Drawing	Index
These sheets are a document set and Electrical information and references of	should not be separated.
SITE READINESS	C1
EQUIPMENT LAYOUT (Equipment locations, heat loads, component weig	A1 hts, environmental specs)
STRUCTURAL LAYOUT (Structural support/mounting locations for floor/w	S1 vall/ceiling, wall support elevations)
STRUCTURAL DETAILS (Floor and Ceiling loading information)	S2
ELECTRICAL LAYOUT (Contractor supplied wiring, interconnect methods, ELECTRICAL SPECIFICATIONS	EI junction point locations and descriptions) E2
(Maximum wiring run lengths, interconnect diagrar ELECTRICAL DETAILS	
MECHANICAL LAYOUT (Chiller information)	M 1
EQUIPMENT DETAILS	D1 THRU D3

These equipment IS drawings indicate the placement and interconnection of the listed equipment components. These drawings are not construction or site preparation drawings. Customer remains ultimately responsible for preparing the site to accommodate the IS and operation of such equipment in compliance with GE Healthcare's written specifications and all applicable federal, state, and/or local requirements.

* REQUIRED REFERENCE *

Signa 1.5T HDe

Pre Installation Manual

5143464

A mandatory component of this drawing set is the GE Healthcare Pre Installation manual. Failure to reference the preIS manual will result in incomplete documentation required for site design and preparation.

Pre Installation documents for GE Healthcare products can be accessed on the web at:

www.gehealthcare.com/siteplanning

GE Healthcare



MRi Site Planning



imagination at work

Customer Site Readiness Requirements

- prior to making changes.
- analysis, 4. Restrooms.

The items on the GE Healt
delivery to the IS site. Equ

	GE Healthcare Site Readiness Checklist								
	GEHC Global Order # :				С	ustomer:			
	GEHC On-site Representative :								
	Name of customer reviewed with :	Lead Installer:							
	GEHC PMI :								
	Target Site Prep Completion Date:			_		Helper:			
	The customer is responsible for proper site preparation regardless of any GEHC measurements/inspections/assessments.								
	MR Magnet Delivery : Ensure cryogen vents, power for the cool ply is available 24x7 that meets system cooling equipment requ					e installed a	nd operational (0.7T, 1.5T & 3T) and chilled water		
Inspection Date									
		ć		dict ship)	~	Z ≣ Z			
Item #	GEHC Minimum Requirements	Storage: Is item ready?	Is this item ready?		Verify (Delivery): Is item ready?	Validate (Mech Install): Is item ready?	Comments If "N", please enter in comments or action plan		
1	Equipment installation drawings must match actual room size, equipment placement and must meet clearance requirements. Deviations that meet installation requirements may be red-lined, if allowed by local code. Seismic requirements identified on construc								
2	Delivery route to installation or storage area meets requirements and has been discussed and scheduled with the customer. Ensure floor protection is discussed, requirements identified, and will be available at time of delivery and installation.								
3	Rooms that will contain equipment, including storage areas- not in scan suite, are dust free. Provisions taken to maintain a dust free room. Room security to prevent unauthorized access and theft has been discussed with customer. The customer is aware of								
4	In room HVAC ductwork and units (in room) must be mechanically installed and dust free. Installation rooms appear to meet environmental conditions (see Further Definitions) and observed issues have been communicated to the customer. If being stored, sto								
5	Ceiling grid is installed. Permanent lighting is installed and operational. Unistrut (or equivelant) location and spacing was measured and is consistent with the requirements of the installation drawings.								
6	Floor is clean and prepared for final floor covering. For MR, CT & Nuc scan rooms, floor levelness was measured and does not exceed tolerances specified in GEHC's applicable PIM, and no visible floor surface defects were observed.								
7	Access to a working phone at the facility for emergency use, including MR magnet delivery.								
8	All walls primed (final coat not needed on Day 1).								
9	Mechanical supplier has been provided with a set of equipment installation drawings for reference. For California, permitted construction drawings or PMI-specified installation drawings are required.								
#	Conduit/electrical cable ducting/dividers/ access flooring installed, with the exception of surface-mounted floor ducting. Wiring to the main disconnect panel is installed and compliant with equipment installation drawings or pre-installation manual.								

• Any deviation from these drawings must be communicated in writing to and reviewed by your local GE Healthcare Installation Project Manager

• Make arrangements for any rigging, special handling, or facility modifications that must be made to deliver the equipment to the installation site. If desired, your local GE Healthcare Installation Project Manager can supply a reference list of rigging contractors.

• New construction requires the following; 1. Secure area for equipment, 2. Power for drills and other test equipment, 3. Capability for image

• Provide for refuse removal and disposal (e.g. crates, cartons, packing)

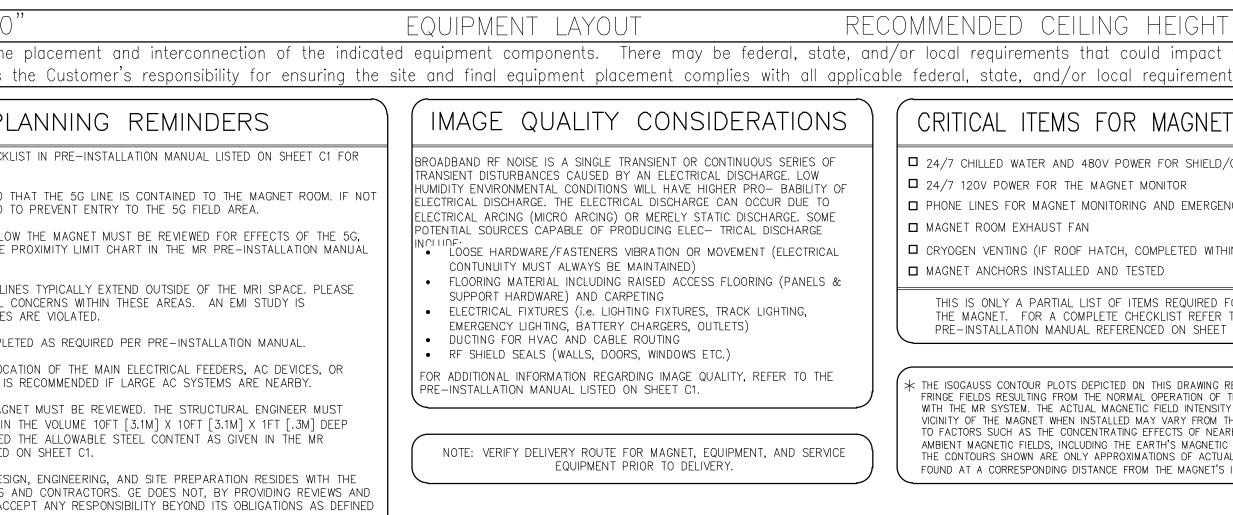
• It is the customer's responsibility to contract a vibration consultant/engineer to implement site design modifications to meet the GE vibration specification. Refer to the system preinstallation manual for the vibration specification.

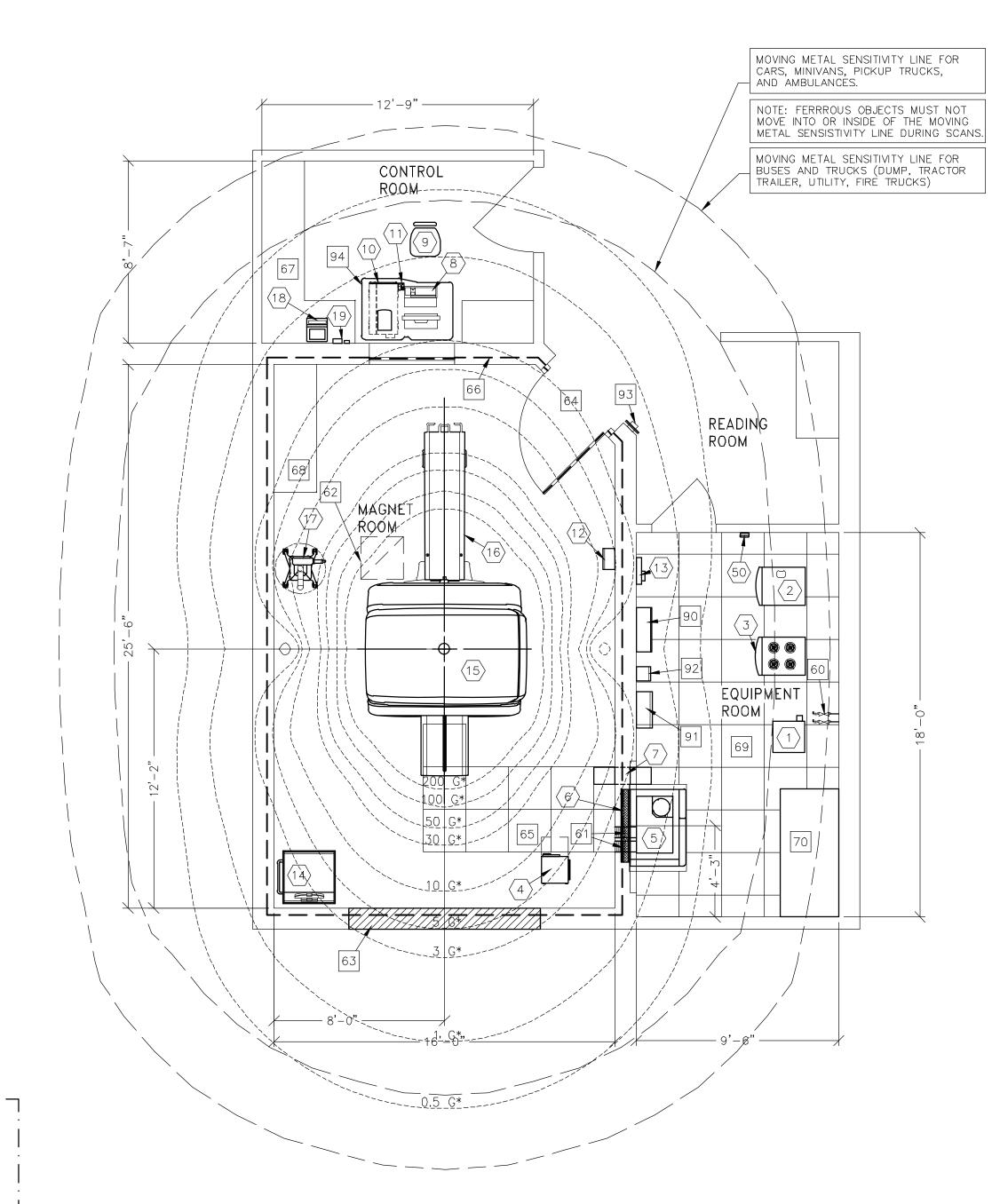
GE Equipment Delivery Requirements

thcare Site Readiness Checklist are REQUIRED to facilitate equipment uipment will not be delivered if these requirements are not satisfied.

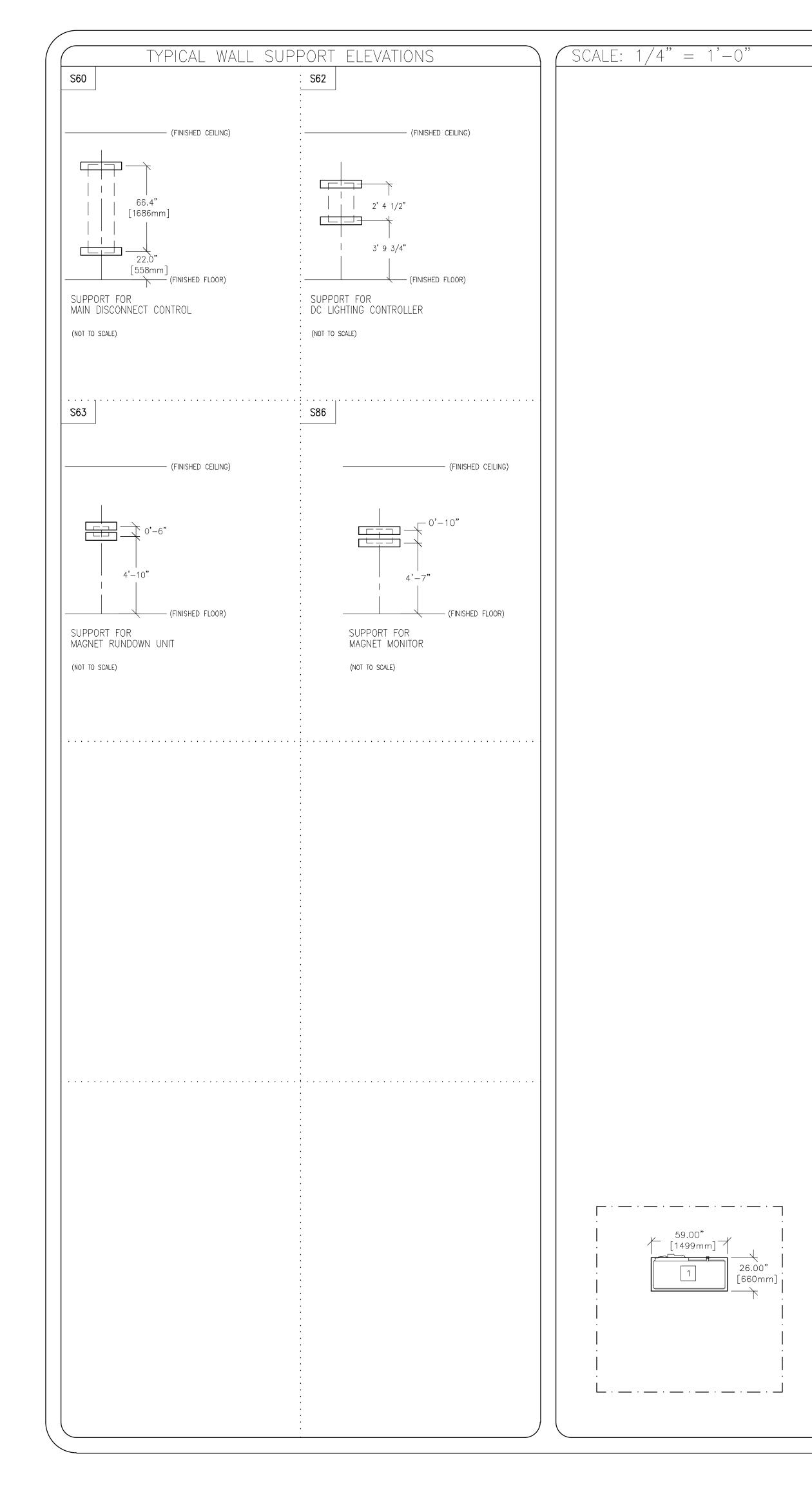
`		
	GE Healthcare	<mark>IS Services Design Center</mark> Milwaukee, Copyright 2009 General Electric Company - Proprietary to GE
•	SHEET TITLE: SITE READINESS Modality type: Signa 1.5T HDe - type B w/ equipment room cooling	THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED 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: 8-202F	TYPICAL LAYOUT
PIM R7	PROJECT 8-202F DATE: (DRAWN BY: CHECKED B REVISION	
	SHE C cssh01	1)

	QUANTITY ORDERED REFER TO SHEET "D"	WEIGHT		HEAT OUTPU		= SPECI ONLY	NG APPR FICATIONS		PLEASE REFER TO PRE-INSTALLATION CHECKI ITEMS CRITICAL TO IMAGE QUALITY.
	(* = EXISTING/REINSTALL)	264	lbs	ILAI UUIPU (PER HOUR) 19617 bt	' NO. мззоо4		PLAN MS5 WC2	▼	 THE LAYOUT SHOULD BE ARRANGED SO POSSIBLE, A BARRIER IS RECOMMENDED THE SPACES AROUND, ABOVE, AND BELO 3G, 1G, AND .5G FIELDS. REFER TO THE
	L WATER CHILLER FOR BRM BODY COIL		lbs		M5715	M58 15	WC1 MG6 MR2	S S C	REFERENCED ON C1. 3. FOR MOVING METAL, THE RESTRICTION LIN CONFIRM THERE ARE NO MOVING METAL RECOMMENDED IF THE RESTRICTION LINES
	I MESH SHIELD I PENETRATION PANEL I OPERATOR WORKSPACE	145			MO815L M5015G M3015R	, _	PP1	- - C	 FOR VIBRATION, ANALYSIS TO BE COMPLIES. FOR EMI, REVIEW THE SITE FOR THE LOC
	W/COLOR LCD MONITOR L OPERATOR'S CHAIR L OPERATOR WORKSPACE CABINET	198			M0615D			- C	 DISTRIBUTION SYSTEMS. AN EMI STUDY IS B. DETAILS OF THE FLOOR BELOW THE MAG VERIFY THAT THE QUANTITY OF STEEL IN (PELOW THE MACHET) DOES NOT EVOLUTION.
	L PATIENT ALERT CONTROL BOX L Magnet Rundown unit L magnet monitor	8	lbs		M4815 M1715A M1615C		PA MS4 MM	S C C	(BELOW THE MAGNET) DOES NOT EXCEED PRE-INSTALLATION MANUAL REFERENCED RESPONSIBILITY FOR THE COORDINATION, DES
	I SPT PHANTOM CABINET	350 13115			M6115		MS1	– C	CUSTOMER AND THEIR PROJECT ARCHITECTS FURNISHING COMMENTS AND ASSISTANCE, AC IN THE MR SYSTEM, SALE/PURCHASE AGREE
	L PATIENT TRANSPORT TABLE (DOES NOT INCLUDE PATIENT)	279	lbs		MO115K MO115J M2315			S	
	D INJECTOR HEAD ON PEDESTAL (OPTIONAL) D CONTROL ROOM UNIT (OPTIONAL)		l bs		E8804S		ін ісс	-	
	D BATTERY CHARGING UNIT	4	lbs		E8804S	,		_	
T	THE FOLLOWING ITEMS, WHICH HAVE BEEN O ARE TO BE INSTALLED BY THE CUSTOMER O	RDERED R HIS C	FRC	DM GE HEA RACTOR.	LTHCARE,				
	RE TO BE INSTALLED BY THE CUSTOMER O Remote control for chiller system (optional) MR common chiller system	R HIS C	UNT	DM GE HEA RACTOR.	LTHCARE, M3088TI		RCP		
	RE TO BE INSTALLED BY THE CUSTOMER O	R HIS C	UNT	DM GE HEA RACTOR.	M3088R				
<u>م</u>	RE TO BE INSTALLED BY THE CUSTOMER O Remote control for chiller system (optional) MR common chiller system	R HIS C	UNT	DM GE HEA RACTOR.	M3088R				
<u>م</u>	RE TO BE INSTALLED BY THE CUSTOMER O Remote control for chiller system (optional) MR common chiller system	R HIS C	UNT	DM GE HEA RACTOR.	M3088R				
	RE TO BE INSTALLED BY THE CUSTOMER O Remote control for chiller system (optional) MR common chiller system	R HIS C	UNT	DM GE HEA RACTOR.	M3088R				



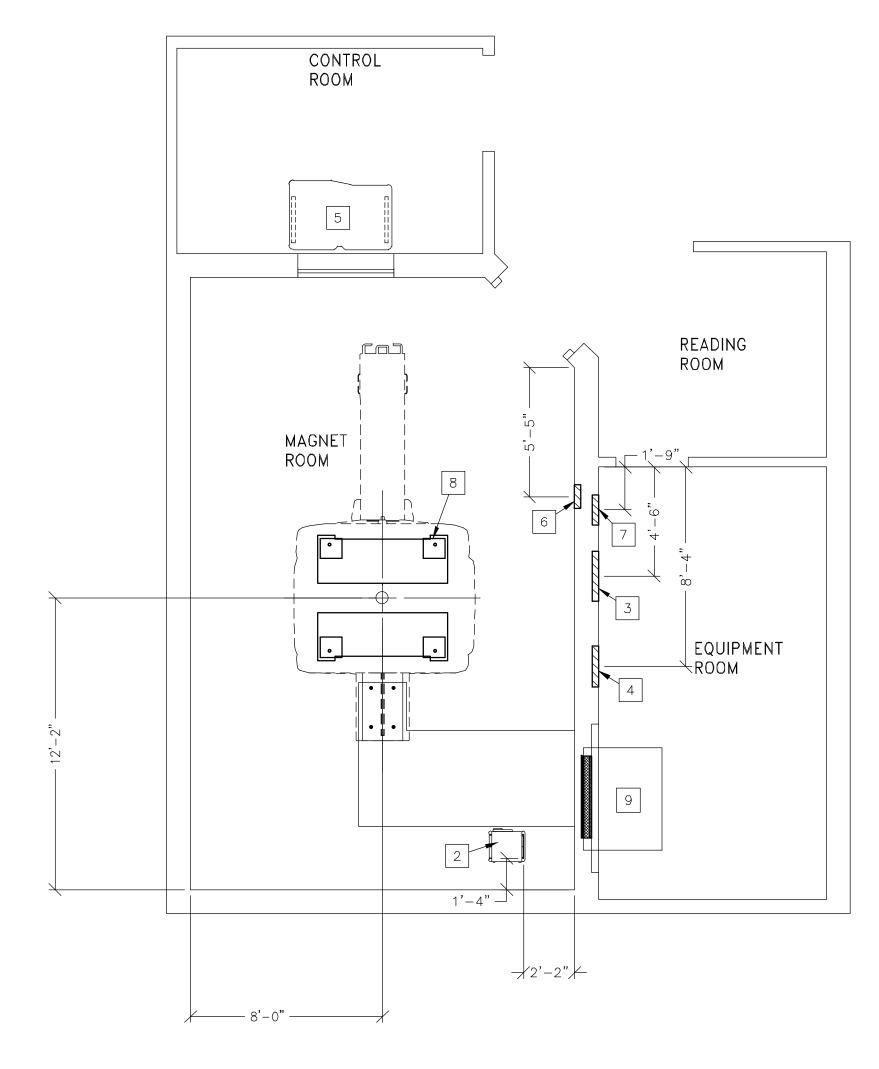


= 8' - 9''		\frown
the placement	CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED	.u.s.r.
	ITEMS	Wisconsin
T DELIVERY	ITEM ITEM DESCRIPTION (* INDICATES EXISTING)	ē
NCY USE	60 Valves and hose barbs for cooling system	Healthcare Center
HN 24 HRS)	61 RF FILTERS - LOCATE WITHIN 24 in. [610 mm] of the RF COMMON GROUND STUD 62 MAGNET ROOM EXHAUST FAN	lealth Center
FOR DELIVERY OF	63 MINIMUM 9 FTO IN. [2743 mm] × 9 FTO IN. [2743 mm] REMOVABLE WALL SECTION FOR MAGNET DELIVERY/REMOVAL.	
TO THE	64 MINIMUM DOOR OPENING FOR EQUIPMENT DELIVERY IS 43 IN, W × 82 IN, H [1092mm × 2083mm], CONTINGENT ON A 96 IN. [2438mm] CORRIDOR WIDTH 65 NON-METAL ACCESS FLOOR WITH 2' × 2'(610 × 610mm) REMOVABLE PANELS & SUPPORT HARDWARE REQUIRED	Des
REPRESENT MAGNETIC THE MAGNET PROVIDED	66 RF SCREEN, INCLUSIVE OF WALLS, FLOOR, DOOR, ETC. GROUND IMPEDANCE GREATER THAN 1000 DHMS.	Services ^{ukee,}
Y AT ANY POINT IN THE THE CONTOUR PLOTS DUE RBY FERROUS OBJECTS C FIELD. THEREFORE,	ATTENUATION 1000B AT 10-100MHz PLANEWAVE.6767686868686768686868	IS Ser Milwaukee,
AL FIELD INTENSITIES ISOCENTER.	PATIENT POSITIONING PADS, PHANTOMS, ETC. 69 ACCESS FLOOR WITH 2' × 2'(610 × 610mm) REMOVABLE PANELS	
	70 AIR CONDITIONING. (VIBRATION ISOLATION IS RECOMMENDED AT SUPPORTS OF EACH UNIT TO BE INSTALLED,)	
	THE FOLLOWING ITEMS ARE AVAILABLE FROM GE HEALTHCARE TECHNOLOGIES. CONTACT YOUR LOCAL GE HEALTHCARE SERVICE REPRESENTATIVE FOR PRICING AND AVAILABILITY.	JT NG EQUIPMENT ARRANGEMENTS. JRM DETAILS DRM DETAILS DRM DETAILS NNOT ACCEPT
	90MAIN DISCONNECT CONTROL 900 BTU (264 W) 350 lbs (158kg) CAT NO. M3088TM91DC LIGHTING CONTROL PANEL	OUT B DOLING CONFORM T TO BE U VY CANNOT
	155 (bs (70 kg) 1024 BTU/HR, (300W) (CAT, ND, E4502SC/SE - BASIC SYSTEM) 92 DC LIGHTING AUTO TRANSFORMER 60 (bs [27 kg] 171 btu/hr (50W)	LAYOUT PPE B M COOLING M COOLING M COOLING AND ROOM ARI LIS NOT TO BE COMPANY CANNO OM.
	(PART OF VARIABLE DIMMER SYSTEM) (CAT. NO. E4502SD/SF INCLUDES BASIC SYSTEM) [93] METAL DETECTOR (HAND HELD)	PLL C C C C C C C C C C C C C C C C C C C
	94 WORKSTATION TABLE CAT. NO. M20032FK	MEN ^T HDe ENT R ENT R MRING C MRING C HAS BEE INSTALLET VVER, AND LITING THE
		PMI 51 1PMI PMI PMI FORT Caller FORT FORT FORT FORT FORT FORT FORT FORT
		E: EQUI SIGNA 1. w/ EQUI w/ EQUI every ef Purposes, H ny damages 1
	GENERAL SPECIFICATIONS	ATEC T ATEC T LITY
	FUNCTION IS NOT INHIBITED. CONSULT WITH YOUR LOCAL GEHC IS SPECIALIST REGARDING ACCEPTABILITY OF OTHER CEILING HEIGHTS.	SHEET MODALITY THIS PLAN IS AND ASSOCIATE IN PREPARING TO ACTUAL EQU ACTUAL CONSTI RESPONSIBILITY
	 CHECK ALL DOOR OPENINGS AND HALLWAYS FROM DELIVERY LOCATION TO WHERE EQUIPMENT IS TO BE INSTALLED TO ENSURE THE ROUTE PHYSICALLY AND STRUCTURALLY WILL ACCOMODATE THE EQUIPMENT AS SHIPPED. 	M O L AND AND F AND AND AND AND AND AND AND AND AND AND
	 RADIATION PROTECTION REQUIREMENTS ARE NOT INDICATED ON THIS PLAN. WHERE NEEDED PER NATIONAL OR LOCAL CODE THEY SHALL BE SPECIFIED BY A QUALIFIED RADIOLOGICAL PHYSICIST. 	$\langle \rangle$
	 THE DEVELOPMENT OF THE EQUIPMENT LAYOUT, ROOM DIMENSIONS, MECHANICAL AND ELECTRICAL SUGGESTIONS IS PREDICATED UPON THE BEST INFORMATION OBTAINABLE FROM THE SITE, COUPLED WITH THE CUSTOMER'S KNOWN DESIRES. ARCHITECTURAL OR ELECTRICAL CHANGES INCLUDING RELOCATION OF EQUIPMENT ILLUSTRATED ON THIS DRAWING IS ALLOWED ONLY WITH NOTIFICATION, IN WRITING, AND REVIEW BY GEHC SERVICE DEPARTMENT. EQUIPMENT OPERATION, SERVICEABILITY, AND RESTRICTING CABLE LENGTHS, ETC., MAKE THIS ESSENTIAL FOR A PROPER IS. GEHC RESERVES THE RIGHT TO MAKE ON THE JOB CHANGES BECAUSE OF CUSTOMER REQUIREMENTS AND/OR OBSTACLES IN CONSTRUCTION, ETC 	YOUT
	 ALL WORK TO BE IN COMPLIANCE WITH NATIONAL AND LOCAL BUILDING SAFETY CODES. DIMENSIONS ARE TO FINISHED SURFACES OF ROOM 	LA LA
	U DIMIENSIONS ARE TO TIMISTIED SONTACES OF NOOM	5
	SITE ENVIRONMENT SPECIFICATIONS	$ \overline{\triangleleft} $
	• AMBIENT OPERATING TEMPERATURE: 59-89.6 DEG (F) [15-32 (C)] FOR THE CONTROL AND EQUIPMENT AREAS, {59-69.8 DEG (F) [15-24 1C)] FOR THE MAGNET ROOM}. MAXIMUM ALLOWABLE TEMPERATURE CHANGE OF 5 DEG (F)/HR [3 (C)/HR].	
	MAXIMUM ROOM TEMPERATURE GRADIENT 5 DEG (F) [3 (C)]. • HUMIDITY: 30 TO 75 (30–60 FOR THE MAGNET ROOM) PERCENT NON-CONDENSING, MAXIMUM ALLOWABLE CHANGE OF 5 PERCENT/HOUR.	
	 ALTITUDE: 100 FT [30.5M] BELOW SEA LEVEL TO 8,000 FT. [2438M] ABOVE SEA LEVEL. ENVIRONMENTAL RESTRICTIONS ABOVE MUST NOT BE EXCEEDED FOR THE ELECTRONICS. DO NOT RESTRICT THE AIR INTAKE OR AIR EXHAUST OF THE SYSTEM COMPONENTS. 	ROJECT .
	 ENVIRONMENTAL CONDITIONS LISTED ABOVE MUST BE MAINTAINED AT ALL TIMES INCLUDING FOR EXAMPLE OVERNIGHT, WEEKENDS, AND HOLIDAYS. THE SHIELD COOLER COMPRESSOR CABINET REQUIRES WATER COOLING TO DISSIPATE. 	H
	 THE SHIELD COOLER COMPRESSOR CABINET REQUIRES WATER COOLING TO DISSIPATE THE HEAT OUTPUT. HEAT DISSIPATION TO AIR IS NEGLIGIBLE. 24 HOUR POWER AND WATER COOLING MUST BE AVAILABLE UPON MAGNET DELIVERY. CRYOGEN VENTING AND MAGNET ROOM EXHAUST FAN SYSTEMS MUST BE COMPLETED IN THE MAGNET ROOM PRIOR TO DELIVERY. 	PROJECT REVISION
	• FLUORESCENT LIGHTING IS NOT ALLOWED IN THE MAGNET ROOM DUE TO RF NOISE.	8–202F 03
	MAGNETIC INTERFERENCE SPECIFICATIONS	DATE: 06.JAN.12 DRAWN BY: PMM
	 THE CUSTOMER MUST ESTABLISH PROTOCOLS TO PREVENT PERSONS WITH CARDIAC PACEMAKERS, NEUROSTIMULATORS, AND BIOSTIMULATION DEVICES FROM ENTERING MAGNETIC FIELDS OF GREATER THAN 5 GAUSS (EXCLUSTION ZONE). MAIN POWER TRANSFORMERS MUST REMAIN OUTSIDE THE 3 GAUSS FIELD. 	CHECKED BY: TMS
	 POTENTIAL EXISTS UNDER FAULT CONDITIONS THAT THE 5 GAUSS LINE MAY EXPAND RADIALLY 	
	TO 16.4 FT. [5.0 m] AND AXIALLY TO 22.96 FT. [7.0 m] FOR 2 SECONDS OR LESS. IT SHOULD BE NOTED THAT NORMAL RAMPDOWNS OR MRU (MAGNET RUNDOWN UNIT) INITIATED QUENCHES WILL NOT CAUSE THE MAGNETIC FIELD TO EXPAND.	REVISION HISTORY:
	 IT IS RECOMMENDED EVERY SITE CONSIDER THE EVENT OF A QUENCH AND PLAN ACCORDINGLY (SUCH AS PLACING 5 GAUSS WARNING SIGNS AT EXPANDED LOCATIONS). THE FERROUS METAL OBJECTS LISTED BELOW MUST NOT MOVE INTO OR INSIDE OF THE 	
	0 THE FERROUS METAL OBJECTS LISTED BELOW MOST NOT MOVE INTO OR INSIDE OF THE MOVING METAL SENSITIVITY LINE DURING SCANS. TYPCIAL MOVING MAGNETIC MASS DISTANCE RADIALLY	
	CARTS, GURNEYS 100-400 lbs [45-182 kg] 3 GAUSS LINE 3 GAUSS LINE FORKLIFTS, SMALL ELEVATOR, CARS, MINIVANS	
	VANS, PICKUP TRUCKS, AMBULANCES (OBJECTS GREATER THAN 400 lbs [182 kg])15.5 ft. [4.72 m]21.0 ft. [6.4 m]	SHEET
NORTH	BUSES AND TRUCKS (DUMP, TRACTOR TRAILER, UTILITY, FIRE TRUCKS) 18.1 ft. [5.52 m] 24.5 ft. [7.47 m]	A1 /
	THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED	NFSH-1002

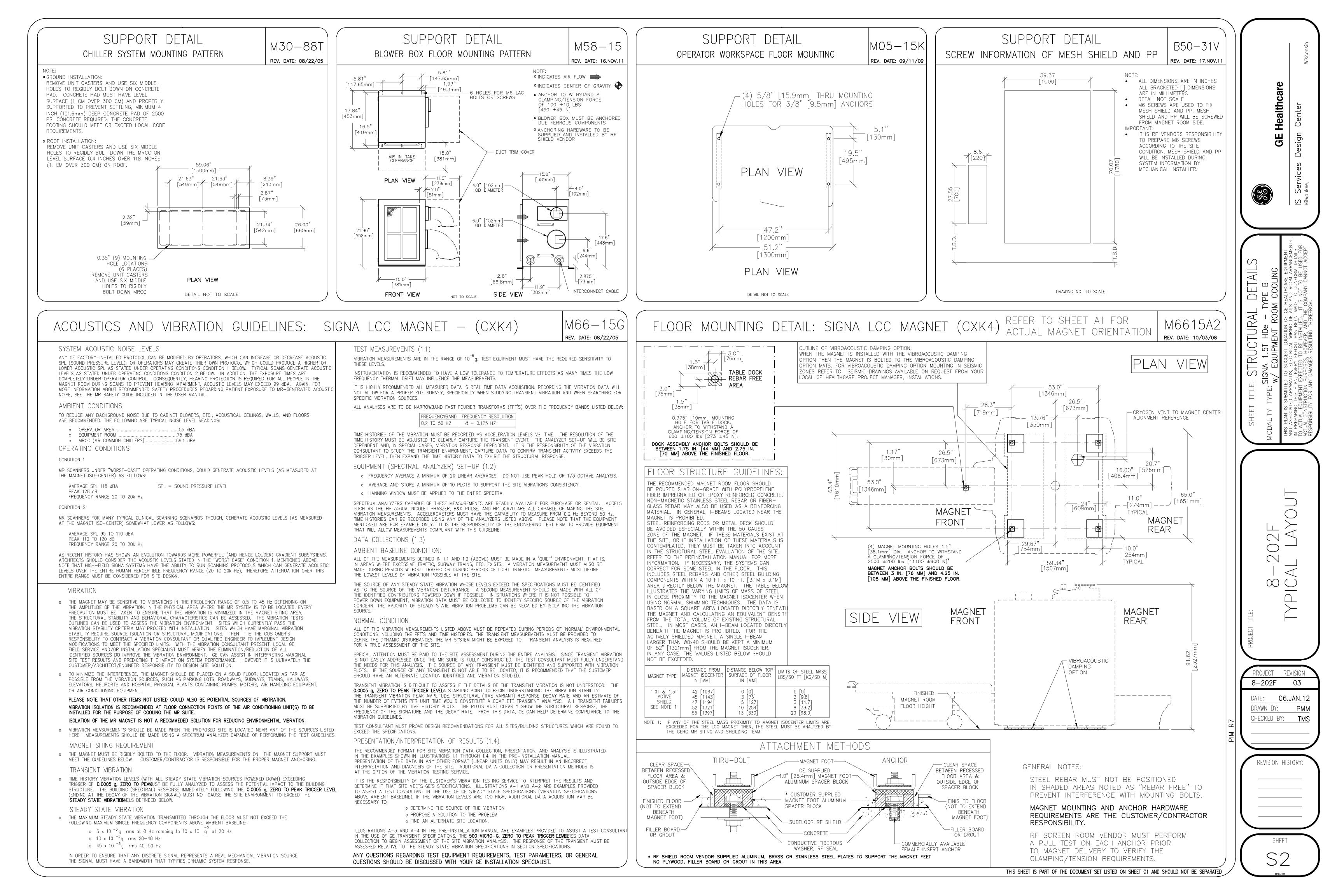


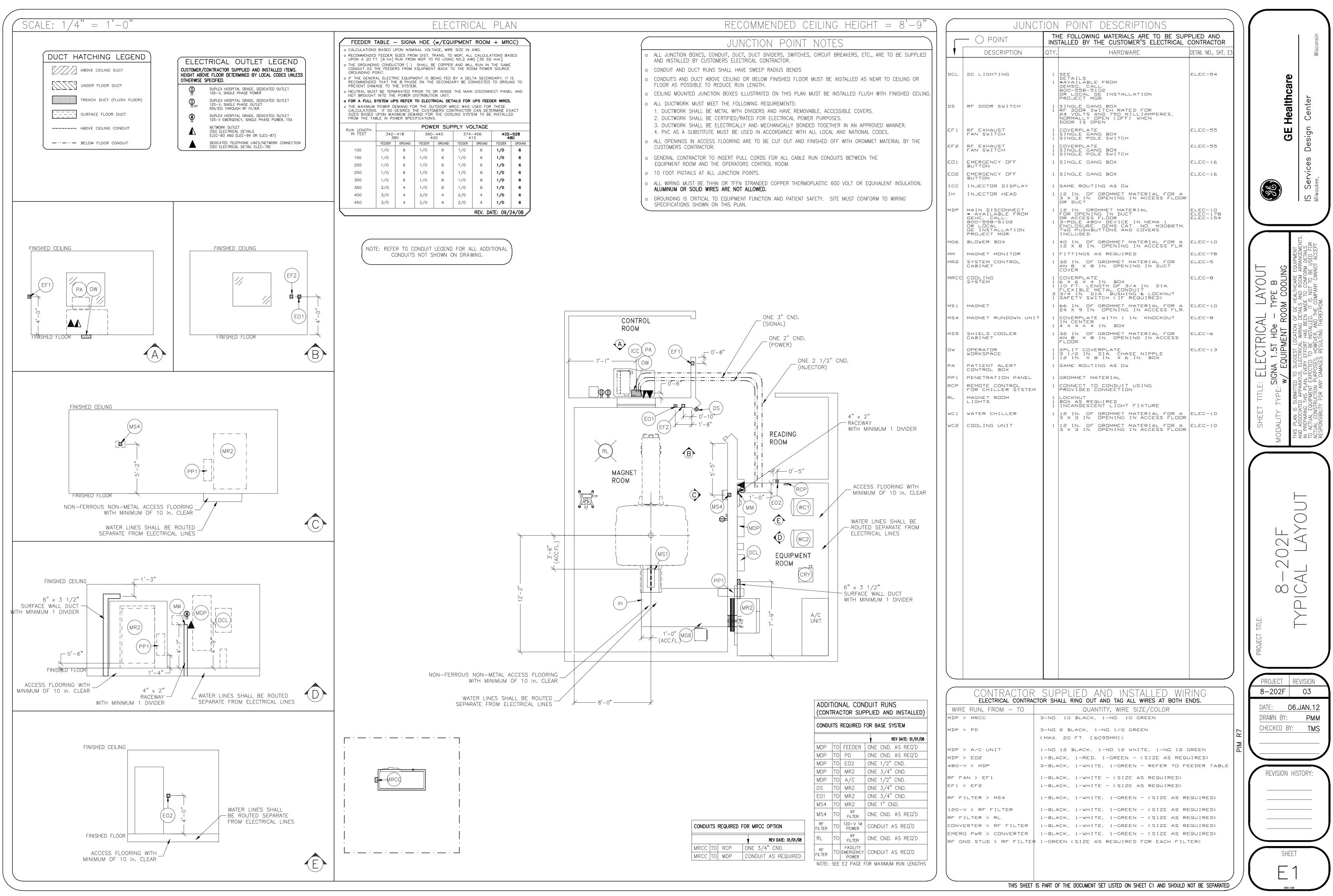
STRUCTURAL LAYOUT

RECOMMENDED CEILING HEIGHT



= 8'-9"	STRUCTURAL SUPPORT METHODS	
С	USTOMER/CONTRACTOR SUPPLIED AND INSTALLED ITEMS	Wisconsin
ITEM NO.	ITEM DESCRIPTION (* INDICATES EXISTING)	<u>e</u>
1 1 2 3 4 5 6 7 8 9	26 IN. [660 MM] X 59 IN. [1500 MM] CONCRETE PAD WITH A MINIMUM 4 IN. [100 MM] DEPTH AND 2500 PSI IS REQUIRED FOR GROUND LEVEL INSTALLATION. ADDITIONAL CONCRETE DEPTH MAY BE REQUIRED BY LOCAL CODES. THE UNIT MAY ALSO BE ROOF MOUNTED. UNIT MUST BE MOUNTED ON A LEVEL AREA WITH A MAXIMUM DEVIATION ON THE LEVELINESS OF 3/8° OVER 10 FEET [10MM OVER 3050MM]. FOR BOLT MOUNTING LOCATIONS SEE DETAIL M30-88T FLOOR MOUNTING AREA FOR BLOWER BOX. SEE DETAIL M58-15 ON SHEET S2. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S60, FOR MAIN DISCONNECT CONTROL. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S62, FOR DC LIGHTING CONTROL. SEE DETAIL M05-15F ON SHEET S2. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S62, FOR MAIN DISCONNECT CONTROL. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S62, FOR MORNSPACE. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S63, FOR MAGNET RUNDOWN UNIT. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S63, FOR MAGNET RUNDOWN UNIT. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S63, FOR MAGNET RUNDOWN UNIT. SUPPORT BACKING, LOCATE AS SHOWN, REFER TO ELEVATION DETAIL S63, FOR MAGNET MONITOR. MAGNET FLOOR MOUNTING, SEE DETAIL M6615A2 ON SHEET S2 FOR MORE INFORMATION AREA OF FLOOR LEVELNESS FOR SYSTEMS CABINET	GE Healthcare IS Services Design Center Milwoukee,
	AREA OF FLOOR LUCELNESS FOR SYSTEMS CABINET FLOOR SURFACE: +/-0.5MM FLOOR AREA MUST BE HARD.	SHEET TITLE: STRUCTURAL LAYOUT MODALITY TYPE: SIGNA 1.5T HDe – TYPE B MODALITY TYPE: W/ EQUIPMENT ROOM COOLING W/ EQUIPMENT ROOM COOLING THIS PLAN IS SUBMITTED TO SUGGEST LOCATION OF GE HEALTHCARE EQUIPMENT AND ASSOCIATED APPARTUS, ELECTRICAL WIRNG 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.
0 0 0	ALL UNITS THAT ARE WALL MOUNTED OR WALL SUPPORTED ARE TO BE PROVIDED WITH SUPPORTS WHERE NECESSARY. WALL SUPPORTS ARE TO BE SUPPLIED AND INSTALLED BY THE CUSTOMER OR HIS CONTRACTORS. SEE PLAN AND DETAIL SHEETS FOR SUGGESTED LOCATIONS AND MOUNTING HOLE LOCATIONS. DIMENSIONS ARE TO FINISHED SURFACES OF ROOM. CERTAIN MR PROCEDURES REQUIRE AN EXTREMELY STABLE ENVIRONMENT TO ACHIEVE HIGH RESOLUTION IMAGE QUALITY. VIBRATION IS KNOWN TO INTRODUCE FIELD INSTABILITIES INTO THE IMAGING SYSTEM. THE VIBRATION EFFECTS ON IMAGE QUALITY CAN BE MINIMIZED DURING THE INITIAL SITE PLANNING OF THE MR SUITE BY MINIMIZING THE VIBRATION ENVIRONMENT. SEE MOUNTING DETAIL ON SHEET S2 FOR ADDITIONAL INFORMATION. STANDARD STEEL STUDS, NAILS, SCREWS, CONDUIT, PIPING, DRAINS AND OTHER HARDWARE ARE ACCEPTABLE IF PROPERLY SECURED. ANY LOOSE STEEL OBJECTS CAN BE VIOLENTLY ACCELERATED INTO THE BORE OF THE MAGNET. CAREFUL THOUGHT SHOULD BE GIVEN TO THE SELECTION OF LIGHT FIXTURES, CABINETS, WALL DECORATIONS, ETC. TO MINIMIZE THIS POTENTIAL HAZARD. FOR SAFETY, ALL REMOVABLE ITEMS WITHIN THE MAGNET ROOM SUCH AS FAUCET HANDLES, DRAIN COVERS, SWITCH BOX COVER PLATES, LIGHT FIXTURE COMPONENTS, MOUNTING SCREWS, ETC. MUST BE NON-MAGNETIC. IF YOU HAVE A SPECIFIC QUESTION ABOUT MATERIAL, BRING IT TO THE ATTENTION OF YOUR GE PROJECT MANAGER OF INSTALLATIONS.	project title:
	FLOOR LEVELNESS IN THE MAGNET ROOM SHOULD NOT EXCEED 0.125 in. (3.1 mm) WHEN MEASURING BETWEEN DEPRESSIONS AND HIGH SPOTS OVER ANY 120 in. (3048 mm) DISTANCE WITHIN THE 87.5 in. (2178 mm) BY 139.3 in. (3539 mm) AREA OF THE MAGNET ENCLOSURE AND THE AREA IN FRONT OF THE ENCLOSURE. THIS FLOOR LEVELNESS REQUIREMENT IS IMPORATANT FOR ACCURATE PATIENT TABLE DOCKING. NON-MOVABLE STEEL SUCH AS WALL STUDS OR HVAC COMPONENTS WILL PRODUCE NEGLIGIBLE EFFECT ON THE ACTIVE SHIELD MAGNET. CUSTOMERS CONTRACTOR MUST PROVIDE ALL PENETRATIONS IN POST TENSION FLOORS. CUSTOMERS CONTRACTOR MUST PROVIDE AND INSTALL ANY NON-STANDARD ANCHORING. DOCUMENTS FOR STANDARD ANCHORING METHODS ARE INCLUDED WITH GE EQUIPMENT DRAWINGS FOR GEOGRAPHIC AREAS THAT REQUIRE SUCH DOCUMENTATION. CUSTOMERS CONTRACTOR MUST PROVIDE AND INSTALL HARDWARE FOR "THROUGH THE FLOOR" ANCHORING AND/OR ANY BRACING UNDER ACCESS FLOORS. THIS CONTRACTOR MUST ALSO PROVIDE FLOOR DRILLING THAT CANNOT BE COMPLETED BECAUSE OF AN OBSTRUCTION ENCOUNTERED WHILE DRILLING BY THE GE INSTALLER SUCH AS REBAR ETC. CUSTOMERS CONTRACTOR TO PROVIDE AND INSTALL APPROPRIATE SUPPORTS FOR THE STORAGE OF EXCESS CABLES.	PROJECT REVISION 8-202F 03 DATE: 06.JAN.12 DRAWN BY: PMM CHECKED BY: TMS REVISION HISTORY:
THIS	S SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED	SHEET S 1 NEH-1002

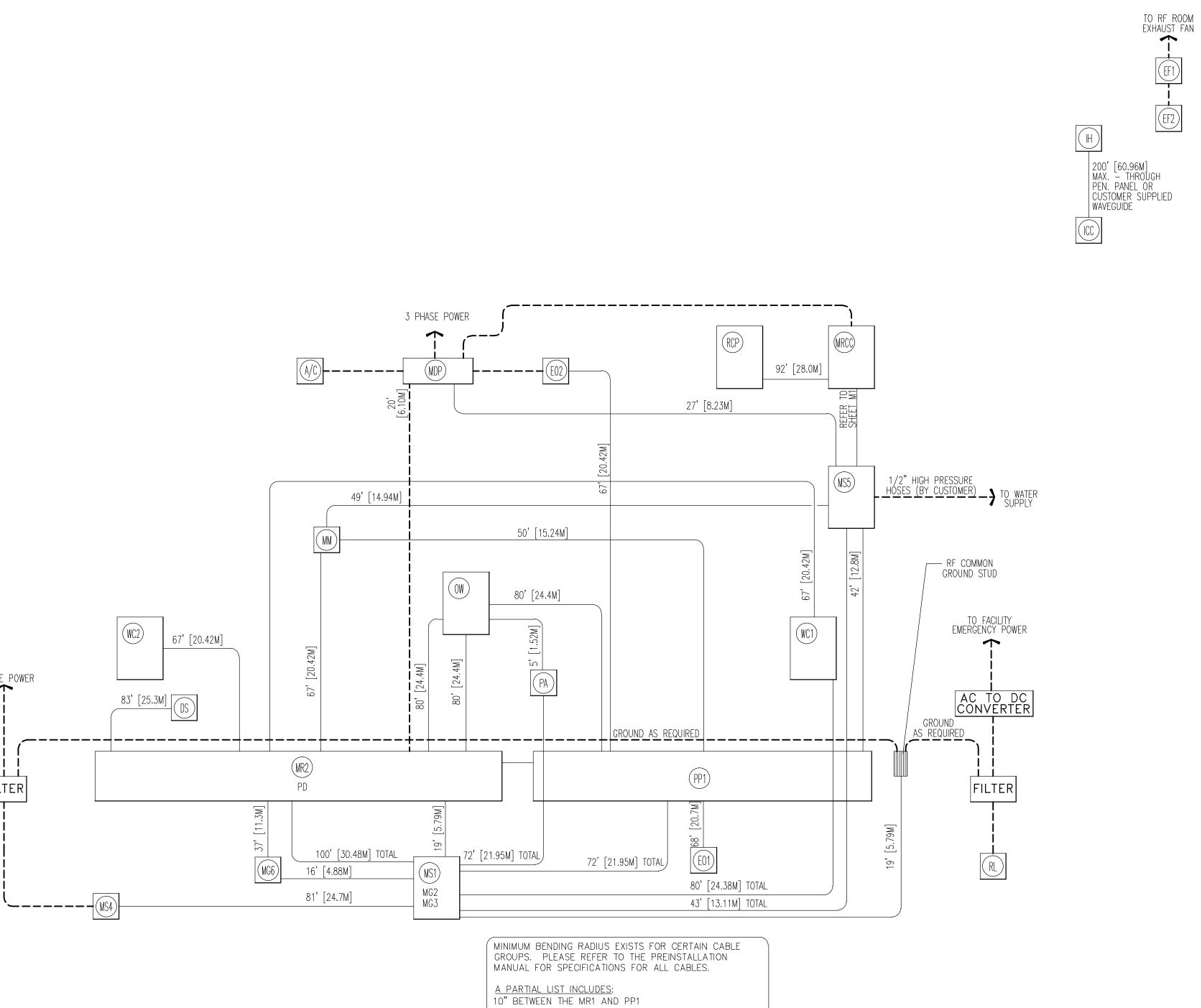




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IPMEN ⁻	F ROOM	+ MRC	<u>c) \</u>
		TIONS BASE	ED
ND WIL	L RUN IN DOM POWER	THE SAME	
		DARY, IT IS TO GROUNI	
HE MAI	N DISCONN	ECT PANEL	AND
CC WAS TRACTOF ING SYS	S FOR UPS FEEDER WIRES. WAS USED FOR THESE ACTOR CAN DETERMINE EXACT SYSTEM TO BE INSTALLED		
	DLTAGE	432-	
∠ FEEDER	-15 GROUND	FEEDER) GROUND
1 /0	6	1/0	
1/0	6 6 6	1/0 1/0 1/0	6 6 6
1/0 1/0	6	1/0	-
1/0 1/0 1/0 1/0	6	1/0 1/0	-
1/0 1/0 1/0 1/0 1/0 1/0 2/0 2/0	6 6 6	1/0 1/0 1/0 1/0	6 6

1 PHASE POWER

FILTER



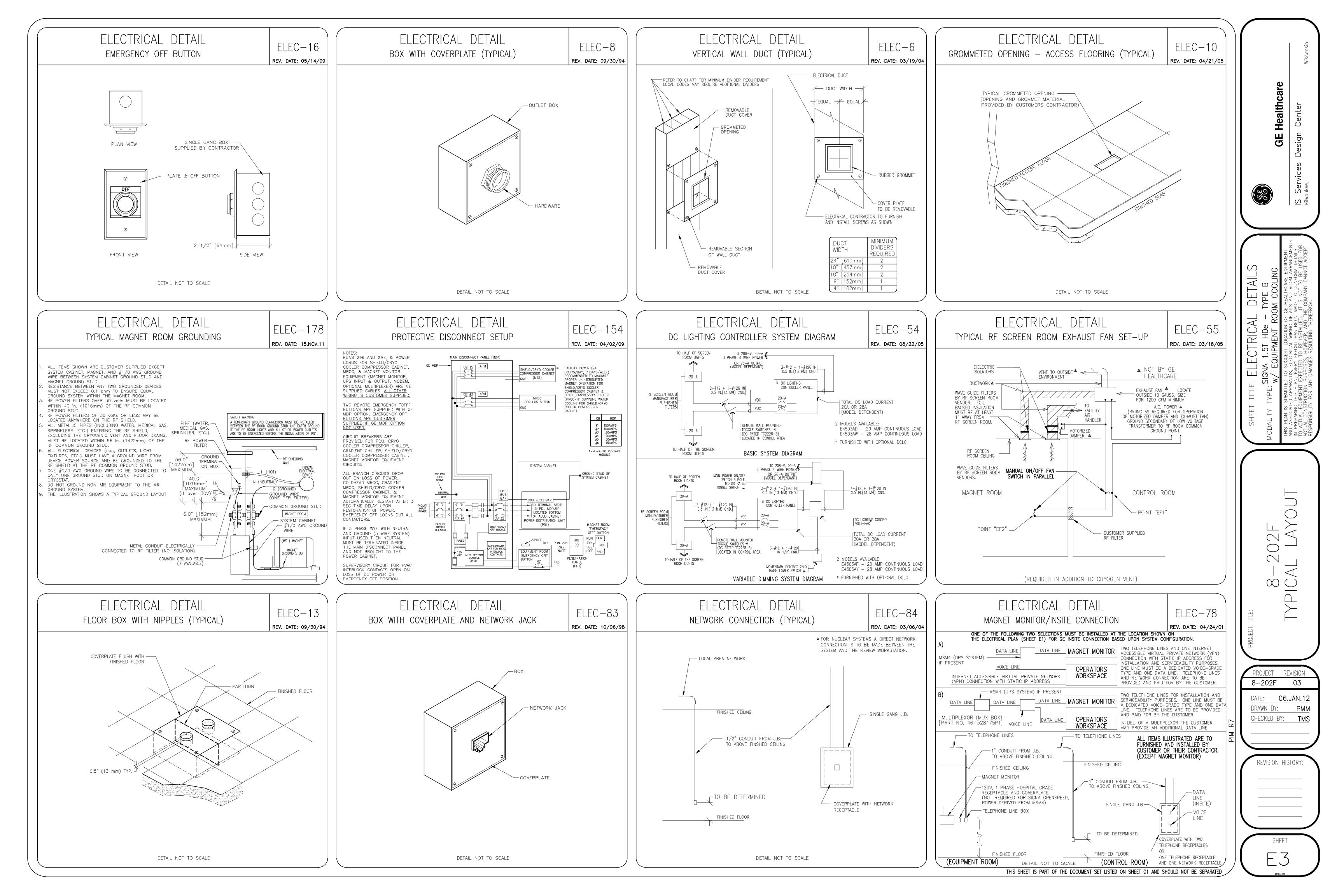
INTERCONNECT DIAGRAM

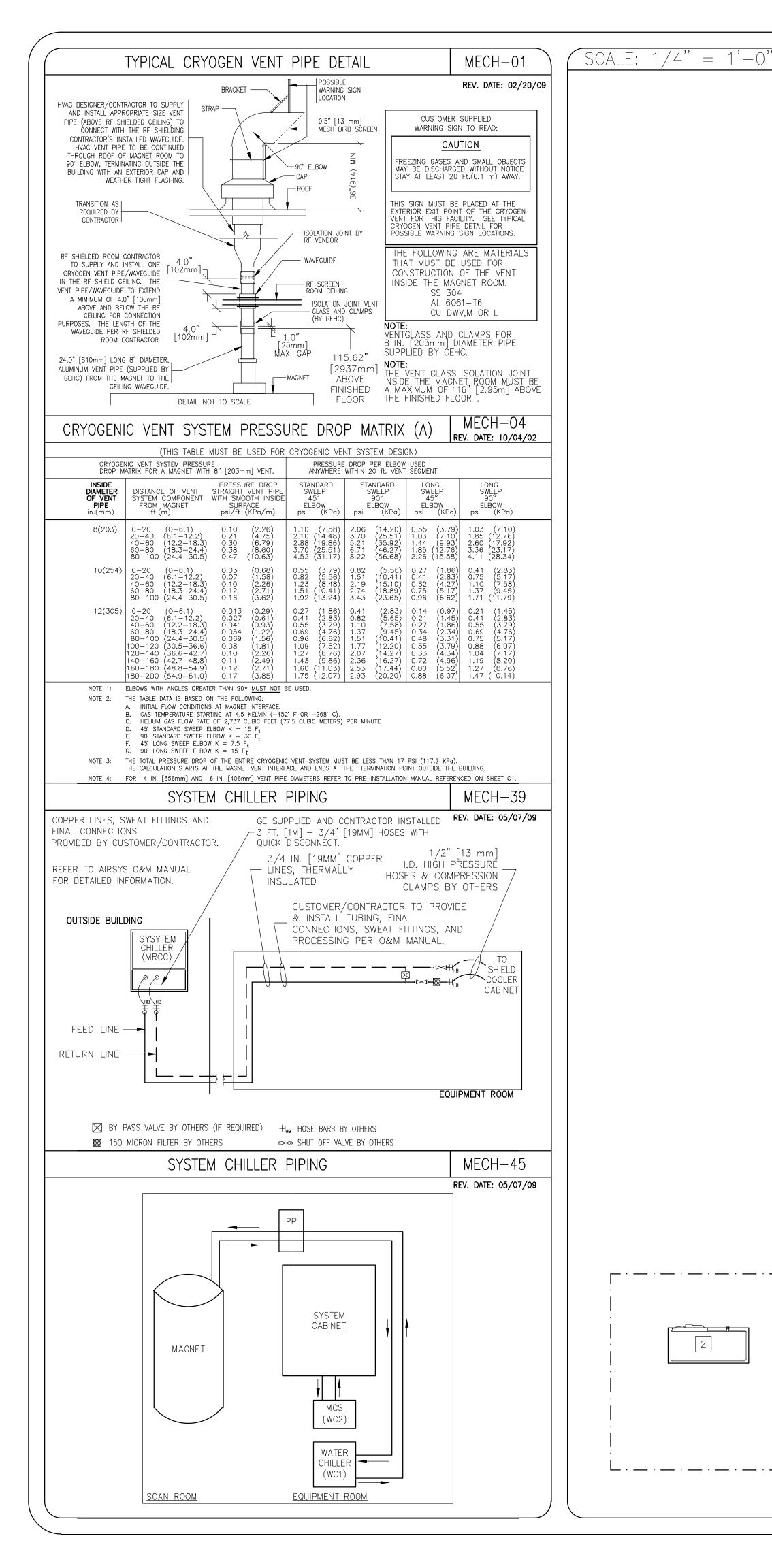
- 10" BETWEEN PP1 AND MS1
- 8" BETWEEN THE MS5 AND MS1
- 7" BETWEEN SYSTEM COOLING CABINET AND MS1. Type & also setup and the NAXABINE also meet

		POWER	SPECIFICA	TIONS			\bigcap
	VOLTAGE	SIGNA HDE (WI			(REV. DATE 04/02/08)		Wisconsin
	VOLTAGE		POWER SUPPLY:	FOR ALL INSTALL MINAL LINE VOLTA WYE-CONNECTE			äre
		MAXIMUM DAILY THE RANGES IN	VOLTAGE VARIATI TABLE A.	ON MUST FALL V	/ITHIN ONE OF		Healthcare Center
	TABLE A ALLOWABLE INPUT VOLTAGES/	NOMINAL VOLTAGE 380	ABSOLUTE RANGE 342-418	CURRENT MAX MOMENTARY 91	(AMPS) CONTINUOUS 83		GE He lesign Ce
	CURRENT DEMAND	400 415	360-440 374-456	86 83	79 76		
		480 * * OVERCURREN CURRENT.	432–528	72 SIZED FOR 125% BASED UPON NON	66 Continuous Ainal Voltage).		Services ^{ukee,}
	PHASE— BALANCE.	PHASE-TO-PHAS THE LOWEST PHA TRANSIENT VOLTA LINE VOLTAGE AT FREQUENCY OF VOLTAGE TRANSIE BE HELD TO A M SURGES, LOAD S SCAN ABORTS OF IN THE COMPUTE	E VOLTAGES MUS SE—TO—PHASE V GE EXCURSIONS A MAXIMUM DU O TIMES PER H	OT BE WITHIN 2 OLTAGE. MAXIMI ARE 1.8 PERCEI RATION OF 1 CY OUR.	PERCENT OF JM ALLOWABLE IT OF RATED CLE AND		S DR DR Milwo
	POWER DEMAND	MAXIMUM POWER 59.7 KVA CONSIS (CONTINUOUS OP + 4.5 KVA FOR OPERATION) FOR	DEMAND = 59.7 STING OF 40 KVA ERATION) FOR SI MAGNET MONITOF MRCC	7 KVA. A FOR PDU + 9 HIELD/CRYO COC R + 6.2 KVA (C	KVA LER CABINET. DNTINUOUS		SPECIFICATION - TYPE B DOM COOLING GE HEALTHCARE EQUIPMENT GE HEALTHCARE EQUIPMENT GE HEALTHCARE EQUIPMENT TAILS AND ROOM ARRANGEME I TIS NOT TO BE USED FO THE COMPANY CANNOT ACCEF
	TABLE B MAXIMUM POWER		DEMAND	SIGNA SYSTEM			DECIF TYPE I OM COC OM COC GE HEALTHC GE HEALTHC ALLS AND R MADE TO CI IT IS NOT FROM.
	DEMAND.		kVa * 'ER FACTOR AT LUDES POWER F E REGULATION A SS THAN OR EQ FROM POWER SC	59.7 0.9 OR ENTIRE MR S T MAXIMUM POW WAL TO 2 PERCI DURCE.	YSTEM. Er demand Ent or		TRICAL 1.5T HDe - JIPMENT RC FEFORT HAS BEEN TO BE INSTALLED HOWEVER, AND RESULTING THER
	DISTRIBUTION TRANSFORMER	FOR A SINGLE U SIZE IS 112.5 K UNLESS VOLTAGE 1 HOUR OR LON REFER TO DIRECTION					TITLE: ELEC TYPE: SIGNA w/ EQU SUBMITTED TO SUGG SUBMITTED TO SUGG SUBMITTED TO SUGG FUIPMENT EXPECTED IUIPMENT EXPECTED RUCTION PURPOSES
							SHEE MODALITY MODALITY THIS PLAN I AND ASSOCI IN PREPARIN TO ACTUAL ACTUAL ON RESPONSIBIL
		ELECI	RICAL NO	TES			
NOTE 1:	LONG AT OUTLET BO> ALL CONDUCTORS, PO CONTRACTOR SHALL F	SHALL BE COPPER STRAI KES, DUCT TERMINATION P DWER, SIGNAL AND GROUN RING OUT AND TAG ALL W FROM SPLICES. ALUMINU	DINTS OR STUBBED O D, MUST BE RUN IN RES AT BOTH ENDS.	CONDUIT ENDS. A CONDUIT OR DUCT WIRE RUNS MUST E	SYSTEM, ELECTRICAL		D2F LAY(
NOTE 2: NOTE 3:	IT IS RECOMMENDED	RE FOR USE OF EQUIPMEN THAT ALL WIRES BE COLC				AL	$\sum_{i=1}^{i}$
NOTE 4:	ELECTRICAL CODES. CONDUIT SIZES SHALI LOCAL OR NATIONAL	L BE VERIFIED BY THE AR CODES.	CHITECT, ELECTRICAL	ENGINEER OR CONTR	ACTOR, IN ACCORDANCE	WITH	TLE:
NOTE 5:	LOCATE AT LEAST ON	TS ARE NOT ILLUSTRATED. E CONVENIENCE OUTLET C OF THE PROCEDURE ROOI	LOSE TO THE SYSTEM	M CONTROL, THE POW	ER DISTRITBUTION UNIT	AND	
NOTE 6:	OVERHEAD SPOTLIGHT ARE USED. RECOMME	MINATION IS NOT ILLUSTRA S. DAMAGE CAN OCCUR T ND LOW WATTAGE BULBS	O CEILING MOUNTING NO HIGHER THAN 75	COMPONENTS AND W WATTS AND USE DIM	RING IF HIGH WATTAGE MER CONTROLS (EXCEPT	BULBS	PROJECT
NOTE 7:	ROUTING OF CABLE [TS DIRECTLY ABOVE AREAS DUCTWORK, CONDUITS, ETC STANDARD CABLE LENGTHS	., MUST RUN DIRECT	AS POSSIBLE OTHER	VISE MAY RESULT IN TH		PROJECT REVISION
NOTE 8:		HAVE LARGE, SWEEPING BE	NDS WITH MINIMUM F	RADIUS IN ACCORDANC	E WITH NATIONAL AND	LOCAL	8-202F 03 DATE: 06.JAN.12
NOTE 9:	RECOMMENDED IN AR CONDITIONS. CONSU	G SYSTEM IS REQUIRED IN EAS WHERE PATIENTS MIG LT THE GOVERNING ELECTI RMINE THE AREAS REQUIR	HT BE EXAMINED OR RICAL CODE AND CON	TREATED UNDER PRE IFER WITH APPROPRIA	SENT, FUTURE, OR EMER	RGENCY	DRAWN BY: PMM CHECKED BY: TMS
	PHYSICAL CONNECTION WITH THE SUPERVISIO	TO POINT DISTANCES ILLU N OF PRIMARY POWER TO N OF A GE REPRESENTAT N LOCATION, AND INSURE	GE EQUIPMENT IS TO VE. THE GE REPRES	D BE MADE BY CUSTO SENTATIVE WOULD BE	MERS ELECTRICAL CONT		REVISION HISTORY:
			CUSTOMER/COM ADEQUATE CON GE FURNISHED CONDUIT OR R		IN EMPTY		SHEET
			Feet [Meters]	LENGTH BETWEEN JUN	AND SHOULD NOT BE S	PARATED	E2

EF1

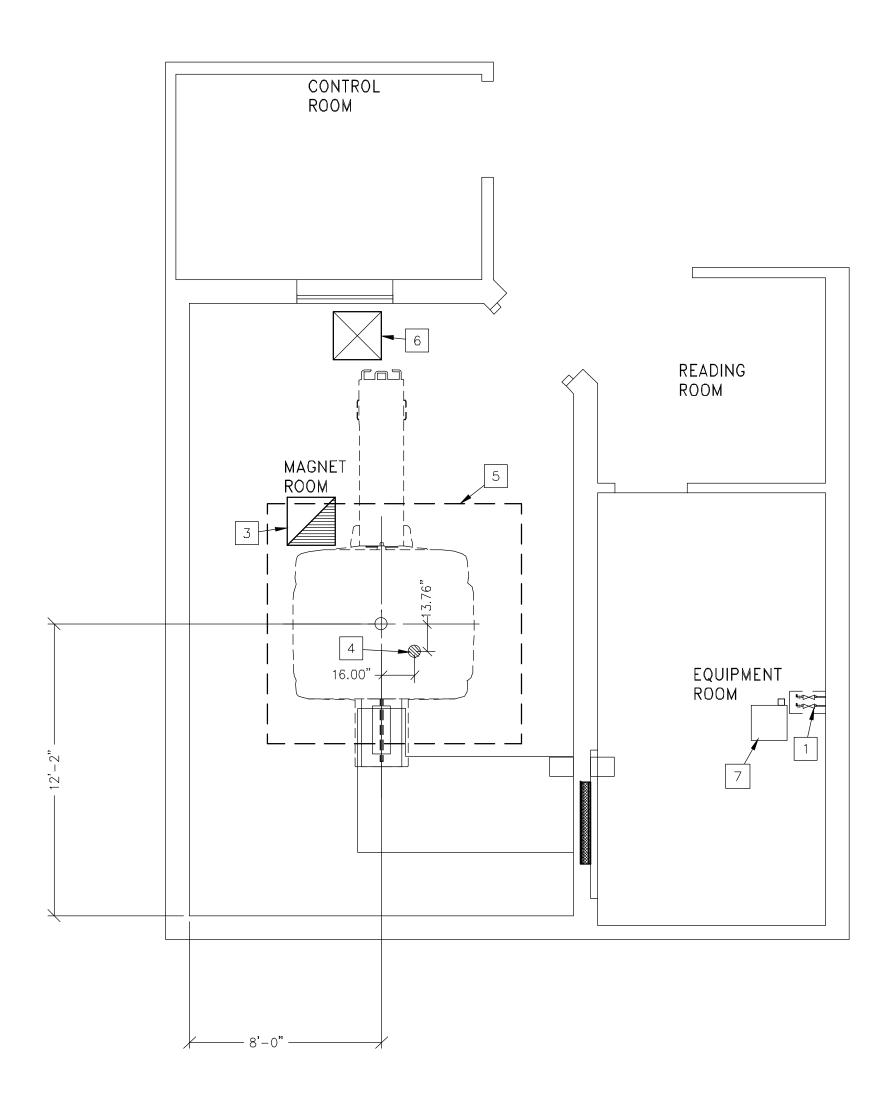
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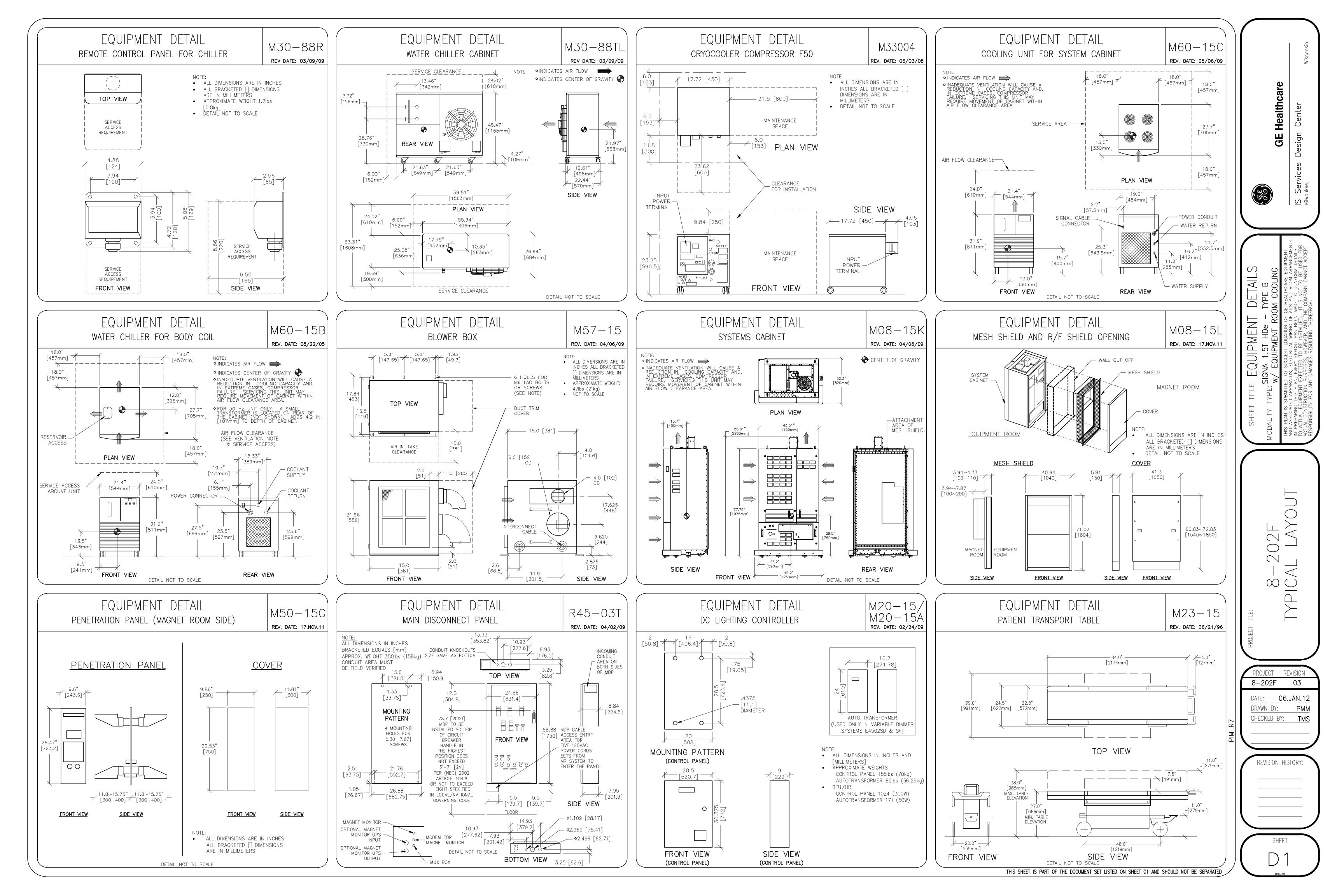


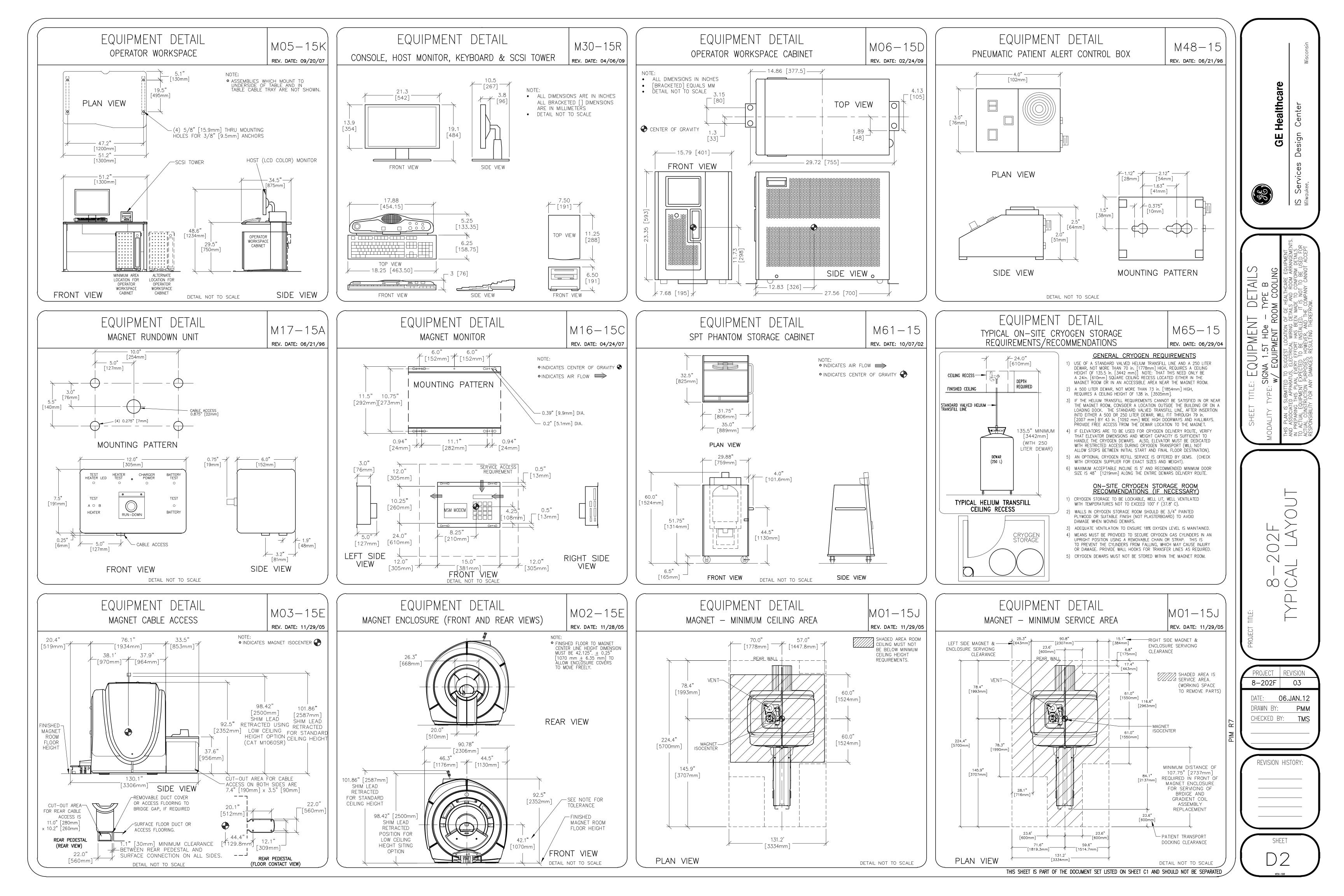
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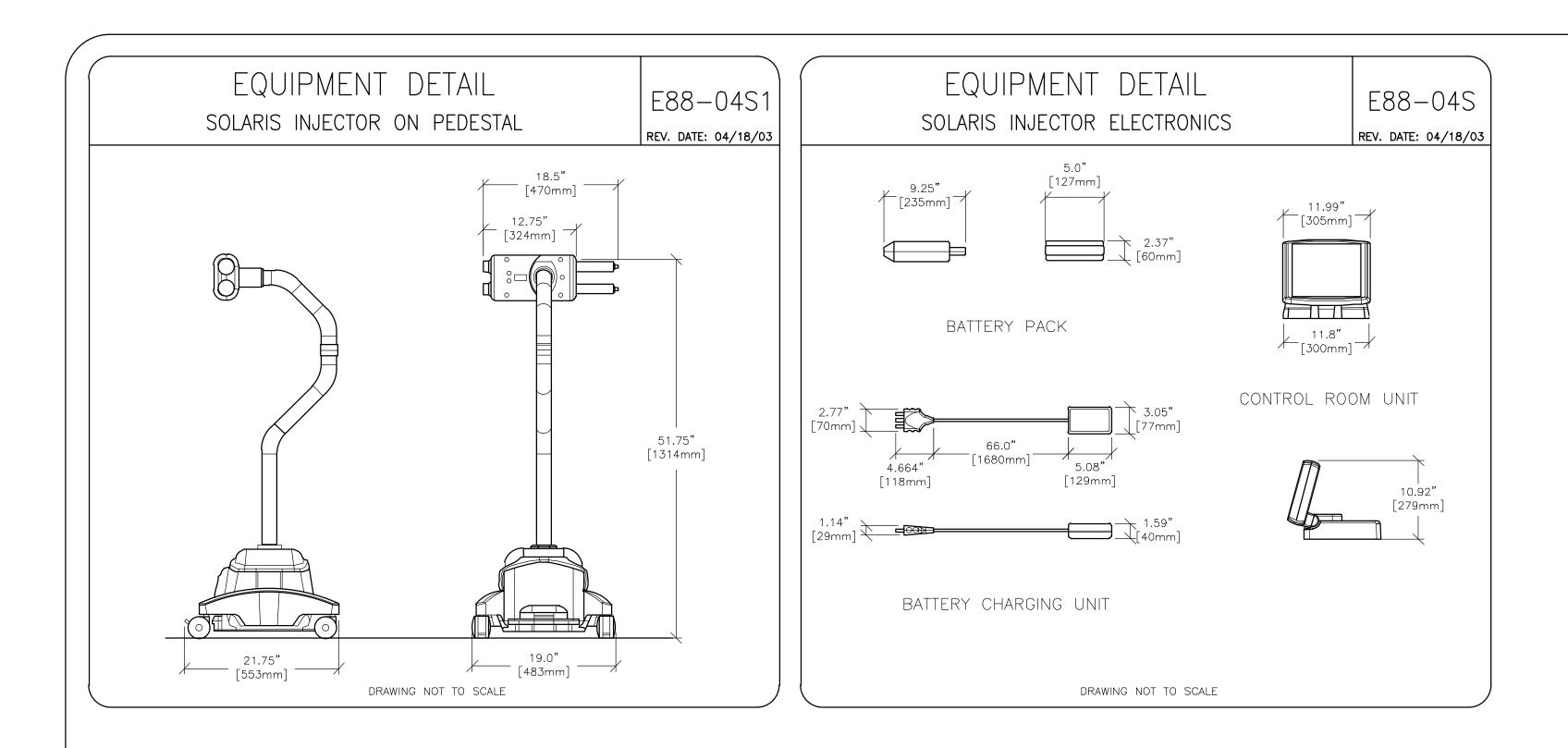
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= 8'-9"	(MECHANICAL/PLUMBING ITEMS CUSTOMER/CONTRACTOR SUPPLIED AND INSTALLED	nsn N
	ITEMS	Wisconsin
	ITEM DESCRIPTION NO. (* INDICATES EXISTING)	are
	1 TWD (2) 3/4 IN. [19MM] COPPER LINES (INSULATED). FDUR (4) 3/4 IN. [19MM] HOSE BARBS. TWD (2) 1/2 IN. [13MM] HOSE BARBS. FDUR (4) 3/4 IN. [19MM] BALL VALVES. TWD (2) 3/4 IN. [19MM] TD 1/2 IN. [13MM] REDUCERS. DNE (1) 150 MICRON FILTER TWD (2) SHUT OFF VALVES DNE (1) BY-PASS VALVE REFER TD DETAIL MECH-40. PLEASE REFER TD THE PRE-INSTALLATION MANUAL FOR	GE Healthcare sign Center
	COMPLETE FACILITY WATER REQUIREMENTS. CUSTOMER/CONTRACTOR RESPONSIBLE FOR RIGGING AND INSTALLATION OF SYSTEM COOLING CABINET. THERE IS A MAXIMUM OF 100 FEET [30, 5 M] VERTICAL DIFFERENCE ABOVE OR 10 FEET [3, 5M] BELOW BETWEEN THE OUTDOOR CHILLER CABINET (MRCC) AND THE CRYO COMPRESSOR, A TOTAL MAXIMUM DISTANCE OF 200 FEET [61 M] EXISTS BETWEEN THE OUTDOOR CHILLER CABINET (MRCC) AND CRYO COMPRESSOR OR THE MAGNET.	rvices De
	PLEASE REFER TO THE PRE-INSTALLATION MANUAL FOR COMPLETE SITE PREPARATION REQUIREMENTS. Image: Strain and strai	IS Se Milwaukee
	 MAGNET ROOM EXHAUST FAN INTAKE VENT MUST BE LOCATED AT THE HIGHEST CEILING PLANE NEAR THE MAGNET CRYOGEN VENT. REFER TO PRE-INSTALLATION MANUAL LISTED ON. SHEET C1 FOR CRYOGEN VENT REQUIREMENTS. SEE SHEET S-2 FOR CRYOGEN VENT LOCATION. 8" [203 mm] CRYOGEN VENT - TOLERANCE FOR VENT LOCATION +/-0.25" [6 mm]. SEE DETAILS MECH-04 AND MECH-01. THE CUSTOMER'S DESIGNER IS RESPONSIBLE FOR SELECTING VENT MATERIALS AND CHARDWARE CAPABLE OF SAFELY HANDLING THE DESSUBSES AND CHARDWARE CAPABLE OF SAFELY HANDLING 	LAYOUT PE B COOLING S NOT TO BE USED FOR S NOT TO BE USED FOR S NOT S
	 THE PRESSURES AND COLD TEMPERATURE GENERATED WITHIN THE VENT AT EACH MRI SITE. THE CUSTOMER'S CONTRACTOR IS RESPONSIBLE FOR PROVIDING AND INSTALLING THE CRYOGEN VENT FROM THE MAGNET VENT ADAPTER TO THE BUILDING'S EXTERIOR. FOR NON-STANDARD VENT CONFIGURATIONS (I.E. OFFSET CEILING EXITS, WALL EXITS, AND GEODESIC DOMES) THE CUSTOMER'S CONTRACTOR IS RESPONSIBLE FOR THE DESIGN AND INSTALLATION OF THE CRYOGENIC VENT SYSTEM AND VENT SUPPORTS WITHIN THE MAGNET ROOM. MINIMUM CEILING HEIGHT REQUIREMENT AREA. REFER TO MAGNET EQUIPMENT DETAILS FOR MORE INFORMATION MINIMUM 2 FT. X 2 FT. [0.61m × 0.61m] PRESSURE EQUALIZING WAVEGUIDE VENT IN THE MAGNET ROOM CEILING. SEE PRE-INSTALLATION MANUAL FOR RECOMMENDED BACK-UP WATER SPECIFICATIONS. 	T TITLE: MECHANICAL TYPE: MECHANICAL TYPE: SIGNA 1.5T HDE - TY W/ EQUIPMENT ROOM S SUBMITTED TO SUGGEST LOCATION OF GE H ATED APPARATUS, ELECTRICAL WIRING DETAILS IG THIS PLAN, EVERY EFFORT HAS BEEN MADE GOUPMENT EXPECTED TO BE INSTALLED. IT IS STRUCTION PURPOSES, HOWEVER, AND THE CO STRUCTION PURPOSES, HOWEVER, AND THE CO
	MECHANICAL/PLUMBING NOTES • ALL MINING, FITTINGS, SUPPORTS, HOSES, CLAMPS, VENTLATION SYSTEMS, ETC. ARE TO BE SUPPUED AND INSTALLED BY THE CUSTOKER OR HIS CONTRACTORS. • FOR COMPLETE DESIGN AND IS REQUIREMENTS, SPECIFICATIONS AND GUIDELINES REFER TO THE PRE-IS MANUAL REFERENCED ON SHEET CI FOR: MR SYSTEMS – SYSTEM COOLING, ORYOGEN VENTING, WAVEGUIDES AND EXHAUST VENTING. CYCLOTRON SYSTEMS – CHEMISTRY LINES, GAS LINES, AND SYSTEM COOLING.	PROJECT ITTE: BROAD IN PREPARA AND ALLY AND ALLY AN
	THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED	SHEET M 1 NFSH-1002







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		Wisconsin
GE Haalthrard		IS Services Design Center ^{Milwaukee,}
\geq		
SHEET TITLE: EQUIPMENT DETAILS modality type: signa 1.51 HDe - type b w/ equipment room cooling	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: 8-202F		ITPICAL LATUUI
PROJECT 8–202F	RE	VISION 03
DATE: (DRAWN BY: CHECKED B		JAN.12 PMM TMS
REVISION	HIS	TORY:
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THIS SHEET IS PART OF THE DOCUMENT SET LISTED ON SHEET C1 AND SHOULD NOT BE SEPARATED