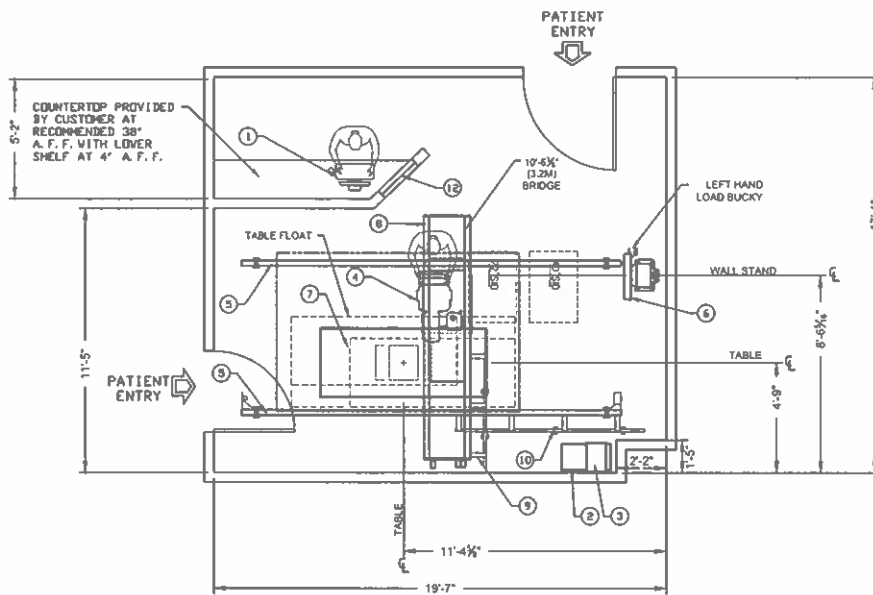


TURN-KEY MEDICAL, INC.

CARESTREAM DR-FIT CM TUBE
RADIOGRAPHIC ROOM

STAR VALLEY ALPINE CLINIC
ALPINE, WYOMING

TURN-KEY MEDICAL, INC. 1000 N. 10TH AVE. SPOKANE, ID 83402 TEL: (208) 325-1100 FAX: (208) 325-1101 WWW.TURNKEYMEDICAL.COM		THIS DOCUMENT CONTAINS PROPRIETARY DATA OF TURNKEY MEDICAL, INC. AND SHALL NOT BE USED FOR PURPOSES OTHER THAN THE PROJECT AND SITE SPECIFIC TO THE CUSTOMER. THIS DRAWING IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.	
DATE: 8/15/2024		STAR VALLEY ALPINE CLINIC DR-FIT CM X-RAY ROOM PLAN	
SCALE: 1/8"=1'-0"		ALPINE, WYOMING	
PROJECT NO: 210		THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY	
SHEET NO: FINAL			
COVER			



EQUIPMENT PLAN

EQUIPMENT LEGEND

ITEM	SUPPLIED/INSTALLED BY CARESTREAM HEALTH	BTU/hr lb	wt lb	W in	L in	H in
①	COMPUTER- HP ENGAGE FLEX PRO WITH HP E230T DISPLAY	-	14.2	13.3	15.1	4
②	CARESTREAM GENERATOR	1000	174	13.5	25.6	24.1
③	PDU- POWER DISTRIBUTION UNIT	-	-	10.4	26.8	5.75
④	OTC TUBE/COLLIMATOR ASSY	-	-	-	-	-
⑤	4M LONGITUDINAL RAIL	-	65	-	157	-
⑥	WALL STAND MANUAL NON-TILT	-	415	-	-	89
⑦	QT-750 ELEVATING TABLE	-	500	86	35.8	32.5
⑧	OTC BRIDGE	-	661	24	126.3	3.63
⑨	BRIDGE CABLE RAIL	-	-	-	59	-
⑩	LONGITUDINAL CABLE RAIL	-	-	-	98.5	-
⑪	DR LLI ROLLING STAND	-	178	47	30	75

NOTE: TOTAL OTC WEIGHT WITH RAILS IS 992 lbs

ITEM 12 SUPPLIED/INSTALLED BY CUSTOMER OR CONTRACTOR

⑫ WINDOW - GLASS, LEAD LINED

COMPASS OTC SYS OPERATING ENVIRONMENT REQUIREMENTS
 AMBIENT TEMPERATURE: +10°C TO +40°C
 ATMOSPHERIC PRESSURE: 700 hPa to 1060 hPa

CEILING HEIGHT RANGE: 8'-10" TO 10'-0"
 THIS CEILING HEIGHT RANGE PROVIDES FULL FUNCTIONALITY OF THE CARESTREAM SYSTEM. ANY DEVIATION MUST BE DISCUSSED WITH THE CARESTREAM PROJECT MANAGER.
 EXISTING CEILING HEIGHT: X'-X" (X.Xm)

TURN-KEY MEDICAL, INC.

DATE: 6/19/2024

SCALE: 1/8" = 1'-0"

PROJECT NO: 2400000000

SHEET NO: A1

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION AND SHALL NOT BE USED FOR PURPOSES OTHER THAN THOSE AGREED UPON BETWEEN TURN-KEY MEDICAL AND ITS CUSTOMER. THIS DRAWING IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.

STAR VALLEY ALPINE CLINIC

DR-FIT CM X-RAY ROOM PLAN

ALPINE, WYOMING

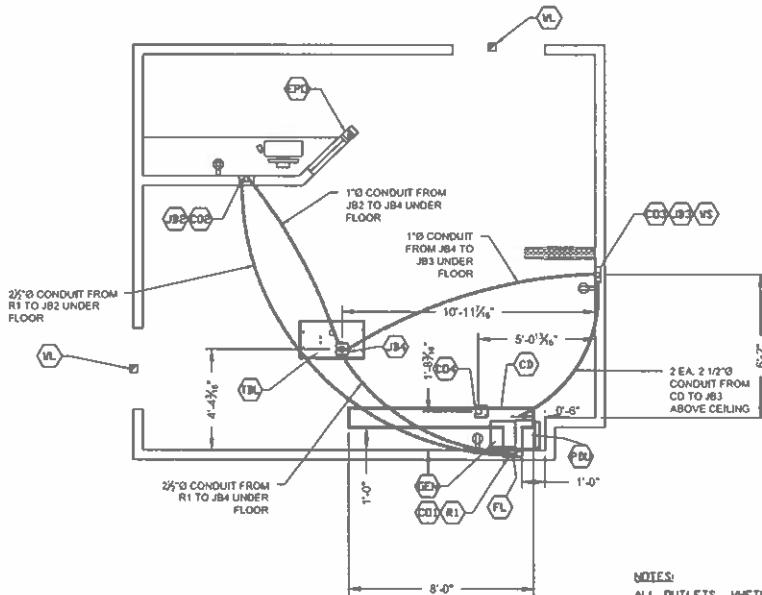
THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY

DATE: 6/19/2024

SCALE: 1/8" = 1'-0"

PROJECT NO: 2400000000

SHEET NO: A1



ELECTRICAL PLAN
ELECTRICAL INSTALLED BY CUSTOMER

NOTES:

ALL OUTLETS, WHETHER DUPLEX OR QUAD, SHOWN ON CARESTREAM SITE SPECIFIC DRAWINGS, ARE EXCLUSIVELY FOR CARESTREAM EQUIPMENT. ANY CUSTOMER REQUIRED OUTLETS MUST BE APPROVED SEPARATELY.

ELECTRICAL LEGEND

ITEMS NOT SUPPLIED/INSTALLED BY CARESTREAM	
SYM.	SUPPLIED/INSTALLED BY CUSTOMER/CONTRACTOR
(R1)	RISER- 10"x3/4" FLUSH MOUNTED WITH REMOVABLE COVERS FROM CD TO FINISHED FLOOR, PROVIDE DIVIDERS PER LOCAL CODE
(CD)	CUT OUT- 3"Ø WITH GROMMET IN COVER PLATE OF R1, 18" A.F.F.
(CB)	CEILING DUCT- 10"x3/4" ABOVE FINISHED CEILING, WITH REMOVABLE COVERS FACING UP, DIVIDERS PER LOCAL CODE
(JB2)	JUNCTION BOX- 8"x8" FLUSH MOUNTED IN CONTROL ROOM WALL, BOTTOM AT 14" A.F.F.
(CD2)	CUT OUT- 2"Ø WITH GROMMET ON FACE PLATE OF JB2
(VS)	WALL STAND CABLE ENTRY
(JB3)	JUNCTION BOX- 8"x8" FLUSH MOUNTED, BOTTOM AT 36" A.F.F.
(CD3)	CUT OUT- 2"Ø WITH GROMMET ON FACE PLATE OF JB3
(CD4)	CUT OUT- 3"Ø WITH GROMMET ON BOTTOM OF CD FOR OTC HOSE BRACKET
(TBL)	CARESTREAM TABLE BASE SHOWN FOR REFERENCE
(JB4)	JUNCTION BOX- 8"x8" FLUSH MOUNTED IN FLOOR UNDER TABLE
(EZ)	GENERATOR- SEE POWER SPECIFICATIONS ON SHEET E2
(FL)	CUSTOMER PROVIDED 1/2"Ø SEAL-TIGHT, INCLUDE FITTINGS FOR MAIN POWER TO CARESTREAM GENERATOR, WIP LENGTH PER LOCAL CODE, INSTALLED BY CUSTOMER ELECTRICIAN, SEE SHEET E2 FOR ELECTRICAL POWER REQUIREMENTS.
(PDL)	POWER DISTRIBUTION UNIT
(VL)	WARNING LIGHT- OPTIONAL "X-RAY IN USE" LIGHT PER CODE, CUSTOMER TO PROVIDE FIXTURE AND 24V POWER / CONTACTS TO CSH GENERATOR, SEE SHEET E2 SCHEMATIC DIAGRAM.
(EP4)	EMERGENCY POWER OFF- OPTIONAL SWITCH TO CUSTOMER SHUNT BREAKER IN MAIN DISCONNECT, EXACT LOCATION PER LOCAL CODE OR BY CUSTOMER
⊕	120 VAC QUAD OUTLET, 14" A.F.F.
⊕	120 VAC DUPLEX OUTLET, 14" A.F.F.
△	NETWORK DROP, 14" A.F.F.

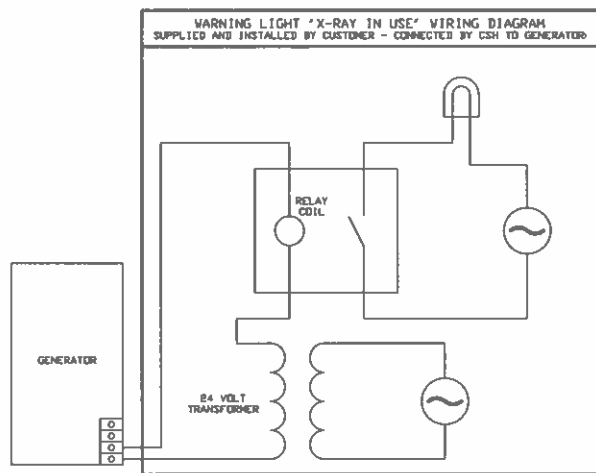
NOTE: ALL ELECTRICAL DUCTS AND CONNECTIONS MUST CONFORM TO THE N.E.C. CODES, IN ADDITION TO STATE AND LOCAL REGULATIONS FOR THE COUNTRY OR LOCALITY IN WHICH THE EQUIPMENT IS INSTALLED. SITE IS RESPONSIBLE TO DETERMINE ELECTRICAL DESIGN INCLUDING NUMBER OF DIVIDERS IN CABLE TROUGH PER CODE

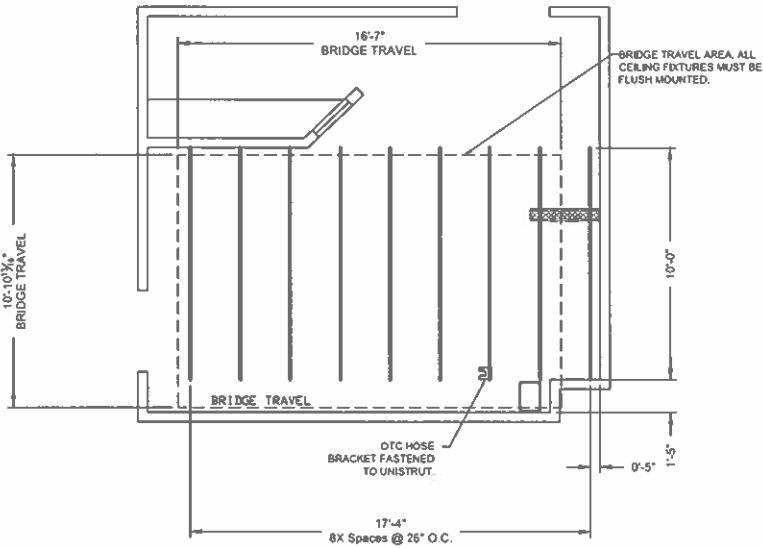
TURN-KEY MEDICAL, INC.		DATE: 8/7/2024	SCALE: 3/8" = 1'-0"	PROJECT NO: 211
REV. NO.	DATE	BY	CHKD BY	DESCRIPTION
1	8/7/2024	JD	JD	ISSUED FOR CONSTRUCTION
THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION AND SHALL NOT BE USED FOR PURPOSES OTHER THAN THOSE AGREED UPON BETWEEN TURN-KEY MEDICAL AND ITS CUSTOMER. THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY.				
STAR VALLEY ALPINE CLINIC DR-FIT CM X-RAY ROOM PLAN ALPINE, WYOMING				
PROJECT NO. 211 SHEET NO. 1 FINAL				

NOTE: ALL INSTALLATIONS MUST MEET THE REQUIREMENTS OF LOCAL ELECTRICAL CODES.
THE ABOVE VALUES ARE RECOMMENDED AS TYPICAL (UNLESS OTHERWISE SPECIFIED)
LISTED ARE THE FOUR MAIN TYPICAL GENERATORS, OTHERS ARE AVAILABLE.

DESCRIPTION: SUPPLIED AND INSTALLED BY CUSTOMERS CONTRACTOR

1. ALL WIRING AND GROUNDING MUST BE IN ACCORDANCE WITH NATIONAL ELECTRIC CODE OR LOCAL ELECTRICAL CODES
2. INPUT VOLTAGE 380-480 ($\pm 10\%$) VAC 50/60 Hz 3 PHASE WYE
3. LINE REGULATION 5% AT FULL LOAD





UNISTRUT PLAN
UNISTRUT INSTALLED BY CUSTOMER
(FOR CEILING RESTRICTED AREAS SEE SHEET S2)

STRUCTURAL LEGEND

ITEM	COMPONENT DESCRIPTION: SUPPLIED AND INSTALLED BY CUSTOMER/CONTRACTOR
—	NEW UNISTRUT: FLUSH MOUNTED WITH FINISHED CEILING. UNISTRUT P1001 SERIES OR EQUIVALENT REQUIRED.
----	EXISTING UNISTRUT: FLUSH MOUNTED WITH FINISHED CEILING. UNISTRUT P1000 SERIES OR EQUIVALENT REQUIRED.

GENERAL NOTES

1. REGULAR CEILING TILES MUST BE FLUSH WITH UNDERSIDE OF UNISTRUT.

STRUCTURAL NOTES

1. THE FACILITY STRUCTURE SUPPORTING ALL EQUIPMENT LOADS MUST BE VERIFIED BY CUSTOMER'S STRUCTURAL ENGINEER OF RECORD. THIS INCLUDES LOADS FOR WALL, CEILING AND FLOOR.
2. SUPPORT STRUCTURE/UNISTRUT MUST BE LEVELED AT FINISHED CEILING HEIGHT WITHIN 0.039 INCH (1.000 MM).
3. RECOMMENDED CEILING SUPPORT LOADING WEIGHT IS 2204 lbs
4. SEE SPECIFICATION AX0249 FOR ADDITIONAL STRUCTURAL INFORMATION.

TURKEY MEDICAL, INC.

DATE	10/10/2024	BY	10/10/2024
REV	1	DATE	10/10/2024
REV	2	DATE	10/10/2024
REV	3	DATE	10/10/2024
REV	4	DATE	10/10/2024
REV	5	DATE	10/10/2024
REV	6	DATE	10/10/2024
REV	7	DATE	10/10/2024
REV	8	DATE	10/10/2024
REV	9	DATE	10/10/2024
REV	10	DATE	10/10/2024

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STAR VALLEY ALPINE CLINIC

OR-FIT CM X-RAY ROOM PLAN

ALPINE, WYOMING

DATE: 10/10/2024

SCALE: 1/8" = 1'-0"

PROJECT NO: 2400000000

REVISIONS: 1

DATE: 10/10/2024

BY: 10/10/2024

REV: 1

DATE: 10/10/2024

BY: 10/10/2024

REV: 1

DATE: 10/10/2024

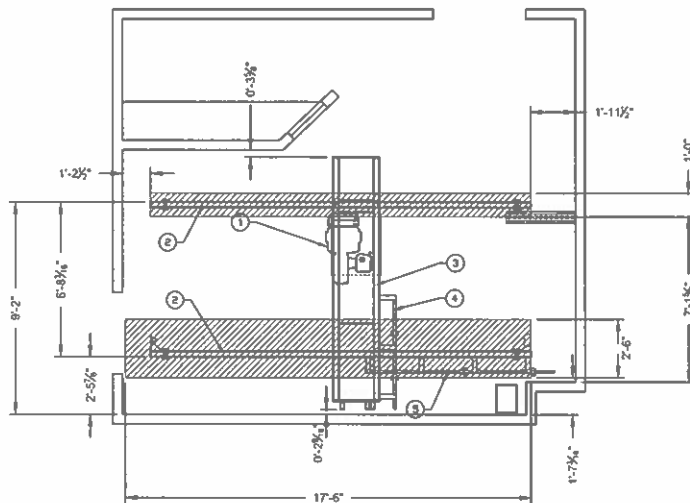
BY: 10/10/2024

REV: 1

DATE: 10/10/2024

BY: 10/10/2024

REV: 1



CEILING PLAN
EQUIPMENT INSTALLED BY CSH

STRUCTURAL LEGEND

ITEM	SUPPLIED/INSTALLED BY CARESTREAM HEALTH INC.
①	COMPASS OTC TUBE
②	OTC CEILING RAIL
③	OTC BRIDGE
④	BRIDGE CABLE RAIL
⑤	LONGITUDINAL CABLE RAIL



RESTRICTED CEILING AREA FOR CARESTREAM EQUIPMENT.
NO CEILING MOUNTED FIXTURES, INCLUDING HVAC,
LIGHTING AND SPRINKLERS.

GENERAL NOTES

1. REFLECTED CEILING PLAN REFERENCES LOCATION OF THE CARESTREAM CEILING MOUNTED EQUIPMENT NOT TO INTERFERE WITH LIGHTS, DIFFUSERS AND SPRINKLER HEADS.

TURKEY MEDICAL INC.

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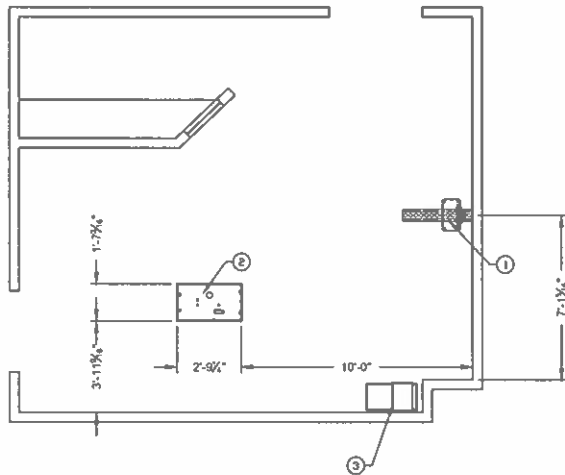
STAR VALLEY ALPINE CLINIC
OR-FIT CM X-RAY ROOM PLAN
ALPINE, WYOMING

THESE DRAWINGS ARE FOR
REVIEWING PURPOSES ONLY

DATE: 6/15/2024
SCALE: 3/8" = 1'-0"
PROJECT NO: 24-001
SHEET NO: S2
FINAL

CRITICAL TO FUNCTION FOR ITEM 2

FLOOR UNDER TABLE BASE PLATE TO BE FLAT AND
LEVEL WITH A TOTAL TOLERANCE OF 1/4"



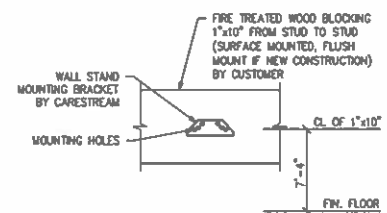
FLOOR PLAN
EQUIPMENT INSTALLED BY CSH

STRUCTURAL LEGEND

ITEM	COMPONENT DESCRIPTION	SUPPLIED AND INSTALLED BY
1	WALL STAND BASE PLATE	CARESTREAM HEALTH INC.
2	TABLE BASE PLATE	
3	GENERATOR AND PDU	

GENERAL NOTES

- FOR WALL STAND BASE PLATE AND TABLE BASE PLATE ANCHORS REFER TO EQUIPMENT SPECIFICATIONS AK0249.



TURN-KEY MEDICAL INC. 1000 S. 1000 E. PO BOX 1000 SALT LAKE CITY, UT 84143 TEL: (801) 466-1000 WWW.TKMI.COM		THIS DOCUMENT CONTAINS PROPRIETARY DATA OF TURN-KEY MEDICAL INC. AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF TURN-KEY MEDICAL INC. AND ITS CUSTOMER. THIS DRAWING IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.	
STAR VALLEY ALPINE CLINIC DR-FIT CM X-RAY ROOM PLAN ALPINE, WYOMING		THESE DRAWINGS ARE FOR REVIEWING PURPOSES ONLY	
DATE: 8/19/2024 SCALE: 1/8" = 1'-0" PROJECT NO: 1000000000 SHEET NO: 1000000000		DATE: 8/19/2024 SCALE: 1/8" = 1'-0" PROJECT NO: 1000000000 SHEET NO: 1000000000	
PROJECT NO: 1000000000		PROJECT NO: 1000000000	
SHEET NO: 1000000000		SHEET NO: 1000000000	
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S3		S3	