NEMA Classification of Motor Enclosures

Open motors (40 C rise) are self-ventilated machines having no restriction to ventilation other than that necessitated by mechanical construction.

Protected motors (50 C rise) have all ventilating openings in the frame protected by perforated covers.

Semi-Protected motors (50 C rise) have the ventilating openings in the top half of the frame only protected by perforated covers.

Drip Proof motors (50C rise) are so constructed that drops of liquid or solid particles falling on the machine at any angle not greater than 15 deg from the vertical cannot enter the machine either directly or by striking and running along a horizontal or inclined surface.

Splash Proof motors (50 C rise) are so constructed that drops of liquid or solid particles falling on the machine or coming towards it in a straight line at any angle not greater than 100 deg from the vertical cannot enter the machine either directly or by striking and running along the surface.

Totally Enclosed Non-Ventilated motors (55 C rise) are so constructed as to prevent exchange of air between the inside and outside of the case.

Totally Enclosed Fan-Cooled Motors (55 C rise) are similar to totally enclosed, non-ventilated machines except that exterior cooling is provided by means of a fan or fans integral with the machine.

Explosion Proof motors (55 C rise) have an enclosing case designed to withstand an explosion of a specified gas or vapor which may occur within it, and to prevent the ignition of the gas or vapor surrounding the motor by sparks, flashes, or explosion of the gas or vapor which may occur within the machine casing.

Water Proof motors (55 C rise) are so constructed as to exclude water applied in the form of a stream from a hose.

Dust Tight motors (55 C rise) are so constructed that the enclosing case will exclude dust.

Motor Speed Classifications

A Constant Speed Motor is one in which the speed remains practically constant with changes in load; *e.g.*, a d-c shunt wound motor or a-c squirrel-cage motor with low slip.

A Varying Speed Motor is one in which the speed varies with the load, usually decreasing when the load increases; *e.g.*, a d-c series motor or an induction motor with large slip.

An Adjustable Varying Speed Motor is one in which the speed can be adjusted gradually, but when once adjusted for a given load will vary in considerable degree with change in load; *e.g.*, a shunt wound d-c motor adjusted by armature resistance control.

An Adjustable Speed Motor is one in which the speed can be varied gradually over a considerable range, but when once adjusted remains practically unaffected by the load; *e.g.*, a d-c shunt motor with field resistance control. The standard ratings for open type, adjustable speed motors, having a speed range of 3 to 1 and greater are in accordance with the following:

(1) A standard continuous horsepower rating at 150 per cent of minimum speed with a temperature rise of 40 C.

(2) The next higher standard continuous horsepower rating at 3 times minimum speed with a temperature rise of 40 C.

(3) Between 150 per cent of minimum speed and 3 times minimum speed, the standard continuous horsepower rating with a temperature rise of 40 C will vary with the speed along a straight line connecting these two horsepower ratings. No further increase in horsepower is recognized above 3 times minimum speed.

(4) Below 150 per cent of minimum speed the lower continuous horsepower rating (see preceding item 1) will apply with a temperature rise of 50 C.

(5) Motors may also be rated 1 hour with temperature rise of 50 C with the higher horsepower rating (see preceding item 2) throughout the entire speed range.

Example: 20/25 hp, 400 to 1600 rpm. This motor may be rated 25 hp, 50 C, 400/1600 rpm; 1 hour.

Mechanical Modifications

Vertical Mountings are available for such applications as pumps, agitators, and so forth. This type of application may require a special umbrella-type hood to protect against dripping liquids.

Flanged Mountings are available for use where motors are built in as part of machines. Motors may also be supplied with flush plate mountings, suitable for close coupled pump and similar applications.

CHAPTER 36

Air Conditioning in the Treatment of Disease

Operating Rooms, Reducing Explosion Hazards, Nurseries for Premature Infants, Fever Therapy, Cold Therapy, High Temperature Hazards, Control of Allergic Disorders, Oxygen Therapy, General Hospital Air Conditioning

IN the past few years air conditioning has made considerable progress as an adjunct in the treatment of various diseases. Among the important applications are those in operating rooms, nurseries for premature infants, maternity and delivery rooms, children's wards, clinics for arthritic patients, heat therapy, cold therapy, oxygen therapy, X-ray rooms, the control of allergic disorders, and for the physiological effects in industry.

OPERATING ROOMS

The widest application of air conditioning in hospitals is in operating rooms. Complete air conditioning of operating wards is important because winter humidification helps reduce the danger of anesthetic gases; summer cooling with some dehumidification is needed to eliminate excessive fatigue and to protect the patient and operating personnel; and finally, filtering for the removal of allergens from the operating room air.

Reducing Explosion Hazard

Explosion hazards in operating rooms began with the introduction of modern anesthetic gases and apparatus. Ether administered by the old drop method gives rise to an explosive mixture, but in practice this method is still regarded as comparatively safe. When ether is mixed with pure oxygen, or nitrous oxide in certain concentrations, the explosion hazard may be as great as with ethylene-oxygen, or cyclopropane-oxygen mixtures[1].

During the course of ethylene anesthesia, the mixture, usually 80 per cent ethylene and 20 per cent oxygen, is so rich that the danger of explosion is slight in the immediate vicinity of the face mask, but leakage of ethylene into the air may accumulate to any lower concentration, and thus introduce a serious hazard. The most dangerous period is at the end of the operation when the patient's lungs and the anesthesia apparatus are customarily *washed out* with oxygen with or without the addition of carbon dioxide. Even when this procedure is omitted, it is difficult in practice to avoid dilution of the anesthetic gas with air during the normal course of breathing following the administration. In either case the mixture would pass through the explosion range and extraordinary precaution is necessary for the safety of the patient and operating personnel. Static sparks may result from accumulation of frictional charges on the rubber surfaces of the anesthetic apparatus, on woolen blankets, and on the bodies of the operators as they walk on insulated floors, when the humidity is low.

In a recent study[2] of 230 anesthetic explosions and fires, 70 per cent of the explosions and 60 per cent of the deaths were caused by igniting

[1]Safeguarding the Operating Room Against Explosions, by Victor B. Phillips (*Modern Hospital*, 46, April and May, 1936).

See also Explosion Hazards of Combustible Anesthetics, by G. W. Jones, R. E. Kennedy and G. J. Thomas (*U. S. Bureau of Mines, Technical Paper* No. 653, 1943).

[2]The Hazard of Fire and Explosion in Anesthesia, by B. A. Green (*Anesthesiology* 2:144, 1941).