in the pricing provided.

**EACH DRAWING MUST BE INITIALED AND DATED** 

**Equipment References** 

A (C-69420-6)

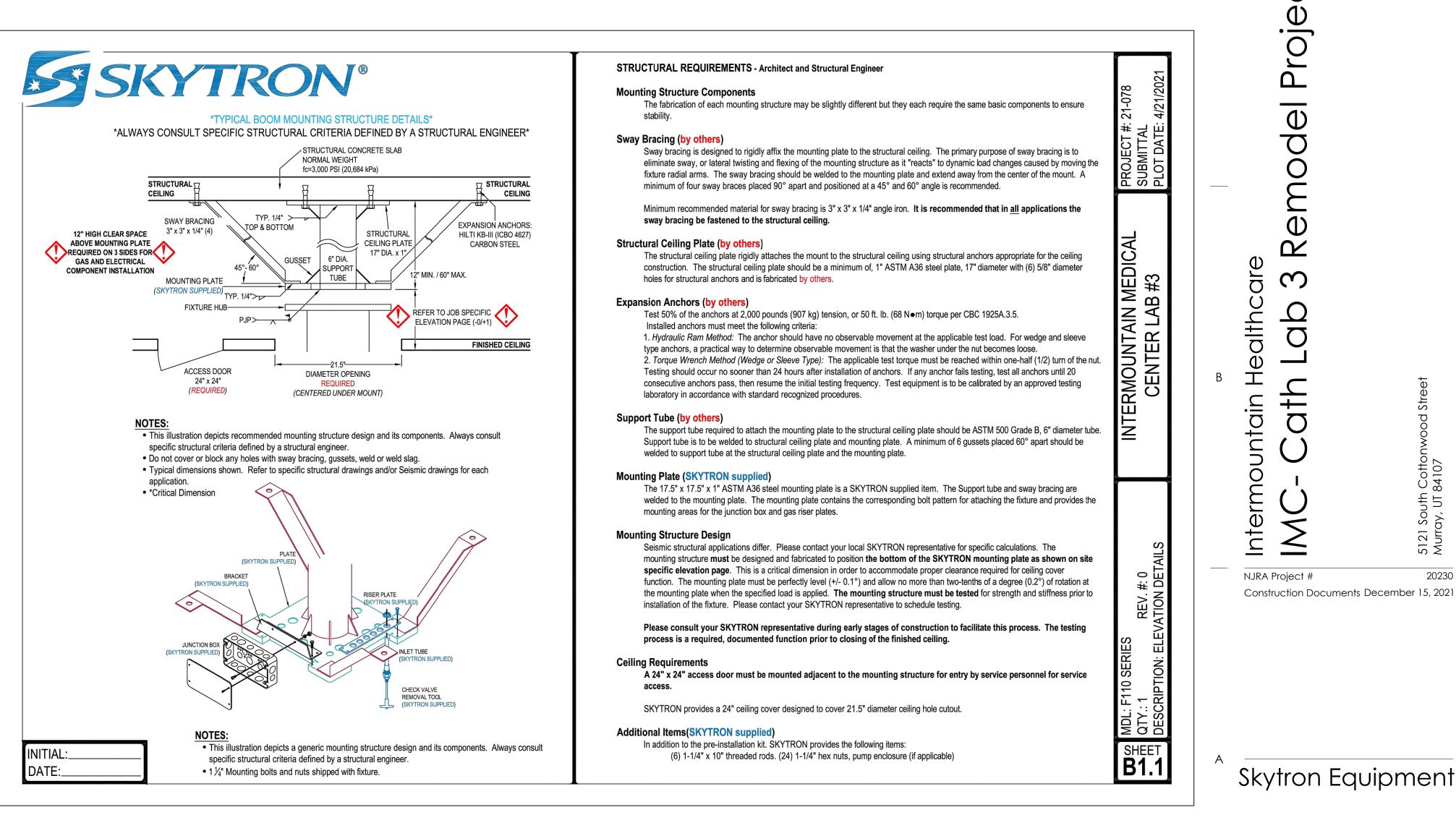
B (C-69447-1)

C (C-70587-7)

Accepted - as is

Requested Delivery Date

Accepted by:

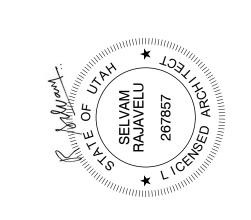


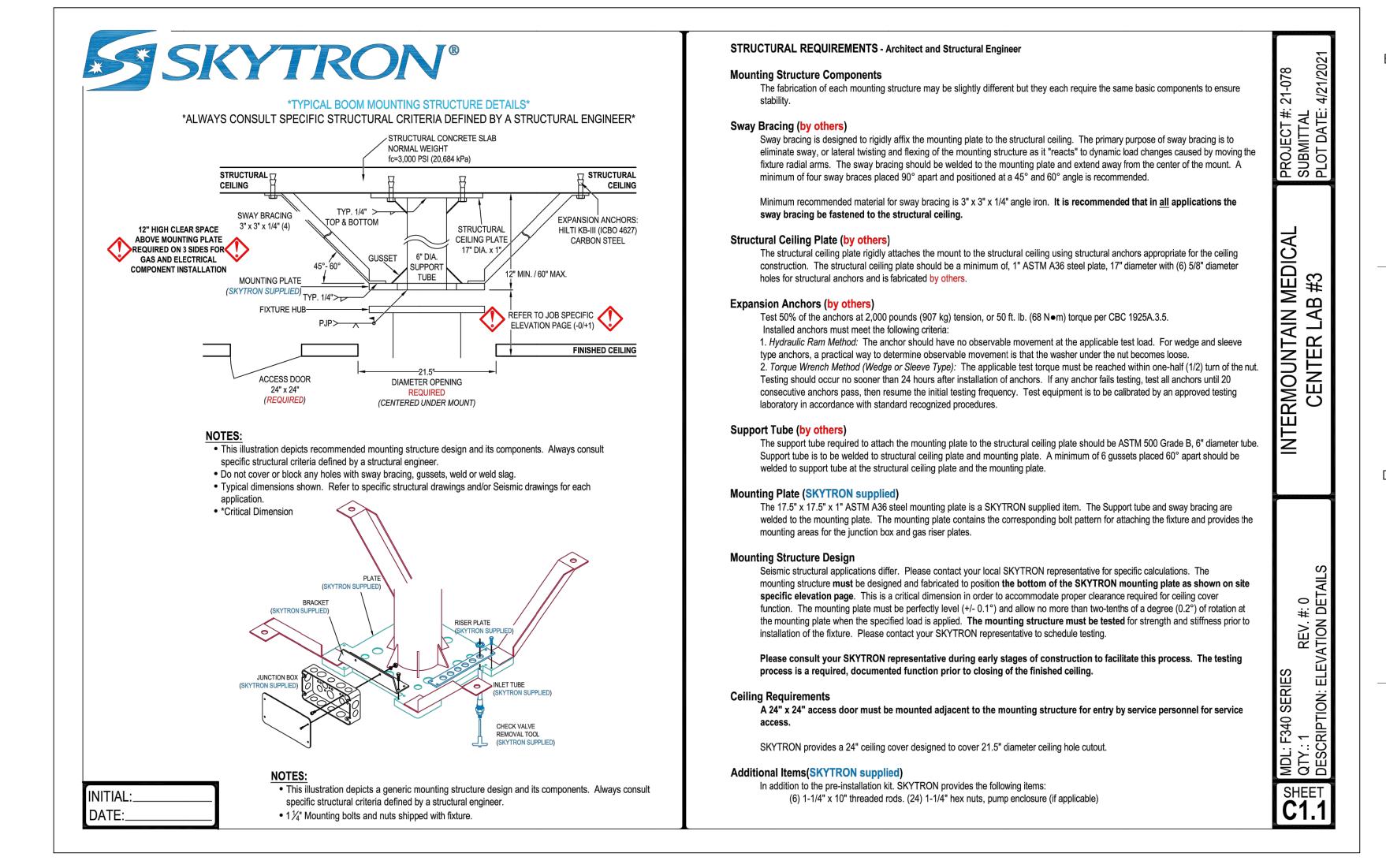
NJRA Project # Construction Documents December 15, 2021

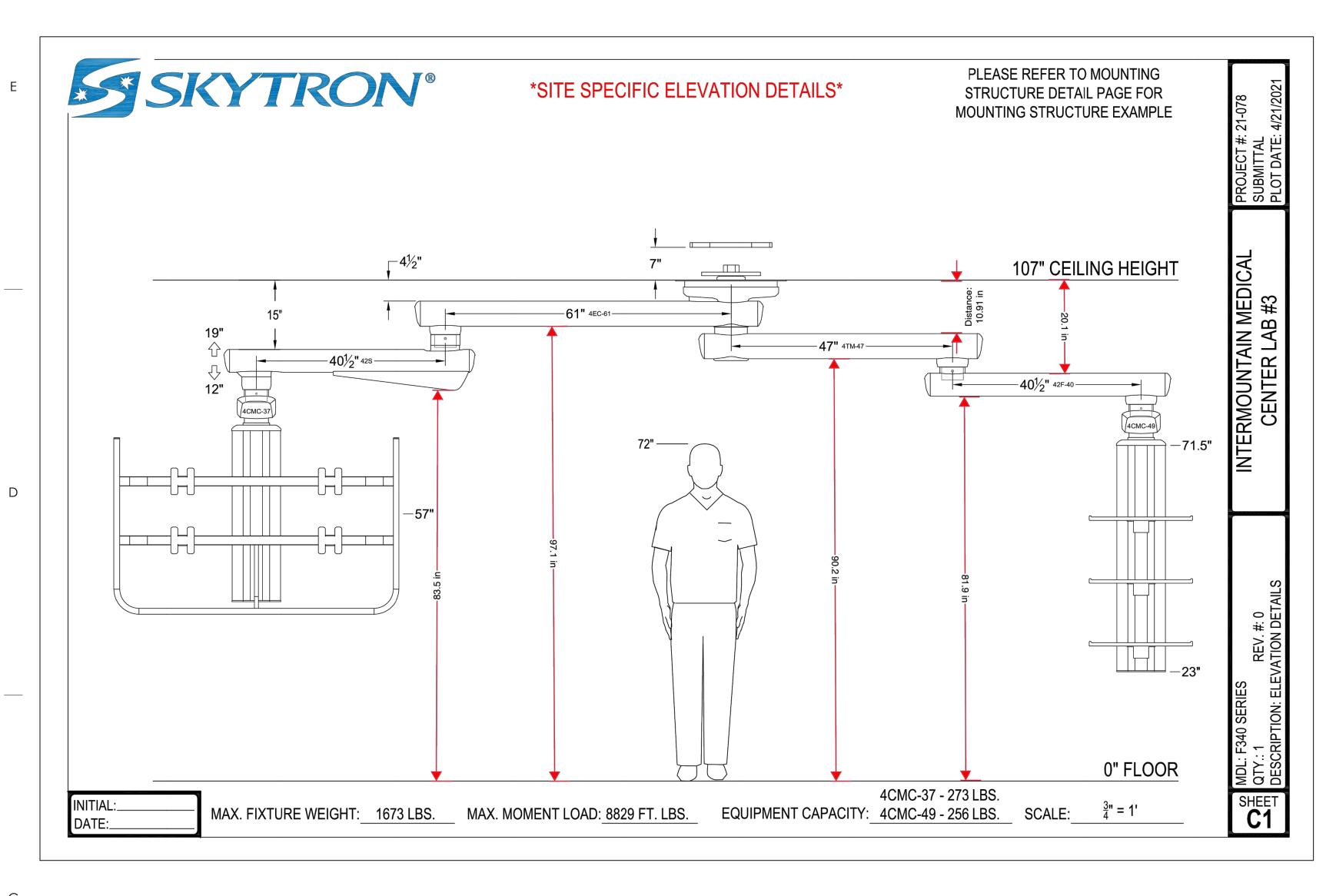


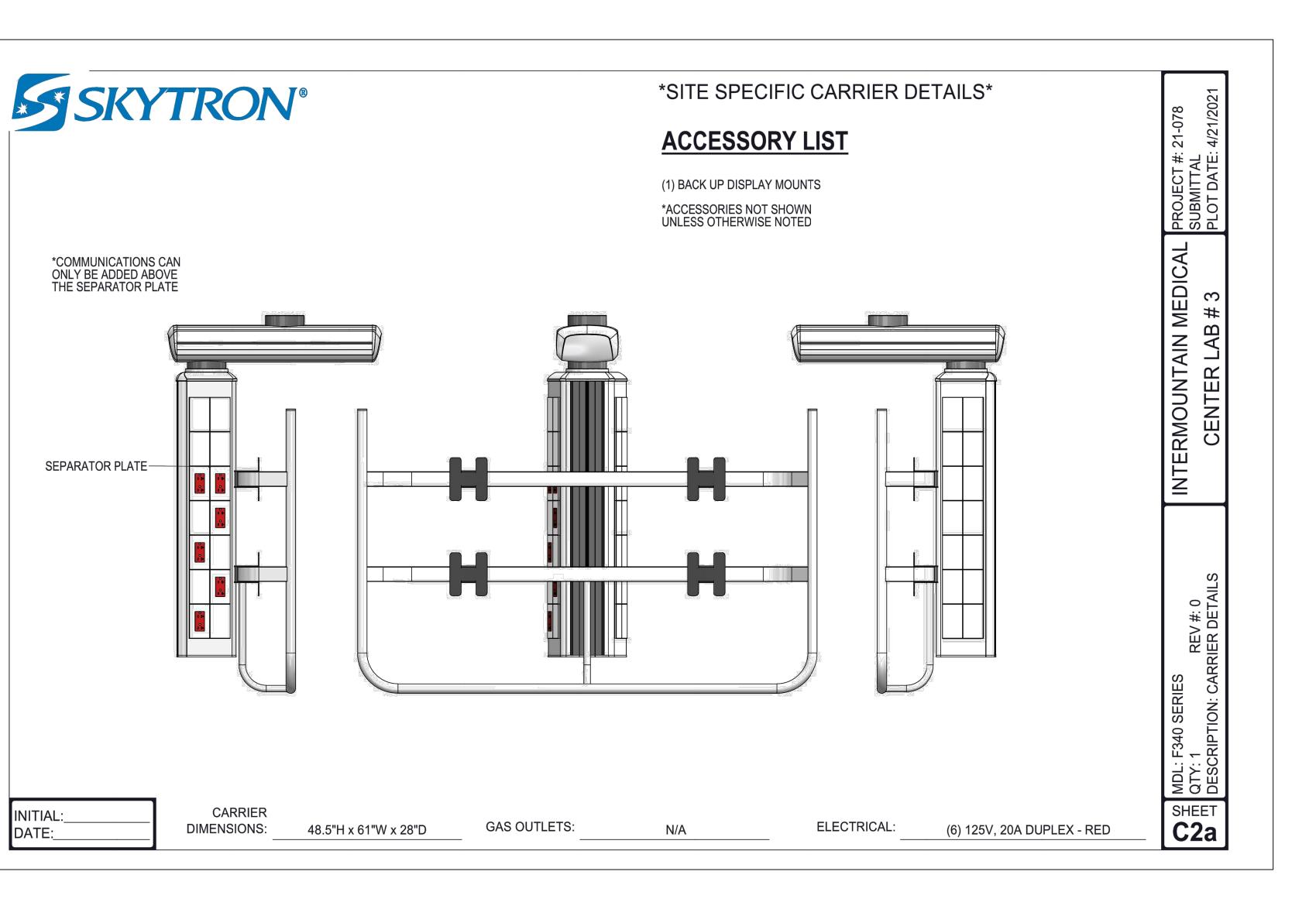
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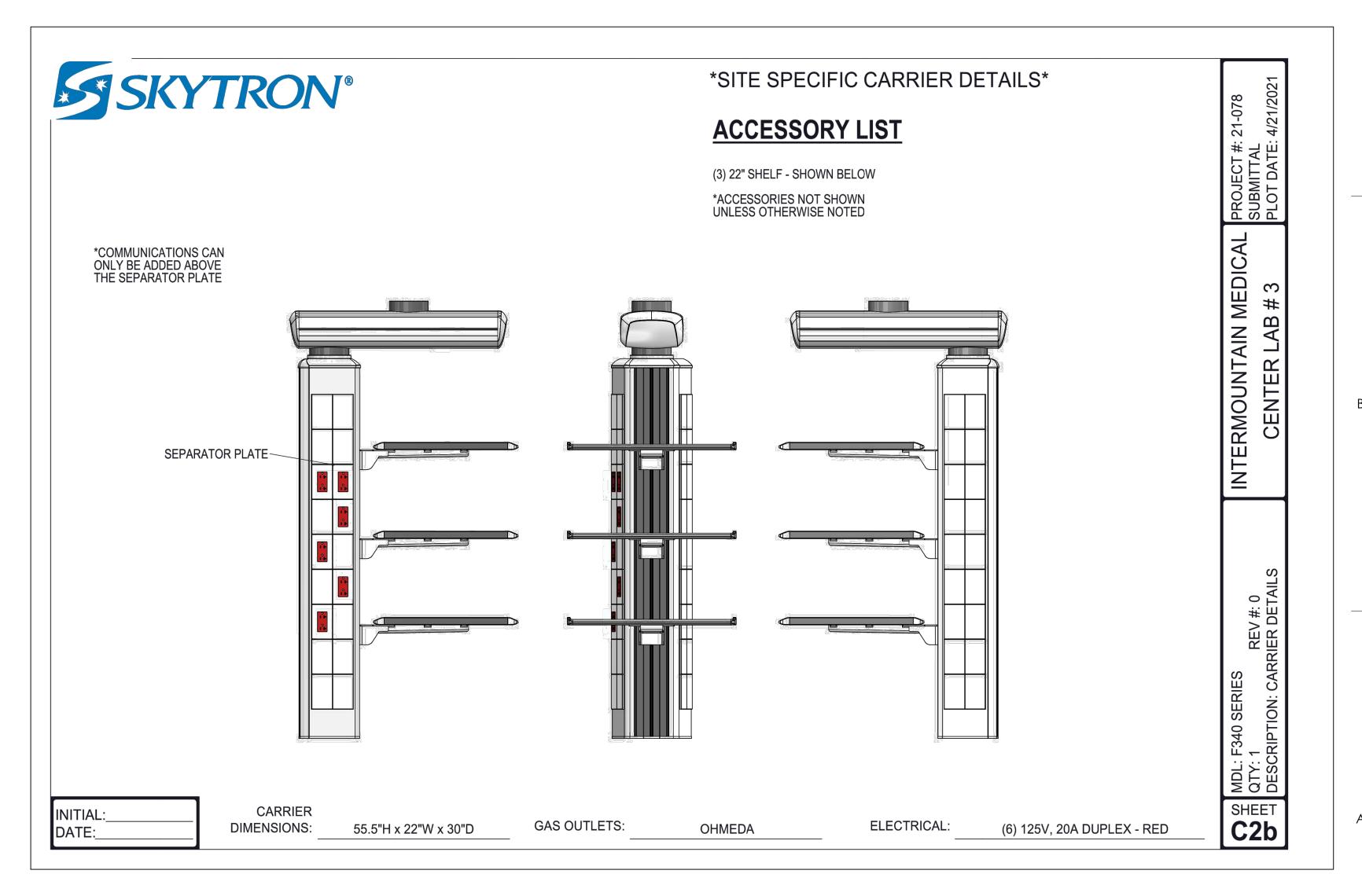
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Intermountain Healthcare

Intermountain Healthcare

IMC- Cath Lab 3 Remodel Project

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50230

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Skytron Equipment



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