



Whitehall Manufacturing®
Manufacturer of Healthcare and Rehabilitation Products since 1946

Extremity Whirlpools

Division of
Acorn Engineering Company®



A MEMBER OF



Use



E Series 45 Gallon Mobile Whirlpool

E-45-M



E-45-M

Whitehall E-45-M Mobile Whirlpools are recommended for treatment of the upper extremities and the lower leg below the knee.

Tank Capacity is 45 gallons.

Whirlpool Tank is 32"L x 15"W x 25"D and is seam-less welded construction, fabricated from heavy gauge, type 304 stainless steel, polished to a satin finish. Tank rim is reinforced with a concealed stainless steel rod. Tank bottom is a seamless, coved (rounded) design for effective cleaning to minimize bacteria buildup.

Heavy Duty Swivel Casters support all mobile models. Rear pair of casters are lockable for stabilizing whirlpool during treatment.

Turbine Raising and Lowering Device permits adjustment of desired height and direction of water agitation towards the area of the body to be treated. It is spring balanced and provided with a locking device.

Turbine Assembly functions both as agitator and emptying device. It is equipped with Underwriters Laboratory listed 1/2 HP jet pump motor protected with an ABS plastic shell, automatic thermal overload protector, and lifetime-sealed bearings. All parts contacting the water are stainless steel, chrome plated brass or bronze.

Drain option -SDP has a bottom drain, leading to a separate, concealed water evacuation pump. A hose is attached to the side of the unit to facilitate the evacuation.

Thermometer is provided with a dual scale, adjustable calibration, and a stem inserts into a retainer to prevent rattle during whirlpool agitation.

GUIDE SPECIFICATIONS

Provide Whitehall Mobile Whirlpool (specify model number and options) with a 45-gallon capacity, 32"L x 15"W x 25"D. Whirlpool shall be fabricated from heavy gauge, type 304 stainless steel. Construction shall be seamless welded and exposed surfaces shall be polished to satin finish. Bottom of tank shall be a seamless, rounded coved design to minimize bacteria build up. Whirlpool shall have heavy duty swivel casters with locking device on rear pair of casters. Provide a turbine assembly with raising and lowering device which functions both as agitator and emptying device, permits adjustment of desired height, direction of water agitation, and can be locked into place. Turbine assembly shall be UL listed 1/2 HP jet pump motor with automatic thermal overload protector and lifetime-sealed bearings. Provide a thermometer with a stem retainer to prevent rattling when whirlpool is in operation.

Please visit www.whitehallmfg.com
for most current specifications.



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Recyclable
Product

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E-45-M

Updated: 10/02/18



MODEL NUMBER AND OPTION SELECTIONS

Series

E Extremity Series

Capacity

-45 Gallons

Type

-M Mobile Whirlpool

Turbine Electrical Requirements

115VAC / 50Hz 115VAC / 60HZ

230VAC / 50Hz 230VAC / 60HZ

Country of Use _____

For Mixing Valve:

Refer to supplemental MXT15 sheet for details.

Suffix Options (See Whirlpool Options Section for Details)

- ADH Auxiliary Drain Hose Assembly
- AHC1 Adjustable High Chair with Casters
- AHC2 Adjustable High Chair with Rubber Tips
- ALC Adjustable Low Chair
- ALS Adjustable Low Stool
- ARS Arm Rest Support
- EG Enviro Glaze Color Powder Coating
Specify Color: _____
(Special Finishes Consult Factory)
- GFI Ground Fault Interrupter
- PCS Pump Strainer Cover
- SDP Separate Drain Pump

ELECTRIC REQUIREMENTS: Amps: 6.9/6.2 Hertz: 50/60 Volts: 115 GFI Receptacle	ELECTRIC REQUIREMENTS: Amps: 3.5/3.1 Hertz: 50/60 Volts: 230 GFI Receptacle	Certified per US & Canadian Medical Standards; UL 60601-1 & CSA C22.2 No. 601.1	Certified per European Standards; IEC 60601-1
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CSA C22.2 No. 60601-1

MOBILE E-45-M SERIES WHIRLPOOL

NOTES:

1. 1/2 hp Jet Pump Motor
2. Variable Pressure Control
3. Thermometer

4. Stainless Steel Tank
5. Auxiliary Drain Valve
6. Turbine Raising & Lowering Device

⚠ WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov

SELECTION SUMMARY & APPROVAL FOR MANUFACTURING

Model Number & Options _____ Quantity _____

Company _____ Date _____

Contact _____ Title _____

Approval for Manufacturing/Signature _____