CLINICAL EQUIPMENT BRIEF

Introduction

The following details for each piece of equipment are required to allow the MEP designers to complete the design and make allowances for the service connections.

Facility: .................................................................
Department: .........................................................
Room Name: .............................. Room No: ..............................
Equipment Manufacturer: ..........................................................
Equipment Model Ref: .............................. Equipment ADB Ref: ..............................

Physical Dimensions:
W........ mm D........ mm H ........ mm
Equipment weight ‘in use’ .............................................kgs

Manufacturers Recommended Spatial Allowance
W........ mm D........ mm H ........ mm
Equipment footprint including physical size and areas to be kept clear for access and maintenance.

Operating Temperature range: .........................°C
Operating Humidity range: .........................%saturation

Equipment Connections:

Electrical Supply
400V 3 Ph 50 Hz ........ A
230V 3 Ph 50 Hz ........ A   UPS requirement or integral??

Heat Emissions
Sensible ........ W
Latent ........ W

Water
CAT 5  Flow Rate .................. L/s  Pressure .................. Bar
Deionised water  Flow Rate .................. L/s  Pressure .................. Bar

Drainage ..... 

Connections and Waste Classification
Gases

Type 1: ........................................ Flow Rate .......... L/s  Pressure ............... Bar
Type 2: ........................................ Flow Rate .......... L/s  Pressure ............... Bar

Ventilation

External Exhaust .............. m³/s
Recirculating to space    Yes /No

Process Cooling

Water cooled equipment

Chilled Water Temperatures : ...........°C Flow : ...........°C Return
Flow Rate ........... L/s  Pressure .............. Bar
Air cooled equipment

Air supply Temperatures : ...........°C
Flow Rate ........... L/s