



TOTAL REQUIRED _____

NOTES:
PLEASE SPECIFY TYPE, QUANTITY, AND LOCATION OF DEVICES LISTED ON PAGE 2. INDICATE TYPE AND LOCATION BY WRITING PARTS LIST ITEM NUMBER IN DESIRED LOCATION ON SIDE PANELS.

REFERENCE:

FOR:
FOR REFERENCE ONLY

STD. ORPD04008.xls ACAD STD.: ORDP04008.dwg



POST GLOVER LIFELINE
4750 OLYMPIC BLVD. BLDG. B
ERLANGER, KY U.S.A. 41018 (859) 283-5900
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TITLE/DESCRIPTION:
OPERATING ROOM PEDESTAL

ECN#04-239. UPDATED PER COMMENTS.	
JJM	10/15/04 01
REVISIONS	

S.O. NUM.:

DFTR: JJM DATE: 05/06/03 DWG. NO.: **ORPD04008** REV.: 01