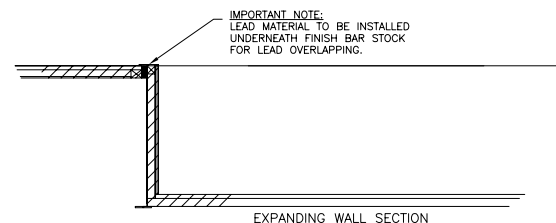
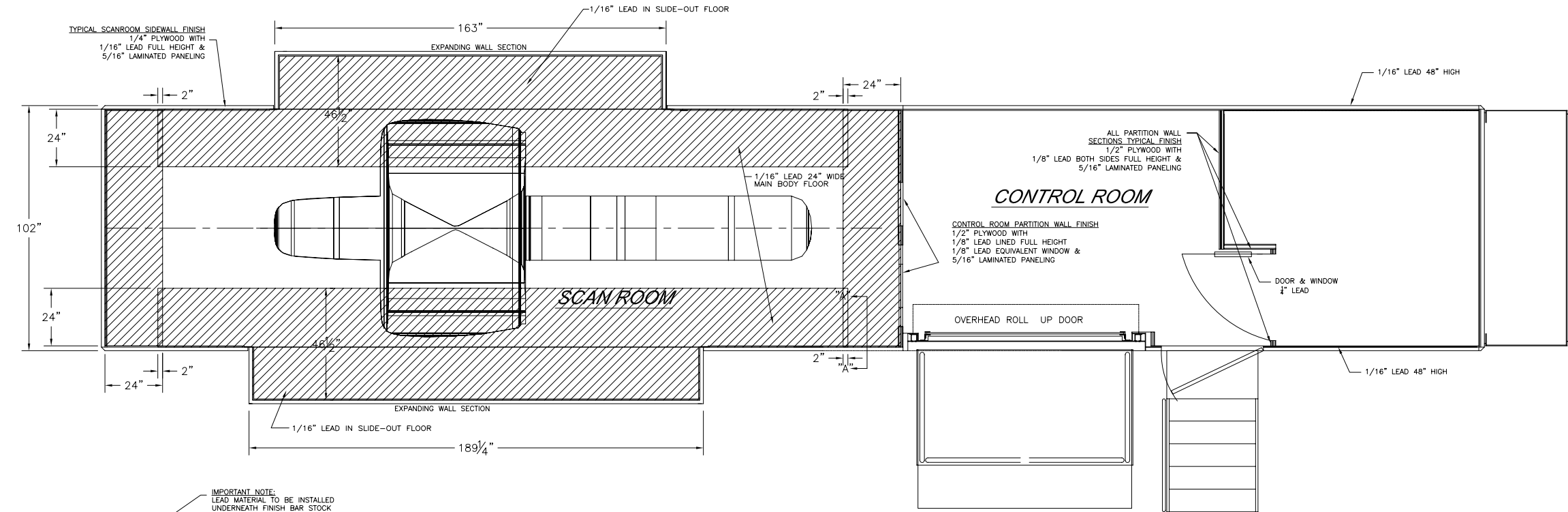


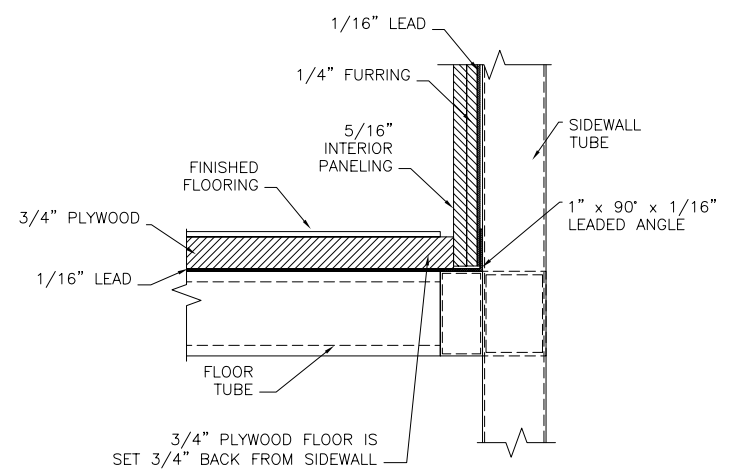
REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	REVISIONS	DESCRIPTION
00						



DETAIL "A"

PLAN VIEW

IMPORTANT NOTE:
 ALL WALLS IN SCAN ROOM INCLUDING EXPANDING WALL SECTIONS TO BE 1/16" LEAD LINED.
 LEAD IN SCAN ROOM WALL TO BE A MINIMUM OF 84" ABOVE FINISHED FLOOR
 ALL FLOOR, WALL AND CORNER SEAMS TO HAVE OVERLAPPING LEAD



SECTION "A-A"
SCALE: 1:2

CUSTOMER AUTHORIZATION

COMPANY NAME: _____

NAME (PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

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SHEET NUMBER: 1 OF 1	REFERENCE DRAWING:	TITLE: LEAD REQUIREMENTS - PLAN VIEW PHILIPS MEDICAL SYSTEM GEMINI PET/CT 8'-6" X 13'-6" X 48'-0" TRAILER	DATE: 31MAR05	SCALE: 1/2"=1'-0"
JOB#		OSHKOSH SPECIALTY VEHICLES	16745 S. LATHROP AVENUE HARVEY, IL. 60426 PHONE: (708) 596-5066 FAX: (708) 596-2480	CHECKED BY: DRAWING NUMBER: 10254-A18