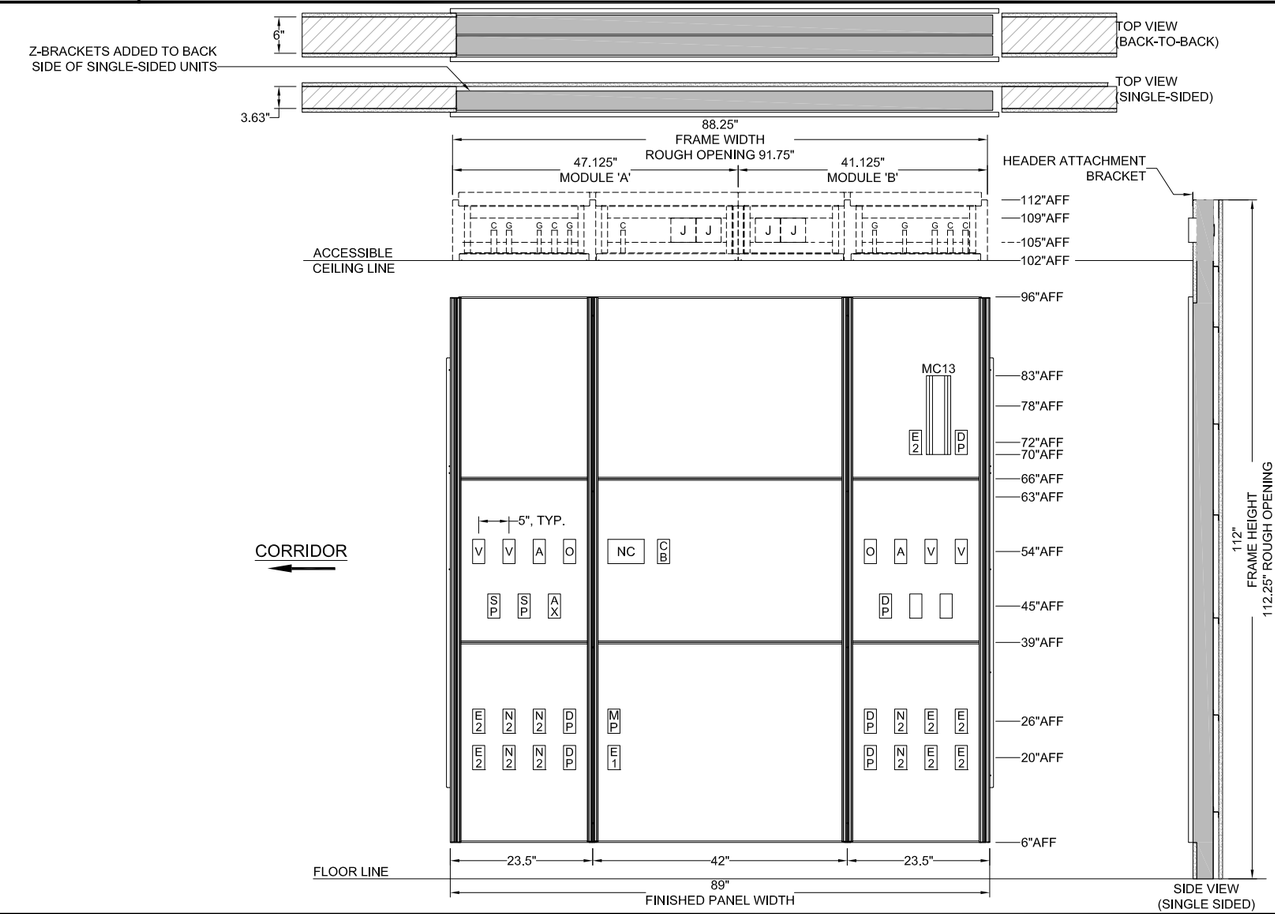
NOTES:
1. FORM UNIT IS SEMI-RECESSED. SERVICES ARE TOP FED. UNIT IS BUILT IN TWO VERTICAL SECTIONS.
2. THE ACTUAL LOCATIONS OF THE JUNCTION BOXES, CONDUIT TERMINATION POINTS AND MEDICAL GAS TERMINATION POINTS ARE SUBJECT TO CHANGE.
3. SINGLE SIDED UNITS INSTALL IN A 3-5/8" PARTITION; BACK TO BACK UNITS INSTALL IN A 6" PARTITION. ALL UNITS SET FOR A 5/8" GYPSUM BOARD FINISH.
4. INSET SURFACE PROVIDED ABOVE AND BELOW PANELS FOR GYPSUM BOARD TO BE PROVIDED AND INSTALLED BY OTHERS.
5. INTER CONNECTIONS MAY BE REQUIRED BETWEEN MODULES.
6. SERVICES TO BE REVERSED ON OPPOSITE HAND UNITS



GENERAL SPECIFICATIONS:

ELECTRICAL		PLUMBING	
NORMAL POWER JUNCTION BOX:	J	COPPER TUBING TYPE:	L
EMERGENCY POWER JUNCTION BOX:	J	OXYGEN SIZE (I.D.):	1/2"
LIGHTING JUNCTION BOX:	J	MEDICAL AIR SIZE (I.D.):	1/2"
LV CONDUIT STUBS:	C	VACUUM SIZE (I.D.):	3/4"
CONDUIT SIZE; LINE VOLTAGE:	1/2"		
CONDUIT SIZE; LOW VOLTAGE:	3/4"		
CONDUIT CONNECTORS:	STD. SET SCREW		
WIRE TYPE:	THHN, STRANDED		
WIRE SIZE:	12 AWG		
GROUND WIRE COLOR:	GREEN		

FINISHES

LAMINATE: L1

TYPE:	LAMINATE BRAND:	LAMINATE COLOR:	GRAIN ORIENTATION:
-	-	-	-

BACK LIT LED RESIN PANEL: R1 OR LAMINATE: L2

TYPE:	LAMINATE BRAND:	LAMINATE COLOR:	GRAIN ORIENTATION:
-	-	-	-

ELECTRICAL COVER PLATES:	STAINLESS OR NYLON TO MATCH DEVICE
HORIZONTAL CHANNELS:	ANODIZED ALUMINUM
UNIT TRIM:	ANODIZED ALUMINUM

LEGEND:

REQ	SYM	DESCRIPTION
2	O	OXYGEN OUTLET
2	A	AIR OUTLET
4	V	VACUUM OUTLET
6	N2	DUPLEX RECEPTACLE, 8300 IVORY 20A, 125V, H.G., NORMAL POWER
1	E1	SINGLE RECEPTACLE, 8310 RED, 20A, 125V, H.G., EMER. POWER
7	E2	DUPLEX RECEPTACLE, 8300 RED 20A, 125V, H.G., EMER. POWER
1	NC	NURSE CALL PROVISION
1	CB	CODE BLUE PROVISION
1	AX	AUXILIARY ALARM PROVISION
2	SP	SWITCH PROVISION
6	DP	DATA OUTLET PROVISION
4	FP	FUTURE PROVISION
1	MP	MULTI-PIN BED RECEPT. PROVISION
1	MC13	MONITOR CHANNEL ONLY, 13" LENGTH
4	HC	HORIZONTAL ACCESSORY CHANNEL

ACCESSORIES NOT SHOWN (PER UNIT)

REQ	DESCRIPTION

MODULAR SERVICES COMPANY®
500 EAST BRITTON ROAD
OKLAHOMA CITY, OK 73114
www.modularservices.com

PROJECT
HOSPITAL
PROJECT
CITY, STATE

TOTAL QTY:	FORM® 7510 SERIES SEMI-RECESSED	
X		
AS SHOWN: X	DRAWN BY: XXX	DRAWING # 4XXXX
OPPOSITE: X	DATE: XX/XX/XX	PROJECT #: XXXX / SALES ORDER #: XXXXX