



**gamma tech, inc**

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## **ROOM LAYOUT INFORMATION SHEET**

DEALER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE DESIRED: \_\_\_\_/\_\_\_\_/\_\_\_\_ (The desired date you indicate may not always be feasible. The applicable designer will provide you with an ETA for your completed drawing relative to their current workload. If you require an ETA sooner than quoted, you may request your drawing be expedited. Your signed authorization of the expediency terms below is required. \*)

X \_\_\_\_\_ **I Authorize and Agree to the Expediency terms mentioned below.**

*\* Expediency Terms: When you request your drawing's estimated date of completion to be expedited to an earlier date, we must work additional man-hours (overtime) in order to meet the more demanding timeline. While we recognize the occasional need for a fast turn-around on urgent projects, we must charge an expediency fee commensurate with typical overtime. All expedited drawing requests requiring "rush job" attention will incur a 50% mark-up in price. Your understanding in this matter is appreciated.*

I decline the option to expedite: X \_\_\_\_\_ **I Do Not Authorize nor Agree to the Expediency terms.**

PO # : \_\_\_\_\_

### **CUSTOMER INFORMATION**

*NOTE: Please clearly print your customer's information as you wish it to appear on the finished drawings.*

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### **ARCHITECT**

FIRM: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### **GENERAL CONTRACTOR**

FIRM: \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

FAX: \_\_\_\_\_

**ROOM SPECIFICATIONS: TO BE INCLUDED WITH ROOM LAYOUT INFORMATION SHEET**

**(PLEASE DO NOT LEAVE ANY BLANK)**

☐ Should we treat this space as **NEW** construction?

*(Facility has not been built, these prints will influence the construction layout)*

☐ Should we treat this space as **RENOVATION** construction?

*(Facility has been built but may be altered)*

*☞ Note: Include a detailed list of all possible alterations as they apply to the x-ray equipment.*

☐ Should we treat this space as **EXISTING** construction?

*(Facility has been built and may not be altered)*

*☞ Note: Include a very detailed room sketch including all existing supports and unistrut locations. A complete list of all electrical junction boxes, their exact sizes and locations as well as all conduit sizes and connections.*

1. TYPE OF DRAWING                      CONCEPTUAL ☐                      FULL SPECIFICATIONS ☐

*☞ Note: If a conceptual drawing is not requested prior to a full drawing then a legible and working layout must be provided to us.*

2. EXISTING FINISHED CEILING HEIGHT                      \_\_\_\_\_ ' \_\_\_\_\_ "

A. CAN WE GO INTO CEILING?                      YES ☐ NO ☐

B. HOW FAR?                      \_\_\_\_\_ ' \_\_\_\_\_ "

C. WHAT IS CEILING MATERIAL? \_\_\_\_\_

3. WHAT IS FLOOR MATERIAL? \_\_\_\_\_

A. CAN WE GO INTO FLOOR?                      YES ☐ NO ☐

B. CAN WE GO UNDER FLOOR?                      YES ☐ NO ☐

C. HOW FAR?                      \_\_\_\_\_ ' \_\_\_\_\_ "

4. CAN WE GO INTO ALL WALLS?                      YES ☐ NO ☐

A. HOW FAR?                      \_\_\_\_\_ ' \_\_\_\_\_ "

B. IF NO WHICH ONES CAN'T BE USED? \_\_\_\_\_

*☞ Note: Clearly identify on sketch or blueprint.*

C. WHAT IS WALL MATERIAL? \_\_\_\_\_

5. WHAT IS INCOMING ELECTRIC TO FACILITY?

3-PHASE ☐ VOLT \_\_\_\_\_ REMAINING CAPACITY IN AMPS \_\_\_\_\_

1-PHASE ☐ VOLT \_\_\_\_\_ REMAINING CAPACITY IN AMPS \_\_\_\_\_

6. WHAT VOLTAGE DO YOU WISH US TO SPECIFY FOR THE X-RAY GENERATOR.

3-PHASE ☐ VOLT \_\_\_\_\_

1-PHASE ☐ VOLT \_\_\_\_\_

7. IS THERE AN EXISTING MAIN DISCONNECT IN ROOM?

YES ☐ NO ☐

PHASE \_\_\_\_\_ VOLTAGE \_\_\_\_\_ BREAKER SIZE \_\_\_\_\_

A. LOCATE ON SKETCH OR BLUEPRINT.

DONE ☐

8. IS THERE AN EXISTING SINGLE PHASE LOADCENTER IN ROOM?

YES ☐ NO ☐

MAIN SIZE \_\_\_\_\_

A. LOCATE ON SKETCH OR BLUEPRINT.

DONE ☐

B. LIST LOAD CENTER BREAKER SIZES AND ALL LOCATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. IF NECESSARY, CAN WE RELOCATE CIRCUIT BREAKER PANELS?

YES ☐ NO ☐

10. PLEASE SEND TO US A SET OF ARCHITECTURAL PLANS, PREFERABLY A CAD FILE(S) IN .DWG FORMAT. WE WILL ALSO ACCEPT SCALED PDF FILES, BLUEPRINTS, OR A SKETCH INCLUDING:

A. ALL OBSTRUCTIONS OR LIMITATIONS.

DONE ☐

B. ALL INNER-WALL DIMENSIONS.

DONE ☐

C. ALL DOORS, THEIR WIDTHS AND DIRECTION OF SWING.

DONE ☐

D. ALL ADJACENT ROOMS AND HALLWAYS.

DONE ☐

E. ALL DIMENSIONS OF ANY EXISTING ANGLED WALLS.

DONE ☐

*Note: A photo, scan, or fax of your sketch or blueprint cannot be used to produce an accurately scaled drawing.*

11. INCLUDE A COMPLETE LIST OF EQUIPMENT OR SALES QUOTE.

DONE ☐

*Note: Include all ancillary equipment to be planned for by us such as CR, DR, injectors, etc.*

REMEMBER TO RETAIN A COPY OF ALL INFORMATION SUBMITTED BY YOU FOR YOUR REFERENCE