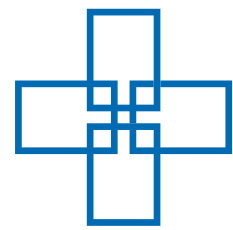


JUNE 2011



THE AUSTRALIAN HOSPITAL ENGINEER

S U P P O R T I N G H E A L T H F A C I L I T I E S M A N A G E M E N T



**Engineering Design Makes a
Difference to Patients**

Federal Budget and Hospitals

**Exercise Caution In
Choosing Safeties**

'A' GRADE HOSPITAL LIGHTING

A hospital's number one priority is patient care. Good lighting helps promote quality and competence within a hospital providing a welcome reassurance for patients. Hitachi recognises this and has designed a fluorescent tube that cares for patients' health and safety while providing the hospital with optimal light that lasts.

Introducing the Hitachi AAA fluorescent tube with a Cyanosis Observation Index (COI) below the Australian Hospital Standard and the highest Colour Rendition Index (CRI) of all lamps on the market. The Hitachi AAA has been tested, approved and is the recommended fluorescent tube for hospitals.

The Hitachi AAA tube uses a new type of high colour rendering phosphor for the highest CRI of 98 emitting the closest light output to natural light and reproduces all colours faithfully.

The Australian Hospital Standard COI must be below 3.3. The Hitachi AAA tube has 3.0 CRI, that's better than the Australian Hospital Standard so you can be sure that Hitachi AAA is the best lighting solution possible for your hospital and patients.

The AAA lamp emits absolutely no UV rays and will prevent discoloration and fading of objects and products while also caring for patients and staff in the hospital. ANL Lighting Marketing Manager Stephanie Leung says 'This makes the Hitachi AAA Fluorescent Tubes the best lighting option for operating theatres, patient treatment rooms, consultation rooms, accident emergency areas and other areas within a hospital that require perfect colour rendition of skin.'

The Hitachi AAA tubes have a long life of 10,000 hours and hold a 1-year warranty that covers lamp failure and fading and is available in two sizes, a 20Watt and 40Watt lamp. COI has been calculated in accordance with the method described in Appendix G of AS1680.2.5 : 1997.



For further information:
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