City of Aurora
Building Division
15151 E Alameda Pkwy
Aurora, CO 80012
(303) 739-7420

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THE MEDICAL CENTER OF AURORA
WOUND CARE CENTER
1400 S. POTOMAC ST., SUITE #110 AURORA, CO 80012

A separate construction permit is required for installation of or modification to an automatic fire-extinguishing system. Construction documents for fire protection systems shall be submitted for review and approval prior to system installation. Approval of documents is required prior to installation or request for inspection. 2009 IFC, Section 105.7.1.

A separate construction permit is required for installation of or modification to an automatic fire-alarm. Construction documents for alarm systems shall be submitted for review and approval prior to system installation. Approval of documents is required prior to installation or request for inspection. 2009 IFC, Section 105.7.5.

PROJECT TEAM

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TomThompsonArchitect@gmail.com

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7995 E PRENTICE AVE.
GREENWOOD VILLAGE, CO 80111
CONTACT:
JEFF MANDRELL
(303) 409-6545
jmandrell@ssr-inc.com

OWNER:
MEDICAL CENTER OF AURORA
1501 S. POTOMAC STREET
AURORA, CO 80012
303.873.4895

DIRECTOR OF FACILITIES:
GREG MENKE
Gregory.Menke@HCAHealthcare.com

BLDG MANAGEMENT:
CBRE
730 POTOMAC ST., SUITE 116
AURORA, CO 80011

CONTACT:
NICOLE BUDLONG
303.360.3178
nicole.budlong@cbre.com

CONTRACTOR:
BFC CONSTRUCTION
ARVADA, CO
303.210.3851

CONTACT:
BRENT FLEETWOOD
BFC.BRENT@COMCAST.NET

GENERAL NOTES

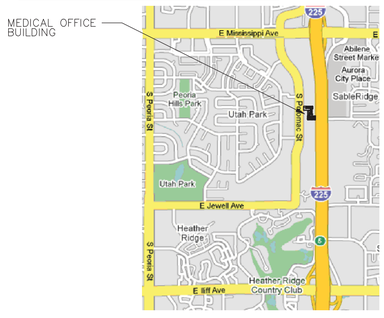
1. ALL WORK SHALL BE PERFORMED IN STRICT CONFORMANCE WITH ALL LOCAL LAWS, ORDINANCES, RULES, REGULATIONS AND CODES OF THE GOVERNMENT AUTHORITIES HAVING JURISDICTION.
2. DIMENSIONS ARE TO FINISHED FACE OF GYPSUM WALL BOARD OR FACE OF EXISTING BASE BUILDING CONSTRUCTION, UNLESS NOTED OTHERWISE.
3. VERIFY ALL ROUGH-IN DIMENSIONS AND ELECTRICAL REQUIREMENTS FOR EQUIPMENT. COORDINATE OUTLET PLACEMENT WITH CASEWORK.
4. CONTRACTOR SHALL NOTIFY OWNER BEFORE COMMENCING WORK ON ANY ITEMS NOT CLEARLY DEFINED.
5. CHANGES OR DEVIATIONS FROM THE PLANS MADE WITHOUT THE CONSENT OF OWNER ARE UNAUTHORIZED.
6. G.C. TO PROVIDE SEALANT AROUND ALL PLUMBING FIXTURES, PIPING AND EQUIPMENT ABUTTING OR PENETRATING A WALL OR PARTITION. COLOR TO MATCH.
7. INSTALL FIRE-SAFING INSULATION, PUTTY OR FIRE-RATED INTUMESCENT-TYPE SEALANT (INCLUDING PIPE-SLEEVES, DAMMING BOARDS AND ACCESSORIES) AROUND ALL PENETRATIONS THROUGH FIRE-RATED PARTITIONS, FLOORS AND WALLS PER MANUFACTURER'S TESTED INSTALLATION FOR APPLICATION AND REQUIRED RATING.
8. ALL ELECTRICAL AND MECHANICAL DEVICES OR APPLIANCES INSTALLED ON THIS PROJECT SHALL BE UL LISTED.
9. WHERE REMODELING IS TO OCCUR, THE CONTRACTOR SHALL PRESENT A WORKABLE PHASING PLAN TO THE OWNER PRIOR TO COMMENCEMENT OF WORK WITHIN THE AFFECTED AREA. CONTRACTOR SHALL ALSO KEEP THE OWNER APPRISED OF ANY VARIATIONS IN PHASING PLAN THAT WILL AFFECT THE OPERATION OF THE OWNER'S BUSINESS.
10. CONTRACTOR SHALL PRESENT A WORKABLE PLAN TO MAINTAIN SECURITY AND SAFETY OF THE OWNER'S BUSINESS FOR AREAS AFFECTED BY CONSTRUCTION DURING THE ENTIRE PHASE OF CONSTRUCTION.
11. CONTRACTOR SHALL MINIMIZE DISRUPTION BY CONSTRUCTION WORK TO THE ONGOING BUSINESSES AND TRAFFIC IN THE VICINITY. CONSTRUCTION AREA SHALL BE ENCLOSED TO KEEP OTHER AREAS FREE OF DUST, DEBRIS & NOISE.
12. EMPLOYEES OR SUBCONTRACTORS OF THE GENERAL CONTRACTOR SHALL REFRAIN FROM PROFANE OR OFFENSIVE LANGUAGE WHILE ON THE PROJECT SITE AND SHALL REFRAIN FROM USING LOUD RADIOS OR OTHER MUSIC PLAYERS WHILE OWNERS AND/OR DESIGN TEAM IS ONSITE.
13. GENERAL CONTRACTOR SHALL COORDINATE APPROPRIATE PARKING ACCOMMODATIONS FOR EMPLOYEE AND SUBCONTRACTOR VEHICLES WITH OWNER PRIOR TO COMMENCEMENT OF WORK.
14. G.C. SHALL COORDINATE APPROPRIATE CONSTRUCTION STAGING AREAS AND TRASH REMOVAL. G.C. WILL BE RESPONSIBLE FOR OBTAINING A DUMPSTER AND TRASH PICKUP FROM JOB SITE ON A REGULAR BASIS.
15. SUBSTITUTIONS OF SPECIFIED PRODUCTS MAY NOT OCCUR UNLESS SPECIFICALLY NOTED ON DRAWINGS THAT "OR EQUAL" IS ACCEPTABLE. OWNER APPROVAL IS REQUIRED FOR ALL SUBSTITUTIONS CONSIDERED BY G.C. TO MEET "OR EQUAL" REQUIREMENTS PRIOR TO BID SUBMISSION/INSTALLATION.
16. APPROVAL OF SHOP DRAWINGS DOES NOT IMPLY APPROVAL OF A SUBSTITUTED COLOR, SIZE OR FUNCTION OF AN ITEM SPECIFIED ON THESE CONTRACT DOCUMENTS UNLESS ATTENTION IS SPECIFICALLY CALLED TO THE REVISION AND APPROVAL IS GIVEN.
17. G.C. SHALL KEEP TOILET FACILITIES ON SITE CLEAN AND USABLE.
18. NO PLUMBING CLEAN-OUTS SHALL EXTEND INTO ROOM MORE THAN IS MINIMALLY REQUIRED. NO PIPE SHALL BE EXPOSED AND THERE SHALL BE ESCUTCHEON PLATES AT ALL GYPSUM WALL BOARD PENETRATIONS.
19. MULTIPLE SWITCHES SHALL BE GANGED IN SINGLE BOXES WITH COVER PLATE COLORS/ DEVICES TO BE WHITE, SWITCH PLATES SHALL ALIGN. .
20. GENERAL CONTRACTOR SHALL PROVIDE FIRE SPRINKLER DESIGN/BUILD AS PART OF SCOPE OF WORK. ALL SPRINKLER HEADS SHALL BE FLUSH MOUNTED CONCEALED STYLE TO MATCH HOSPITAL STANDARDS. SPRINKLER HEADS SHALL BE PLACED IN CENTER OF AFFECTED CEILING TILE.

Code violations that are found during inspection are required to be corrected. Permit issuance does not grant approval of a code violation. **2009 IBC 105.4**

Structural plan review is limited to a general survey for code compliance. No review is implied nor was undertaken to verify structural adequacy.

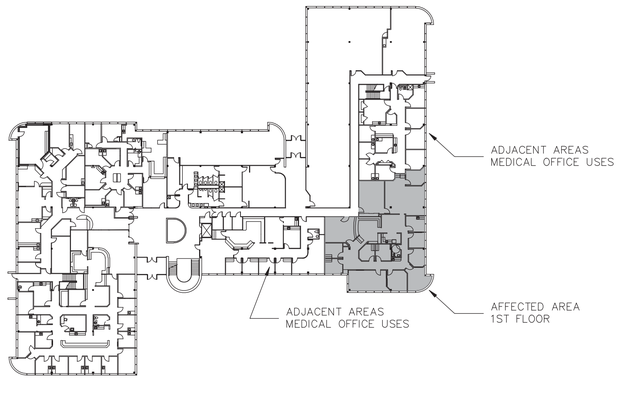
Medicle Gas by Special Inspection only

VICINITY MAP



KEY PLAN

NOT TO SCALE



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CODE INFORMATION SUMMARY

PROJECT NAME:	TMCA WOUND CARE CENTER
PROJECT ADDRESS:	1400 S. POTOMAC ST., SUITE #110 AURORA, CO 80012
CONSTRUCTION TYPE:	UBC: IIN SPK 2 STORY BUILDING / FLOOR AREA OF BLDG = 54,219 SF HEIGHT OF BUILDING = 28'-1/2"
OCCUPANCY CLASSIFICATION:	GROUP B MEDICAL OFFICE BUILDING
PROJECT TYPE:	TENANT IMPROVEMENTS (RENOVATION OF EXISTING SPACE)
PROJECT SQUARE FOOTAGE:	LIMITS OF RENOVATION FLOOR TOTAL 3,530 SF
OCCUPANCY/LOAD FACTOR:	BUSINESS / 100 SF PER OCC
OCCUPANT LOAD:	3,530 SF/100 = 35 OCCUPANTS (MAXIMUM)
SPRINKLER SYSTEM:	FULLY SPRINKLED
APPLICABLE CODES:	2009 INTERNATIONAL BUILDING CODE (IBC) 2009 INTERNATIONAL EXISTING BUILDING CODE (IEBC) 2009 INTERNATIONAL MECHANICAL CODE (IMC) 2009 INTERNATIONAL PLUMBING CODE (IPC) 2009 INTERNATIONAL FIRE CODE (IFC) 2011 NATIONAL ELECTRICAL CODE (NEC) 2009 INTERNATIONAL ENERGY CONSERVATION CODE (IECC) 1999 NFPA 99 HEALTH CARE FACILITIES 2000 NFPA 101 LIFE SAFETY CODE 2012 NFPA 101 LIFE SAFETY CODE 2006 AIA/FGI DESIGN GUIDELINES 2003 ICC/ANSI A117.1 ACCESSIBLE USABLE BUILDINGS & FACILITIES CHAPTER 22 BUILDINGS & REGULATIONS: THE AURORA BUILDING & ZONING CODES CHAPTER 66 FIRE PREVENTION & PROTECTION REGULATIONS: THE AURORA BUILDING & ZONING CODES

1

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EXITS: 2 EXISTING EXITS TO REMAIN. MINIMUM EGRESS PATH CLEARANCE WIDTH = 48", MINIMUM EXIT DOOR CLEARANCE WIDTH = 36"
FIRST LEVEL OF TWO STORY BUILDING. FURTHEST DISTANCE OF COMMON PATH OF TRAVEL FROM REMOTE LOCATION TO AN EXIT - 75'-6"

FIRE PROTECTION: FULLY SPRINKLED, EXISTING/MODIFIED LOCAL SMOKE DETECTOR-STROBE ALARM

CODE NOTES

A. EXISTING SHAFTS, STAIRS, AND ELEVATORS ARE TO REMAIN WITHOUT MODIFICATION

B. FIRE ALARM AND SPRINKLER SYSTEMS WILL BE MODIFIED ONLY TO THE EXTENT REQUIRED TO ACCOMMODATE FLOOR PLAN CHANGES SHOWN

C. FIRE RATED WALL ASSEMBLIES WILL BE MODIFIED ONLY AS REQUIRED WHERE INFILL WORK OR REMODEL TO CORRIDOR OCCURS

RSN: *848551*
Permit #: *2013-794562*

VENDOR LIST

FLOORING
COMMERCIAL FLOORING SERVICES
13100 E. ALBROOK DR. STE 800
AURORA, CO 80239
CONTACT: COREY WERNER (303) 289-4462

NURSE CALL, TELEVISIONS, PHONE, INTERCOM
BECK'S COMMUNICATION SYSTEMS
7165 IVY ST
COMMERCE CITY, CO 80022
CONTACT: DANIEL (303) 916-9069

PPS INTERIORS
CONTACT:
BOB PICKERILL
ROBERTPICKERILL@COMCAST.NET
(303) 730-0608

OFFICESCAPES
9900 EAST 51ST AVENUE
DENVER, CO 80238
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SWALTER@OFFICESCAPES.COM
303.307.3676

ART FORM SIGNS & LIGHTING, INC.
CONTACT:
DIANNE KERSTING
(303) 975-4641 EX. 1
DIANNEK@ARTFORMSIGNS.COM

DWG. FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

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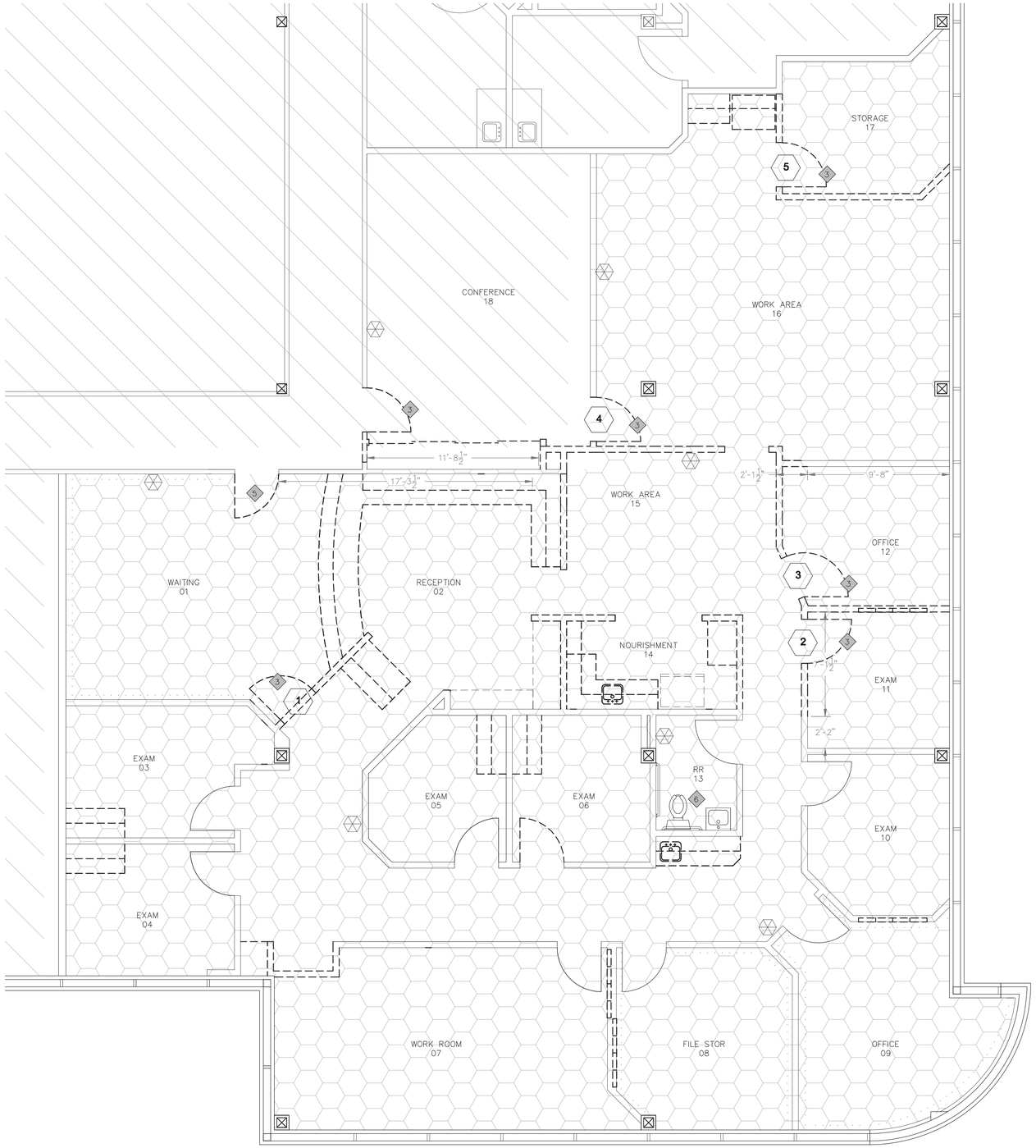
STATE OF COLORADO
TOM THOMPSON
305692
LICENSED ARCHITECT
10.21.13

PROJECT NO.: 13-07

DRAWN BY: TH
CHECKED BY: TT
SCALE:
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
COVER SHEET

SHEET NO.:
A0.0



DEMOLITION LEGEND:	
-----	REMOVE WALL, EQUIPMENT & FIXTURES AS INDICATED BY DASHED LINE
———	EXISTING WALL TO REMAIN
	REMOVE & DISPOSE OF EXISTING CASEWORK
	REMOVE EXISTING FLOORING AS INDICATED BY HATCH PATTERN
	REMOVE EXISTING DOOR & FRAME AS INDICATED.
	REMOVE WALL COVERING / SKIM WALLS AND PREPARE SURFACE FOR NEW FINISH.
X	SALVAGE DOOR, FRAME & HARDWARE. NUMBER INDICATES DOOR ON SCHEDULE, RE: SHEET A1.4
	EXISTING FIRE ALARM/STROBE. PRESERVE EQUIPMENT. RE: ELECTRIC PLANS FOR NEW LOCATIONS

KEY NOTES

1. REMOVE & DISPOSE OF VIEW BOX. PATCH & REPAIR OPENING, PREPARE WALL TO RECEIVE NEW FINISH.
2. REMOVE & SALVAGE STAINLESS STEEL SINK FOR REUSE, CAP PLUMB LINES AT WALL OR FLOOR & PREPARE FOR NEW FINISHES.
3. REMOVE DOOR & FRAME, SALVAGE FOR REUSE. PRESERVE HARDWARE & LOCKSET
4. EXISTING EQUIPMENT OR FIXTURE TO REMAIN
5. REMOVE DOOR & SALVAGE FOR PROPERTY MANAGER. FRAME REMAINS TO ACCEPT NEW FIRE RATED DOOR.
6. ALL PLUMBING FIXTURES & GRAB BARS TO REMAIN. REMOVE FAUCET & TOILET PAPER DISPENSER ONLY

DEMOLITION GENERAL NOTES	
A.	REMOVE & SALVAGE ALL DOORS & FRAMES FOR REUSE AS INDICATED. ANY UNUSED DOORS & FRAMES CONSULT PROPERTY MANAGER FOR DIRECTION.
B.	DEMO & DISPOSE ALL MATERIALS AND DEBRIS AS SHOWN. GC TO SUPPLY DUMPSTER / COORDINATE WITH PROPERTY MANAGER FOR LOCATION.
C.	WHERE OUTLETS, MOUNTING BRACKETS, EQUIPMENT, ETC., HAVE BEEN REMOVED, PATCH WALL AS REQUIRED FOR NEW LEVEL AND FINISH.
D.	SKIM WALLS AS INDICATED FOR A SMOOTH WALL FINISH. PREPARE WALLS FOR NEW PAINT.
E.	COORDINATE WITH THE OWNER ANY ITEMS TO BE STORED AND/OR RELOCATED.
F.	DEMOLITION WORK SHALL BE EXECUTED IN CONFORMANCE WITH ALL CODES AND AS SET FORTH BY ALL GOVERNING AUTHORITIES.
G.	NOTIFY PROJECT MANAGER IMMEDIATELY IF THE REMOVAL OF MECHANICAL, ELECTRICAL, PLUMBING SYSTEMS OR COMPONENTS WILL ADVERSELY AFFECT THE OPERATION OF MEP SYSTEMS OUTSIDE THE LIMIT OF DEMOLITION.
H.	WHERE POSSIBLE, PRESERVE EXISTING SMOKE DETECTORS & STROBE UNITS AND REINSTALL AS SHOWN IN FIRE/ELECTRICAL PLANS.
I.	PRESERVE SPEAKERS AND RELOCATE, RE: RCP
J.	SALVAGE ALL STAINLESS STEEL SINKS; RELOCATE ON FLOOR PLAN. DISPOSE OF ALL FAUCET HARDWARE. CONTRACTOR TO SUPPLY ANY NEW SINKS & FAUCETS WITH SUBMITTAL.
K.	REMOVE & DISPOSE OF ALL EXISTING MODULAR FURNITURE & MODULAR WALL PARTITIONS.
L.	REMOVE ALL EXISTING WIRING, RACEWAYS, SUPPORT MECHANISMS AND OTHER ABOVE CEILING ITEMS NOT SCHEDULED FOR REUSE. TERMINATE AT THE SOURCE. MAINTAIN CIRCUIT CONTINUITY TO REMAINING ELECTRICAL DEVICES.
M.	REFER TO ELECTRICAL, MECHANICAL, PLUMBING DEMOLITION PLANS FOR LOCATIONS & DESCRIPTIONS.
N.	SALVAGE ALL DOOR HARDWARE REUSE ACCORDINGLY. RE: SCHEDULE A1.4

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Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

NORTH

DEMO PLAN
1/4" = 1'

DWG. FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
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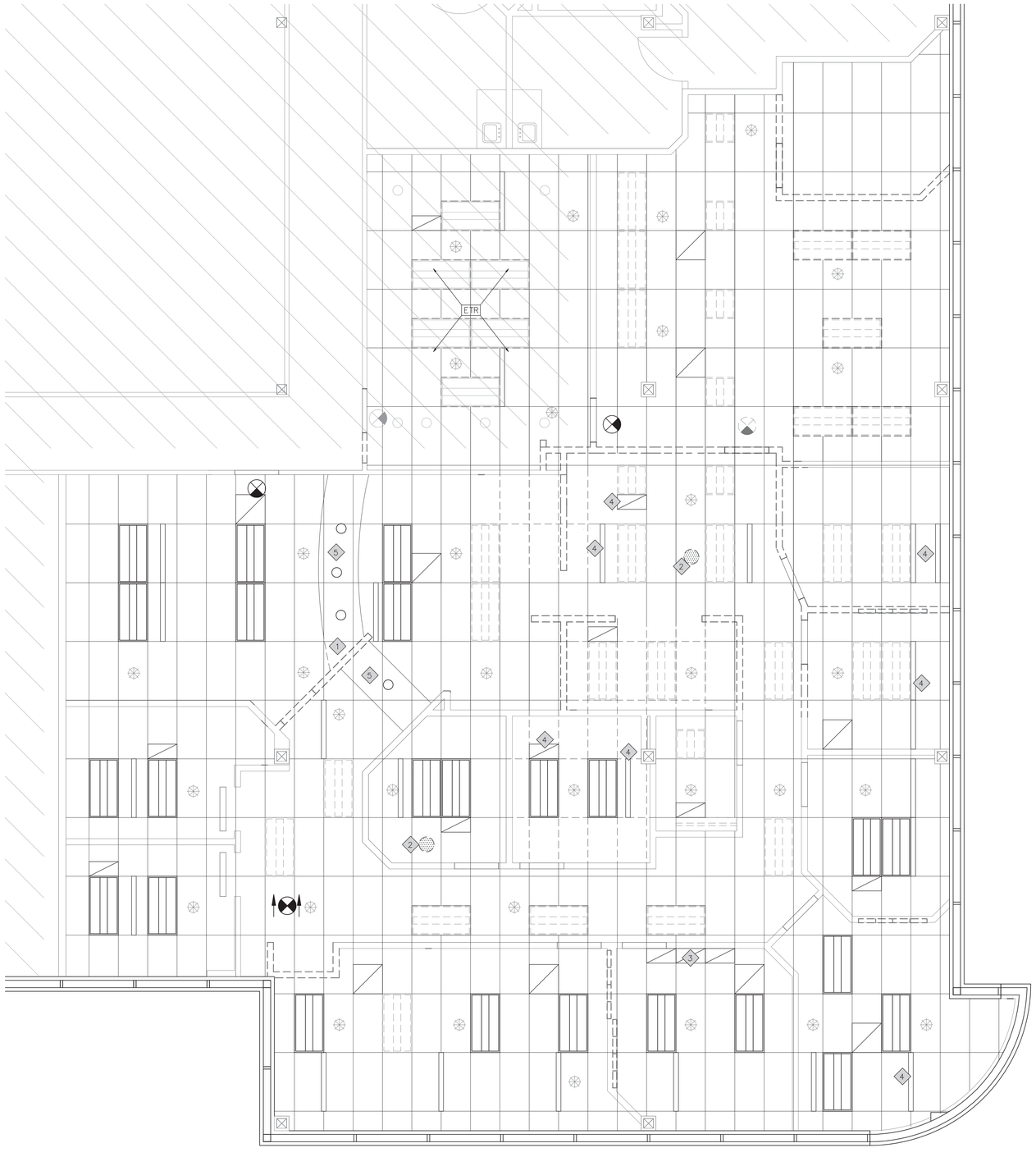
STATE OF COLORADO
TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

DRAWN BY: TH, JR
CHECKED BY: TT
SCALE:
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
DEMO PLAN

SHEET NO.:
A1.0



CEILING DEMOLITION LEGEND:	
	EXISTING SUPPLY AIR DIFFUSER TO REMAIN OR RELOCATE AS NEEDED.
	EXISTING RETURN AIR DIFFUSER TO REMAIN OR RELOCATE AS NEEDED.
	REMOVE & SALVAGE 2'x4' FLUORESCENT LIGHT FIXTURE FOR RELOCATION. RE: CEILING PLAN
	REMOVE & SALVAGE 2'x2' FLUORESCENT LIGHT FIXTURE FOR RELOCATION. RE: CEILING PLAN
	EXISTING LIGHT FIXTURE TO REMAIN
	EXISTING SUSPENDED 2' X 4' GRID CEILING SYSTEM TO REMAIN.
	REMOVE EXISTING SUSPENDED 2' X 4' GRID CEILING SYSTEM AS SHOWN BY DASHED LINES.
	EXISTING 6" CAN FLUORESCENT LIGHT FIXTURE TO REMAIN
	EXISTING EXIT LIGHT TO REMAIN/RELOCATE. RE: CEILING PLAN.
	EXISTING FIRE SPRINKLER SYSTEM. PRESERVE EQUIPMENT. RE: CONTRACTOR SUPPLIED VENDOR FIRE SPRINKLER PLANS FOR NEW LOCATIONS

GENERAL NOTES	
A.	REMOVE & DISPOSE OF ALL EXISTING CEILING TILE. REMOVE GRID WHERE NECESSARY AND AS IDENTIFIED BY THE LEGEND. RE: RCP FOR NEW CEILING GRID LAYOUT
B.	SALVAGE ALL EXISTING LIGHT FIXTURES INCLUDING EXIT SIGNS. COORDINATE WITH PROPERTY MANAGER FOR DIRECTION ON EXCESS, UNUSED FIXTURES.
C.	REFER TO ELECTRICAL ENGINEERED SET, SHEET E1.0 FOR ELECTRICAL DEMOLITION NOTES

KEY NOTES

1. REMOVE SECTION OF EXISTING SOFFIT TO ACCOMMODATE NEW WALL. RE: FLOOR/CEILING PLAN
2. REMOVE & DISPOSE OF CEILING SPEAKERS
3. REMOVE & SALVAGE EXISTING 1' x 2' RETURN AIR DIFFUSERS. REPLACE WITH CEILING TILE
4. REMOVE & RELOCATE EXISTING SUPPLY/RETURN AIR DIFFUSERS
5. CUT BACK EXISTING SOFFIT TO A HEIGHT EQUAL TO 7'-6" AFF TO BOTTOM OF SOFFIT

City of Aurora Building Division
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NORTH

CEILING DEMO PLAN
1/4" = 1'

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10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

DRAWN BY: TH, JR
CHECKED BY: TT
SCALE: 1/4" = 1'
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
CEILING DEMO PLAN

SHEET NO.:
A1.1



GENERAL NOTES

A.	ALL FIXED EQUIPMENT - OWNER SUPPLIED / CONTRACTOR INSTALLED.
B.	EXISTING FIRE SPRINKLER HEADS TO REMAIN WHERE POSSIBLE; RELOCATE AS NEEDED.
C.	ALL CABLING TO BE PLENUM RATED
D.	CHAMBER VENDOR, SECHRIST, WILL PROVIDE ALL NECESSARY HOSES TO CONNECT CHAMBERS TO THE UTILITY CONNECTIONS @ WALL OUTLETS..
E.	ALL UTILITY CONNECTIONS MUST BE WITHIN 4 FEET OF THE REAR OF CHAMBER.
F.	HATCHED WALLS INDICATE APPLY BLOWN INSULATION FOR SOUND DAMPENING.
G.	PROVIDE THE REQUIRED SUPPORT BACKING ACCORDING TO STATIC & POTENTIAL WEIGHT LOADS TO ALL WALL FIXED ITEMS. BACKING MATERIAL MUST BE NON-COMBUSTIBLE, FIRE RETARDANT TREATED OR METAL. MATERIAL MUST SHOW IDENTIFICATION AND MEET ALL BUILDING CODES.
H.	WHERE NEW WALLS TIE INTO EXISTING, ALIGN WALL FINISHED FACES.
I.	FIRE EXTINGUISHER CABINET SHALL BE MOUNTED AT MAXIMUM OF 48" A.F.F. TO TOP OF CABINET HANDLE
J.	EXISTING PERIMETER BASE BOARD RADIATOR SYSTEM TO REMAIN. MODIFY INTERIOR PARTITIONS AROUND RADIATOR AS NEEDED. RE: DETAIL 3-A5.1
K.	WHERE FILE CABINETS ARE SHOWN, INSTALL META-BOX STYLE FILE DRAWERS.
L.	CONTRACTOR TO PROVIDE TO THE ARCHITECT SUBMITTALS FOR ALL NEW FIXTURES AND SHOP DRAWINGS FOR ALL MILLWORK.
M.	HAND GEL DISPENSER LOCATIONS. OWNER SUPPLIED / CONTRACTOR INSTALLED. RE: ELEVATION 1-A4.2
N.	CONFIRM POWER & DATA OUTLET LOCATIONS WITH ELEVATIONS AND CASEWORK PLACEMENT.
O.	PROVIDE DOOR STOPS AT ALL DOOR LOCATIONS, EITHER WALL MOUNTED OR FLOOR MOUNTED AS APPLICABLE. MATCH SPECIFIED HARDWARE
P.	PAINT ALL WALL HEATER REGISTERS TO MATCH WALL COLOR.
Q.	ALL TRENCHING & 2ND FLOOR WORK TO BE IMPLEMENTED AFTER HOURS & WEEKENDS.
R.	ANY AND ALL WOOD BEING USED FOR BACKING MUST BE FIRE RETARDANT TREATED WOOD.

Provide a tactile sign saying "**EXIT**" at each egress stairway, exit passageway or exit discharge **2009 IBC 1011.3 and 2003 ANSI A117.1**

Directional signage indicating the route to public facilities shall be posted. Such signage shall be located in a corridor or aisle, at the entrance to the facilities for customers. **2009 IPC 403.4.1**

Fire Life Safety Review Only
City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Van Essen*
Date: *Nov 08, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

KEY NOTES

1. EYE WASH STATION
2. NEW COAT HOOK @ 48" AFF, OWNER SUPPLIED, CONTRACTOR INSTALLED.
3. NEW WALL MOUNTED COMPUTER STATION. OWNER SUPPLIED / CONTRACTOR INSTALLED.
4. INSTALL WATER LINE FOR REFRIGERATOR/ICE MAKER/COFFEE MAKER/WATER COOLER.
6. NEW FIRE EXTINGUISHER CABINET LOCATION
7. OXYGEN STORAGE — All Oxygen Storage to be Outside Building
8. DINAMAP STORAGE
9. NEW SINK LOCATION W/ DUAL BEAM INFRARED SENSOR GOOSENECK FAUCET
10. NEW SINK LOCATION W/ PADDLE HANDLES & GOOSENECK FAUCET HARDWARE
11. PLUMBING FIXTURE REMAINS, WHERE SINK IS INDICATED, REPLACE EXISTING FAUCET HARDWARE W/ PADDLE HANDLES & GOOSENECK FAUCET HARDWARE
12. FURR OUT COLUMN W/ 3-5/8" STEEL STUDS TO HOUSE 2" OXYGEN PIPE, RE: DETAIL 2,3-A5.1 & MED GAS PLAN
13. NEW ZONE VALVE BOX, RE: MED GAS PLAN P1.2
14. ELECTRICAL QUAD OUTLET, INSTALL @ 48" A.F.F. RE: ELECTRIC PLAN FOR SPECIFICATIONS
15. NEW SLOP SINK LOCATION, RE: PLUMBING PLANS

Provide self closing or metering type of faucets in restrooms **2009 COA 22-326**

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FLOOR PLAN
1/4" = 1'

DWG FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

TOM THOMPSON ARCHITECT
2510 SOUTH OSCEOLA STREET
DENVER, COLORADO 80219
720.989.6084
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DESIGN LOT
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STATE OF COLORADO
TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

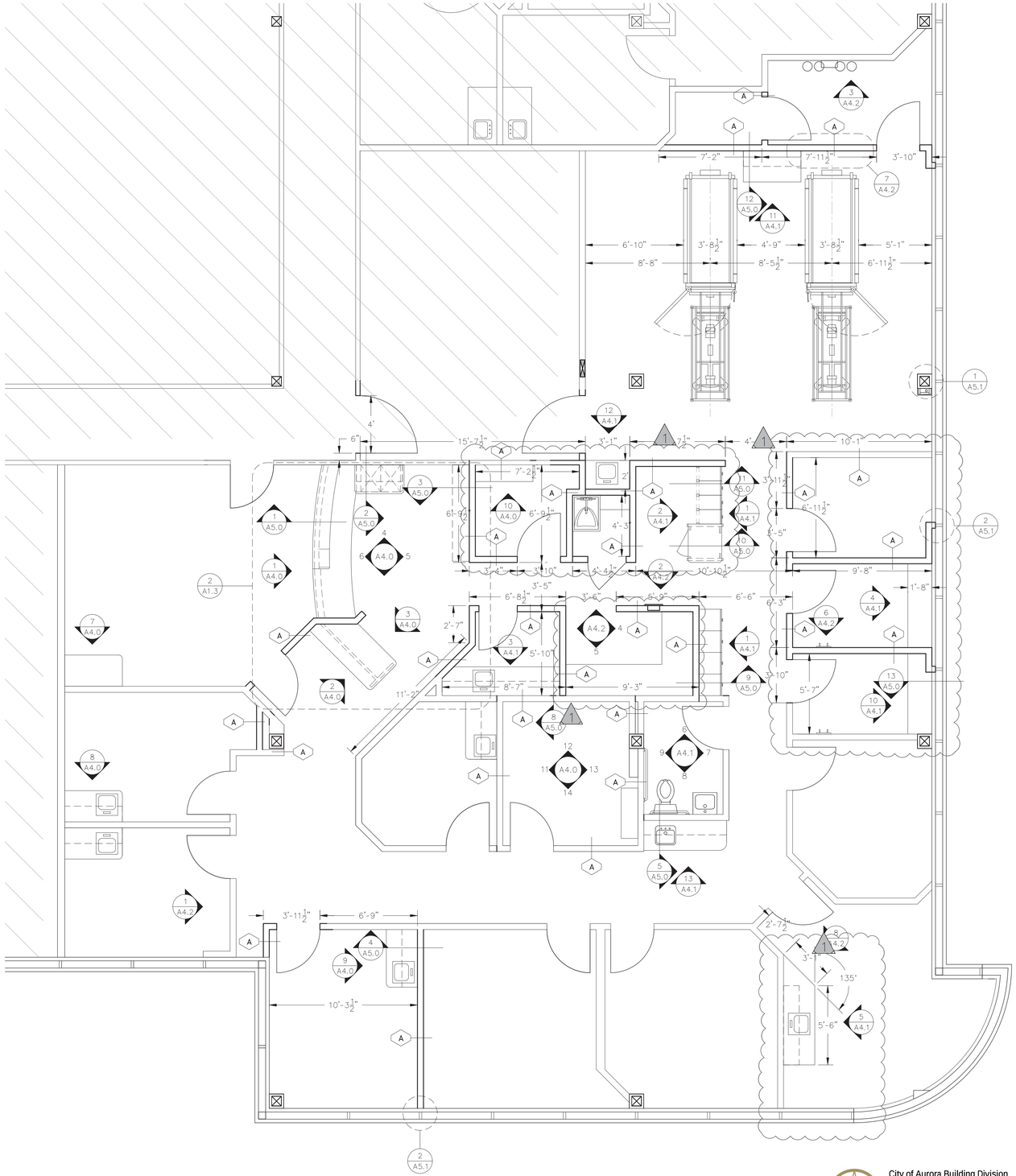
PROJECT NO.: 13-07

DRAWN BY:	TH, JR
CHECKED BY:	TT
SCALE:	1/4" = 1'
DATE:	10/09/2013
ISSUED FOR:	CONSTRUCTION
REVISIONS:	
1	10/21/2013

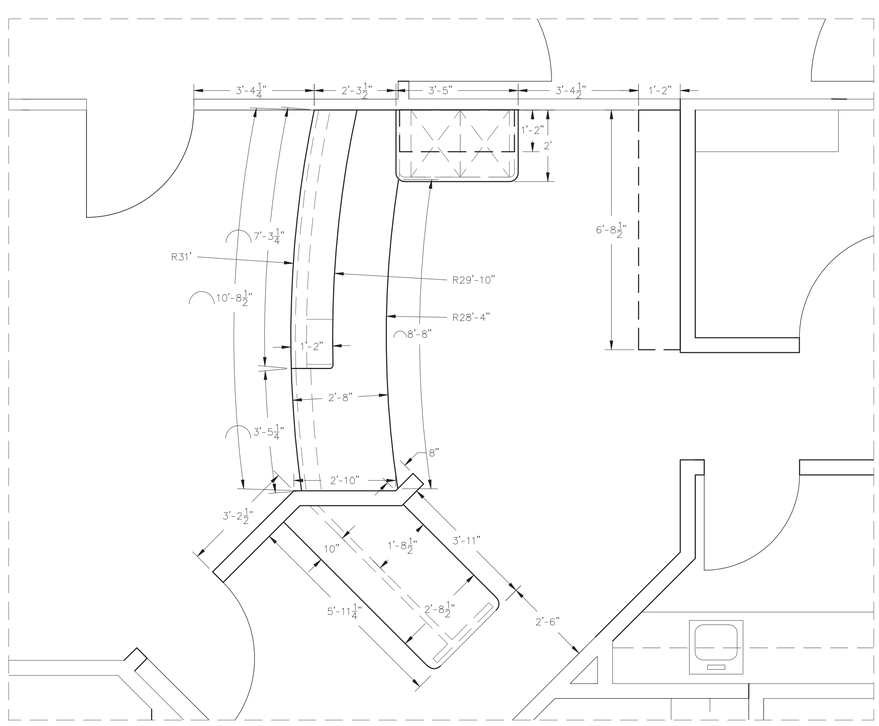
SHEET TITLE:
FLOOR PLAN

SHEET NO.:
A1.2

GENERAL NOTES:	
A.	DIMENSION LINES ARE FROM FINISH FACES UNLESS OTHERWISE NOTED.
B.	SINGLE SINKS SHALL BE MOUNTED SO THAT THE CENTERLINE OF THE SINK IS 1'-3" MINIMUM TO THE FACE OF THE ADJACENT FIXED EQUIPMENT, SIDE WALL, CASEWORK, ETC.
C.	FOR WALL TYPE DETAILS, RE: SHEET A5.1

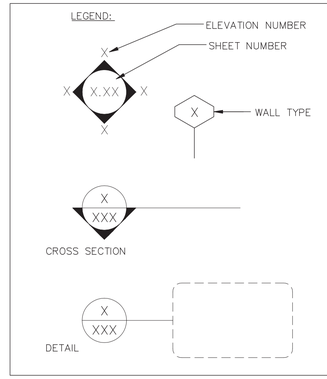


DIMENSION / TAG PLAN
1/4" = 1'



2 A1.3 ENLARGED MILLWORK PLAN
1/2" = 1'

LEGEND:



City of Aurora Building Division
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Approved as Noted: J Eckert
Date: Oct 30, 2013
2009 INTERNATIONAL CODES & 2011 NEC

RSN: 848551
Permit #: 2013-794562

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PROJECT NO.: 13-07

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SCALE:	AS NOTED
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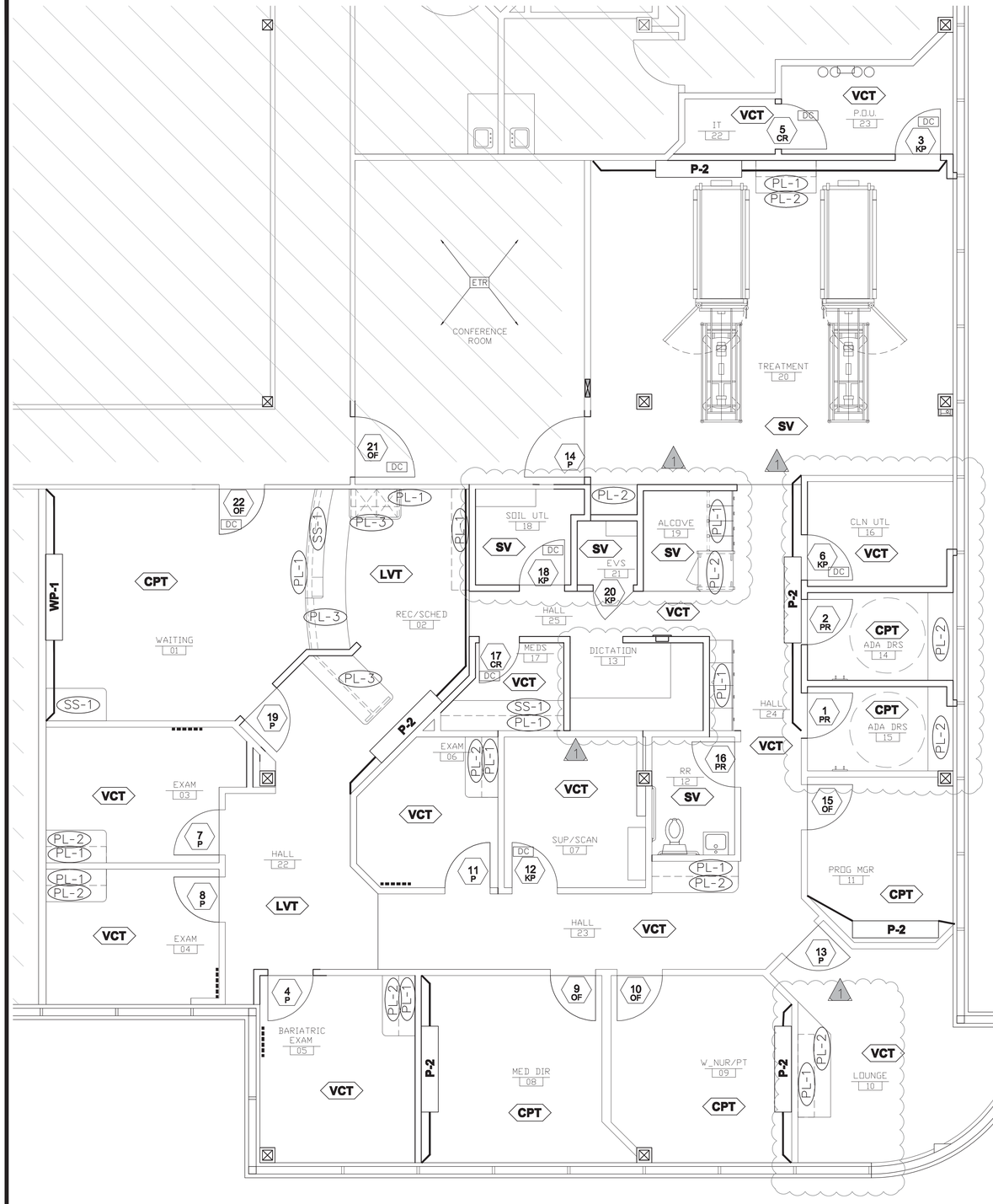
REVISIONS:	
5	10/21/2013

SHEET TITLE:

DIMENSION / TAG PLAN

SHEET NO.:

A1.3



FINISHES / SCHEDULE PLAN

1/4" = 1'

NORTH

DWG. FILENAME:

LOCK TYPES

KP - KEYPAD
OF - OFFICE
PR - PRIVACY / BATHROOM
CR - CARD READER
P - PASSAGE

SYMBOL LEGEND

------ WP-2 KORGARD WALL COVERING

XX — SCHEDULED DOOR NUMBER / LOCK TYPE

DC - DOOR CLOSURE HARDWARE
HM - HOLLOW METAL DOOR FRAME

DOOR SCHEDULE

DOOR NO.	DOOR SIZE			TYPE/LABEL	LOCK TYPE	FRAME	FRAME DEPTH	REMARKS
	WIDTH	HEIGHT	DEPTH					
1	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	PR	LH / HM	4-7/8"	SALVAGED DOOR, REPAIR, TOUCH UP FINISH
2	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	PR	LH / HM	4-7/8"	SALVAGED DOOR, REPAIR, TOUCH UP FINISH
3	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	KP	LH / HM	4-7/8"	SALVAGED DOOR, REPAIR, TOUCH UP FINISH
4	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE P	RH / HM	4-7/8"	SALVAGED DOOR, REPAIR, TOUCH UP FINISH
5	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	CR	RH / HM	4-7/8"	SALVAGED DOOR, REPAIR, TOUCH UP FINISH
6	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	KP	RH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION
7	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE P	LH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
8	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE P	RH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
9	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE OF	LH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
10	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE OF	RH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
11	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE P	RH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
12	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	KP	LH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION
13	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE P	LH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
14	4'-0"	8'-4"	1-3/4"	SOLID OAK CORE	P	RHR / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION ADD PROTECTIVE STEEL TRIM TO BOTH EDGES
15	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE OF	LH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
16	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	PR	RH / HM	4-7/8"	EXISTING DOOR TO REMAIN, REPAIR, TOUCH UP
17	2'-8"	8'-4"	1-3/4"	SOLID CORE OAK	CR	RH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION
18	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	KP	RH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION
19	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	P	RH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION
20	2'-8"	8'-4"	1-3/4"	SOLID CORE OAK	KP	RHR / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION
21	4'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE OF	RH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION ADD PROTECTIVE STEEL TRIM TO BOTH EDGES
22	3'-0"	8'-4"	1-3/4"	SOLID CORE OAK	REUSE OF	RH / HM	4-7/8"	NEW UN-FINISHED DOOR, STAIN TO SPECIFICATION

FINISH SPECIFICATIONS

FLOORING

CPT: SHAW CLEARVIEW COLLECTION, STYLE:GLAZE 59562, COLOR: 62103 PORCELAIN, 1/4 TURN
LVT: ARMSTRONG NATURAL CREATIONS ARBORART TP073 HANDCRAFTED CINNAMON
SV: JOHNSONITE OPTIMA RAW IVORY W/6" COVED BASE
VCT: ARMSTRONG COLOR: 51858 SANDRIFT WHITE
B-1: JOHNSONITE (TRADITIONAL) 4-1/4" COLOR: 49 BEIGE-WB
B-2: 6" COVED BASE FINISHED WITH J-TRIM JOHNSONITE OPTIMA RAW IVORY

WALLS

P-1 (FIELD COLOR): BENJAMIN MOORE ULTRASPEC, SEMI-GLOSS INTERIOR PAINT, 3 COATS ON WALLS & DOOR FRAMES. COLOR: 929 (ANGEL'S GATE) APPLY TO ALL WALLS (U.O.N.)
P-2 (ACCENT COLOR): BENJAMIN MOORE ULTRASPEC, SEMI-GLOSS INTERIOR PAINT, 3 COATS ON ACCENT WALLS. COLOR:958 (OCEAN BEACH)
WP-1: WALLPAPER KOROSEAL VENETIAL VELVET BRONZE
WP-2: KOROGARD WALL PROTECTION SYSTEM VENETIAL VELVET BRONZE TP-V521-53, MESA S-TEXTURE, .03"X48"X96" SHEETS MANUFACTURED FROM 21 OZ. FABRIC BACKED KOROSEAL WALLCOVERING.
WT-1: 4"X12" AMERICAN OLEAN SERIES: URBAN CANVAS COLOR: GLOSS BISCUIT 91
WT-2: 12"X12" CUT IN HALF TO MAKE 12"W X 6"H BELLATVITA SERIES: DOLOMITE COLOR: DIANA ROYAL MIXED MOSAIC PATTERN
WT-3: 4"X12" AMERICAN OLEAN SURFACE BULLNOSE SERIES: URBAN CANVAS SHAPE#: S-44C9 COLOR: GLOSS BISCUIT 91

CASEWORK

SS-1: SOLID SURFACE STARON PG840 PEBBLE GOLD
PL-1: WILSONART LAMINATE COLOR:COCOALA 7942K ALL VERTICAL PANELS USE 3MM EDGE ON LIKE SURFACED DRAWERS AND DOORS.
PL-2: WILSONART LAMINATE COLOR:4781K-52 SUNSTONE ON SELECTED COUNTERTOP LOCATIONS USE. USE 3 MM BLACK EDGING.
PL-3: WILSONART LAMINATE COLOR: 4608-60, CALDERA BEIGE ON SELECTED COUNTERTOP LOCATIONS. USE 3MM EDGING TO MATCH.
AC: LUXFACE ACRYLIC PANEL COLOR: FLOWER GRASS MATT FINISH WITH DARK BROWN BACKING
* BLACK P-LAM ON ALL STAFF SIDE / BACK SIDE OF CASEWORK WORKSTATIONS

SCHEDULE NOTES

1. LOCKSET MANUFACTURER: USE BUILDING STANDARD TO MATCH EXISTING.
2. PRIME HOLLOW METAL FRAMES READY FOR PAINT.
3. INCLUDE SILENCER IN HARDWARE SET; INSTALL WALL DOORSTOPS WHERE NEEDED.
4. HARDWARE COLOR: LEVER TYPE HANDLE SET SATIN CHROME TO MATCH EXISTING.
5. ALL NEW INTERIOR DOORS TO HAVE A MAXIMUM UNDERCUT OF 1/2".
6. COORDINATE WITH OWNER FOR ALL MASTER KEY OR SEPARATE KEY REQUIREMENTS
7. EXISTING LIGHT OAK STAIN TO REMAIN. REPAIR AND TOUCH UP AS NEEDED. ALL NEW DOORS TO MATCH.
8. ALL ENTRY/EXIT DOORS SHALL HAVE A CLOSURE.
9. THE FRONT ENTRYWAY DOORS - MORTISE LOCK, SCHLAGE, L-SERIES, GRAD 1 (626 SATIN CHROME).
10. INTERIOR LOCK SETS ARE SCHLAGE (MODEL # ND53PD), ND SERIES, GRAD 1 (626 SATIN CHROME), RHODES LEVER DESIGN.
11. THE PASSAGE LEVER SETS - SCHLAGE, (MODEL # ND105), ND SERIES, GRAD 1 (626 SATIN CHROME), RHODES LEVER DESIGN.

FINISHES SCHEDULE	FLOOR						WALLS			CASEWORK					TILE		
	CPT	LVT	SV	VCT	B-1	B-2	P-1	P-2	WP-1	WP-2	SS-1	PL-1	PL-2	PL-3	AC	WT-1	WT-2	WT-3
ROOM																		
WAITING 01	X				X		X		X		X	X						
REC/SCHED 02		X			X		X	X			X	X		X	X			
EXAM 03,04,05,06				X	X		X			X		X	X					
SUP/SCAN 07				X	X		X											
MED DIR 08	X				X		X	X										
W_NUR/PT 09	X				X		X	X										
LOUNGE 10				X	X		X					X	X					
PROG MGR 11	X				X		X	X										
RR 12			X			X	X									X	X	X
ADA DRS 14,15	X				X		X						X					
CLN UTL 16				X	X		X											
MEDS 17				X	X		X				X	X						
SOIL UTL 18			X			X	X											
ALCOVE 19			X			X	X					X	X					
TREATMENT 20			X			X	X	X				X	X					
HALL 23-25				X	X		X	X				X	X					

City of Aurora Building Division
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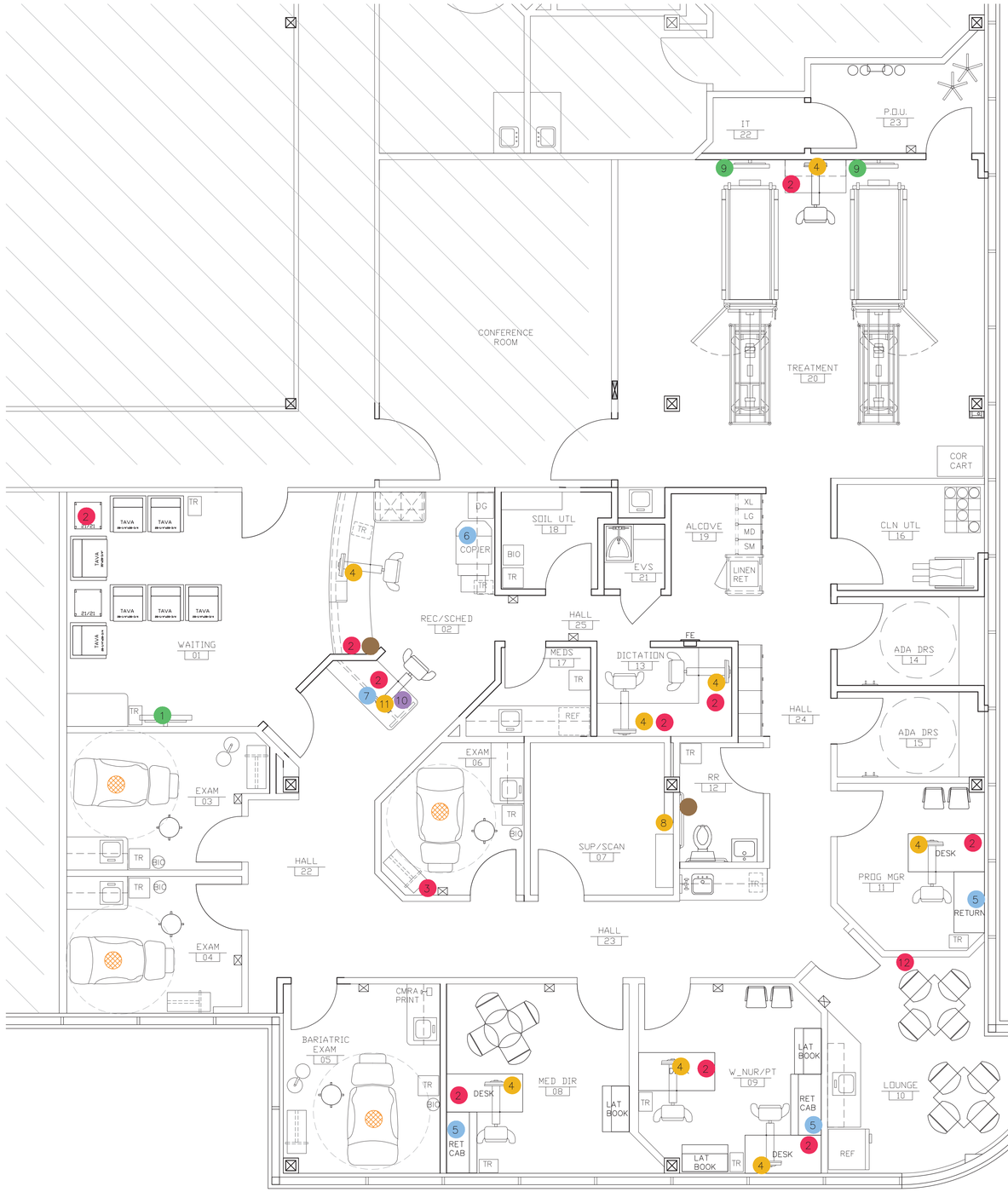
STATE OF COLORADO
TOM THOMPSON
305892
10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

DRAWN BY: TH
CHECKED BY: TT
SCALE: 1/4" = 1'
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
FINISHES / SCHEDULE PLAN

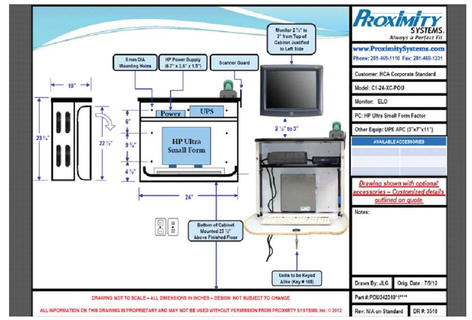
SHEET NO.:
A1.4

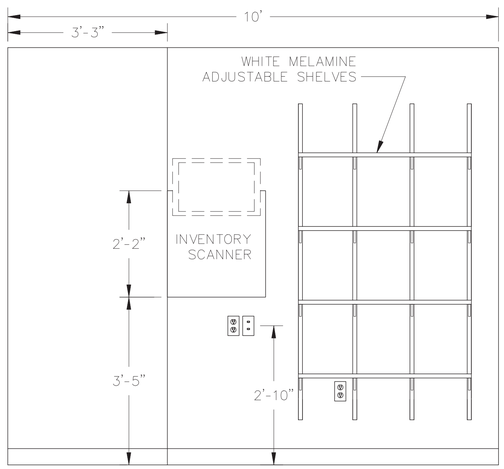


EQUIPMENT SCHEDULE						
ITEM NO.	ITEM DESCRITPION	QTY	EQUIP. SIZE			REMARKS
			WIDTH	DEPTH	HEIGHT	
1	42" TV	1	41"	9"	28"	NEW, OWNER PROVIDED
2	STANDARDIZED BLACK PHONES	9	12"	14"	8"	NEW, PROVIDED BY IT DEPT.
3	TRANSLATION PHONE	1	12"	8"	6"	NEW, PROVIDED BY IT DEPT.
4	STANDARD COMPUTER	8	14"	9"	16"	PROVIDED BY IT DEPT. (EQUIPPED WITH TYP. ADMIN. & MEDICAL PROGRAMS.)
5	FAX/PRINT/SCAN	3	16"	18"	20"	NEW, PROVIDED BY IT DEPT.
6	COPIER - FAX/PRINT/SCAN/COPY	1	56"	28"	44"	NEW, PROVIDED BY IT DEPT.
7	DOCUMENT SCANNER BY FUJITSU	1	12"	16"	11"	EXISTING, TO BE REUSED
8	SUPPLY SCAN OPTIFLEX SYSTEM	1				NEW, PROVIDED BY IT DEPT.
9	32" TV / DVD	2	31"	5"	20"	NEW, OWNER PROVIDED
10	NUMBER KEYPAD FOR PATIENTS	1	3-1/2"	5"	1"	EXISTING, TO BE REUSED
11	FOS COMPUTER	1				NEW, PROVIDED BY IT DEPT.
12	STANDARDIZED BLACK WALL MOUNT PHONE	1				NEW, PROVIDED BY IT DEPT.

COLOR LEGEND

- TELEVISIONS
- COMPUTERS
- PRINTERS
- PHONE
- NURSE CALL
- MISC DATA
- EMERGENCY / BATTERY BACK-UP POWER





NORTH

IT PLAN
1/4" = 1'

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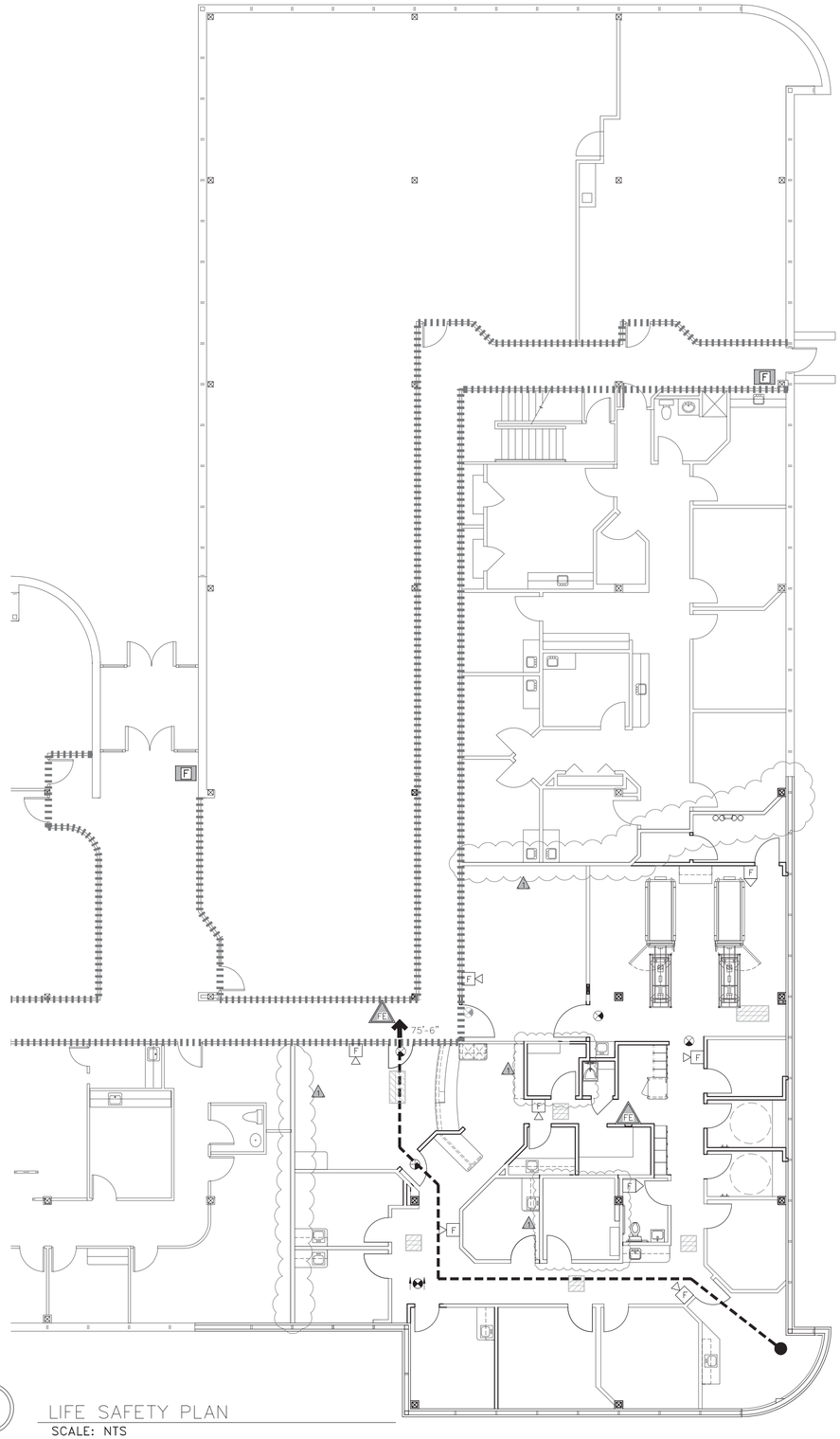
A1.5



LIFE SAFETY PLAN
SCALE: NTS

LEGEND:

- EXISTING 1 HR FIRE BARRIER
- EMERGENCY POWERED ILLUMINATED EXIT SIGNS
- PULL STATION
- FIRE EXTINGUISHER
- UNOBSTRUCTED COURSE & DISTANCE TRAVEL OF THE MOST REMOTE LOCATION TO AN EXIT ACCESS = 75'-6".
- SPRINKLER HEAD
- FIRE ALARM/STROBE LIGHT
- FIRE ALARM VISUAL - LIGHT ONLY
- EMERGENCY BATTERY BACK UP LIGHT FIXTURE

Provide a tactile sign saying "**EXIT**" at each egress stairway, exit passageway or exit discharge **2009 IBC 1011.3 and 2003 ANSI A117.1**

Directional signage indicating the route to public facilities shall be posted. Such signage shall be located in a corridor or aisle, at the entrance to the facilities for customers. **2009 IPC 403.4.1**

CODE INFORMATION SUMMARY

PROJECT NAME: TMCA WOUND CARE CENTER

PROJECT ADDRESS: 1400 S. POTOMAC ST., SUITE #110
AURORA, CO 80012

CONSTRUCTION TYPE: UBC: IIN SPK 2 STORY BUILDING / FLOOR AREA OF BLDG = 54,219 SF
HEIGHT OF BUILDING = 28'-1/2"

OCCUPANCY CLASSIFICATION: GROUP B MEDICAL OFFICE BUILDING

PROJECT TYPE: TENANT IMPROVEMENTS (RENOVATION OF EXISTING SPACE)

PROJECT SQUARE FOOTAGE: LIMITS OF RENOVATION FLOOR TOTAL 3,530 SF

OCCUPANCY/LOAD FACTOR: BUSINESS / 100 SF PER OCC

OCCUPANT LOAD: 3,530 SF/100 = 35 OCCUPANTS (MAXIMUM)

SPRINKLER SYSTEM: FULLY SPRINKLED

APPLICABLE CODES: 2009 INTERNATIONAL BUILDING CODE (IBC)
2009 INTERNATIONAL EXISTING BUILDING CODE (IEBC)
2009 INTERNATIONAL MECHANICAL CODE (IMC)
2009 INTERNATIONAL PLUMBING CODE (IPC)
2009 INTERNATIONAL FIRE CODE (IFC)
2011 NATIONAL ELECTRICAL CODE (NEC)
2009 INTERNATIONAL ENERGY CONSERVATION CODE (IECC)
1999 NFPA 99 HEALTH CARE FACILITIES
2000 NFPA 101 LIFE SAFETY CODE
2012 NFPA 101 LIFE SAFETY CODE
2006 AIA/FGI DESIGN GUIDELINES
2003 ICC/ANSI A117.1 ACCESSIBLE USABLE BUILDINGS & FACILITIES
CHAPTER 22 BUILDINGS & REGULATIONS: THE AURORA BUILDING & ZONING CODES
CHAPTER 66 FIRE PREVENTION & PROTECTION REGULATIONS: THE AURORA BUILDING & ZONING CODES

EXITS: 2 EXISTING EXITS TO REMAIN. MINIMUM EGRESS PATH CLEARANCE WIDTH = 48", MINIMUM EXIT DOOR CLEARANCE WIDTH = 36"
FIRST LEVEL OF TWO STORY BUILDING. FURTHEST DISTANCE OF COMMON PATH OF TRAVEL FROM REMOTE LOCATION TO AN EXIT - 75'-6"

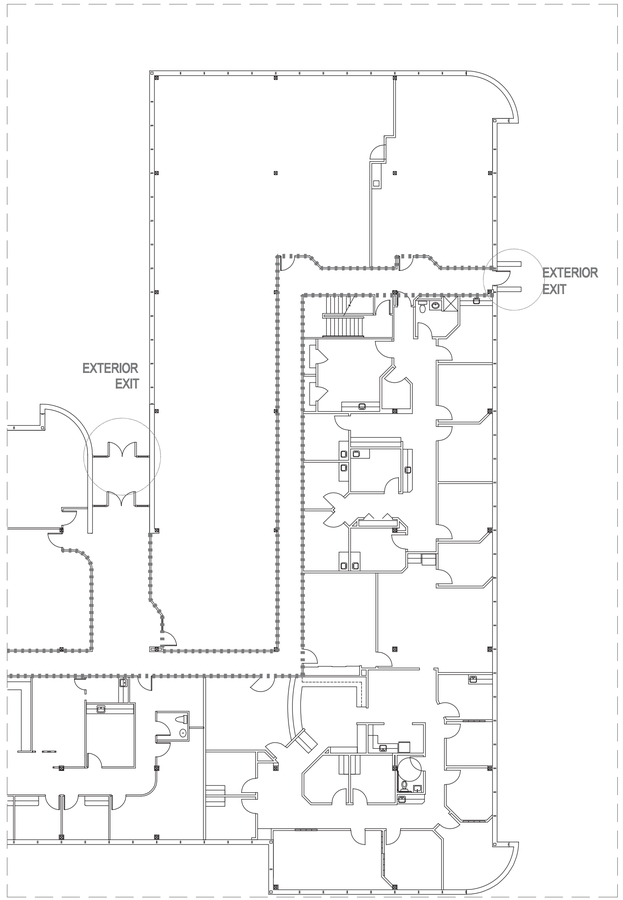
FIRE PROTECTION: FULLY SPRINKLED, EXISTING/MODIFIED LOCAL SMOKE DETECTOR-STROBE ALARM

CODE NOTES

A. EXISTING SHAFTS, STAIRS, AND ELEVATORS ARE TO REMAIN WITHOUT MODIFICATION

B. FIRE ALARM AND SPRINKLER SYSTEMS WILL BE MODIFIED ONLY TO THE EXTENT REQUIRED TO ACCOMMODATE FLOOR PLAN CHANGES SHOWN

C. FIRE RATED WALL ASSEMBLIES WILL BE MODIFIED ONLY AS REQUIRED WHERE INFILL WORK OR REMODEL TO CORRIDOR OCCURS



EXISTING PLAN
NTS

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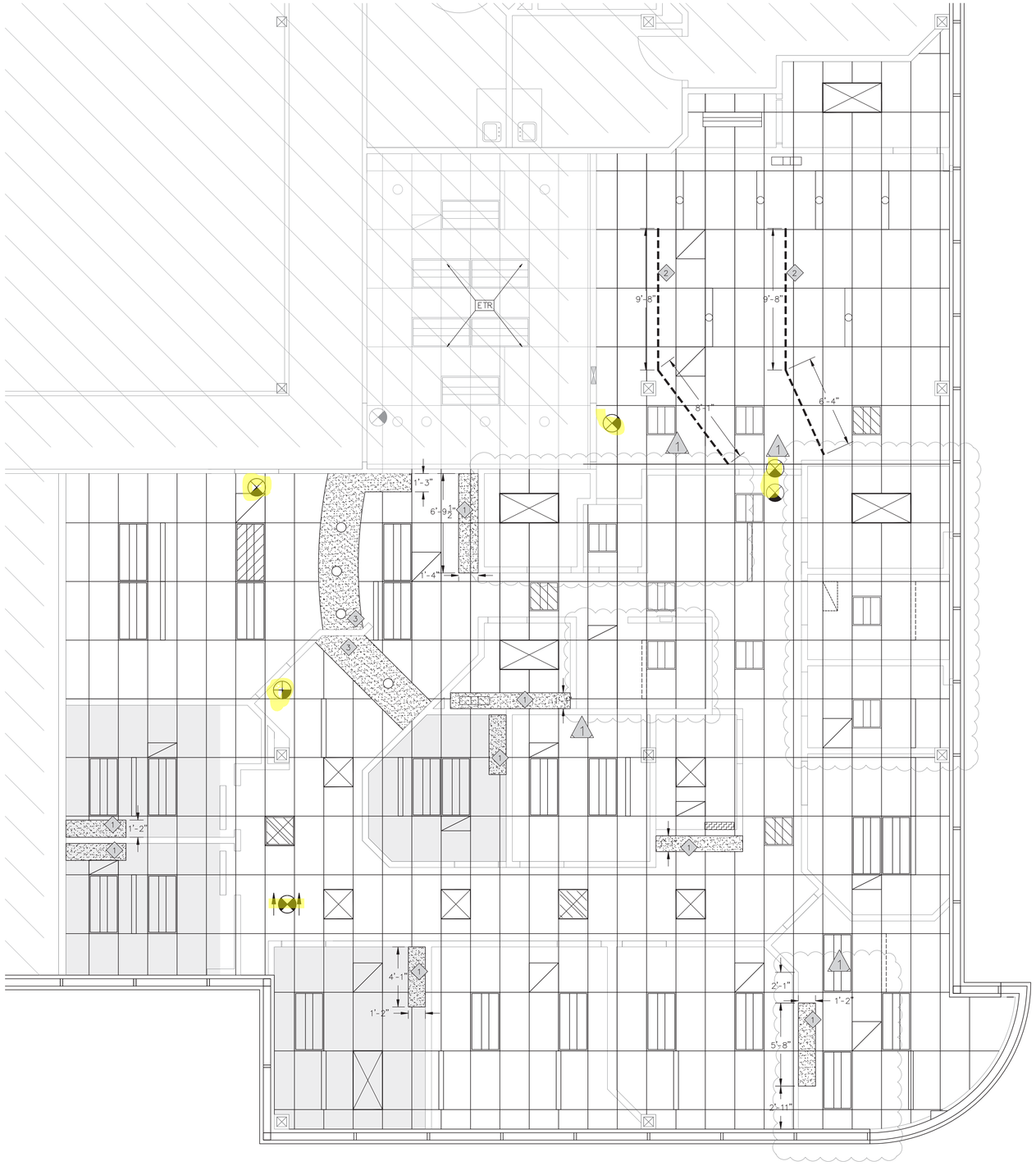
REVISIONS:
1. 10/21/2013

SHEET TITLE:
LIFE SAFETY PLAN

SHEET NO.:
A1.6



REFLECTED CEILING PLAN
1/4" = 1'

NORTH

CEILING PLAN LEGEND:	
	SUSPENDED 2' X 4' GRID & ACOUSTICAL TILE CEILING SYSTEM.
	EXISTING 2'X4' FLUORESCENT LIGHT FIXTURE TO REMAIN
	FLUORESCENT LIGHT FIXTURE WITH BACK-UP POWER
	NEW 2'X2' FLUORESCENT LIGHT FIXTURE
	EXISTING RELOCATED 2'X4' FLUORESCENT LIGHT FIXTURE FROM SALVAGED INVENTORY
	EXISTING RELOCATED 2'X2' FLUORESCENT LIGHT FIXTURE FROM SALVAGED INVENTORY
	EXISTING EXIT LIGHT FIXTURE TO REMAIN/RELOCATED
	EXISTING 6" CAN LIGHT FIXTURE
ETR	INDICATES EXISTING TO REMAIN
	GYPSUM BOARD SOFFIT OR HEADER, RE: ELEVATIONS
	CEILING MOUNTED CURTAIN TRACK
	NEW LED LIGHT FIXTURE
	NEW DECORATIVE WALL LIGHT
	NEW UNDER CABINET LIGHT
	NEW SURFACE MOUNTED FLUORESCENT
	SALVAGED SUPPLY/RETURN AIR DIFFUSER RELOCATED
	INDICATES APPLY ACOUSTIC SOUND BATTS PERPENDICULAR ACROSS BACK SIDE OF CEILING SYSTEM ABOVE EXAM ROOMS 03, 04, 05, 06

KEY NOTES	
1	B.O. OF GYPSUM BOARD SOFFIT @ 7'-6" A.F.F.
2	NEW CURTAIN TRACKS, INSTALL & REINFORCED TO B.O. CEILING GRID
3	EXTEND OR REMOVE SECTION OF EXISTING SOFFIT TO MEET NEW WALL

RCP GENERAL NOTES	
A.	ALL EXIT SIGNS & EMERGENCY LIGHTING TO BE SUPPLIED WITH BATTERY BACK-UP IN ACCORDANCE WITH CODE.
B.	CONTRACTOR TO RELOCATE & ADD SMOKE DETECTORS AS SHOWN ON FIRE ALARM / ELECTRICAL DRAWINGS
C.	INSTALL NEW CEILING GRID SYSTEM @ 8'-6" A.F.F.; REPAIR & PAINT EXISTING GRID TO REMAIN.
D.	REPLACE ALL CEILING TILE WITH ARMSTRONG FISSURED 755
E.	REFER TO ELECTRICAL E0.2 FOR LUMINAIRE SCHEDULE
F.	CONTRACTOR TO VERIFY EXISTING CONDITIONS PRIOR TO GRID WORK FABRICATION & CEILING INSTALLATION. COORDINATE LOCATION OF LIGHTING, SPRINKLERS, EQUIPMENT AND DUCTWORK WITH OTHER BUILDING COMPONENTS.
G.	NOTIFY OWNER/PROJECT MANAGER REGARDING ANY EXISTING SYSTEM FAILURES OR DEFECTS.
H.	ALL DECOMMISSIONED HVAC SYSTEMS AND RELATED COMPONENTS WITHIN THE LIMITS OF CONSTRUCTION SHALL BE REMOVED WITH CONNECTIONS CAPPED & SEALED.
I.	CONTRACTOR TO SUPPLY FIRE SPRINKLER VENDOR WITH PLANS FOR ANY NEW OR RELOCATION OF SPRINKLER LINES/HEADS.
J.	UPDATE/INSTALL ALL SWITCHING AS NEEDED TO OCCUPYING SENSOR DEVICES AS PER BUILDING CODE REQUIREMENTS.
K.	SALVAGE ALL SPARE REMAINING LIGHT FIXTURES FOR PROPERTY MANAGER.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: J Eckert
Date: Oct 30, 2013
2009 INTERNATIONAL CODES & 2011 NEC

RSN: 848551
Permit #: 2013-794562

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

TOM THOMPSON ARCHITECT
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DENVER, COLORADO 80219
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ASSOCIATIONS

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(303) 565-7282

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STATE OF COLORADO
TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

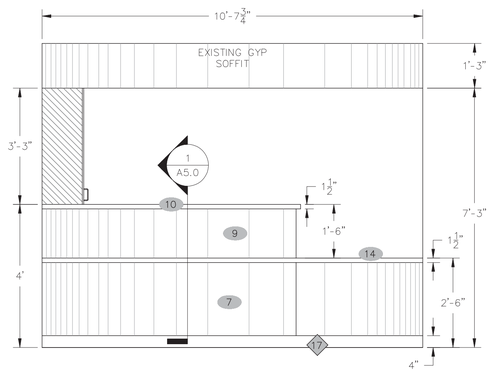
PROJECT NO.: 13-07

DRAWN BY: TH
CHECKED BY: TT
SCALE: 1/4" = 1'
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
REFLECTED CEILING PLAN

SHEET NO.:
A1.7

DWG. FILENAME:



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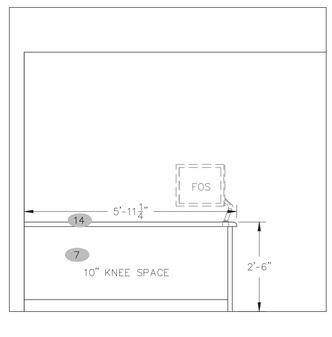

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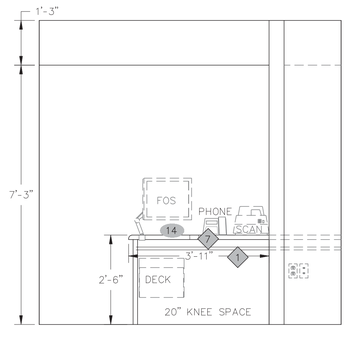

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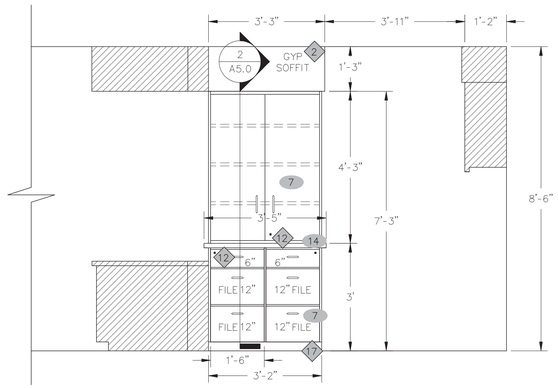

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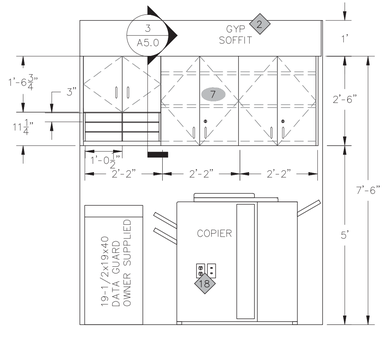

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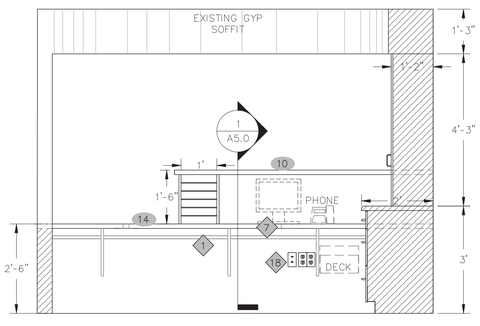

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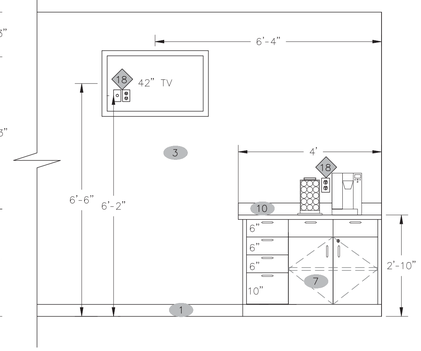

7 A4.0 WAITING ROOM 01
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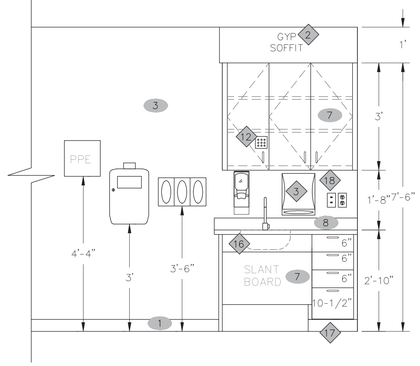

8 A4.0 TYP EXAM ROOM 03
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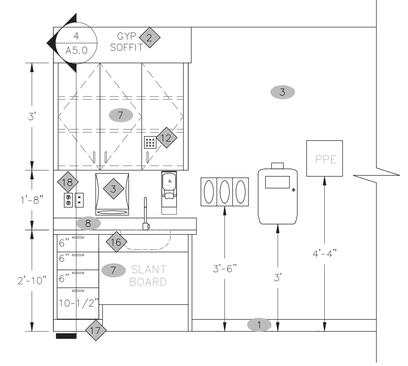

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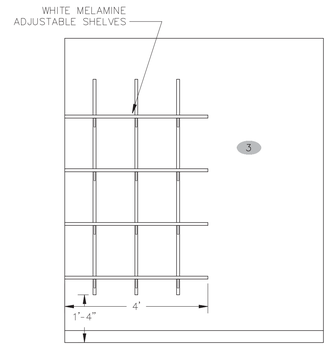

10 A4.0 SOILED UTL 18
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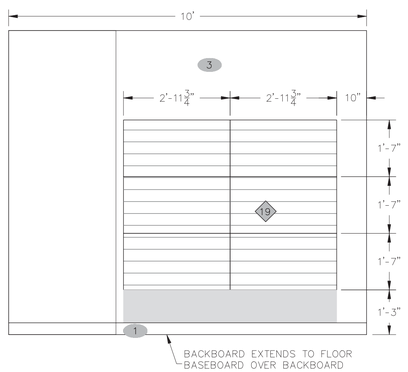

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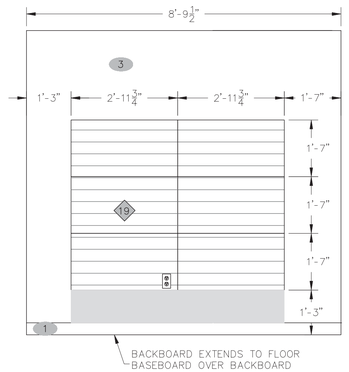

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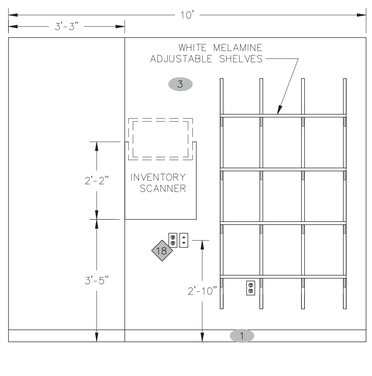

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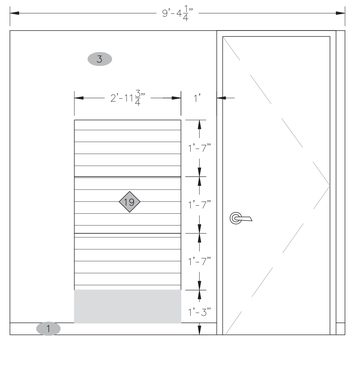

14 A4.0 SUP/SCAN 07
SCALE: 1/2" = 1'

DESCRIPTION KEY NOTES			
TAG	MATL. ABBREV.	DESCRIPTION	NOTES
1	CBT	CABLE TRAY	
2	SOF	GYP SOFFIT ABOVE CABINET	
3	D-2	PAPER TOWEL DISPENSER	
4	D-3	SOAP DISPENSER	
5	D-4	TOILET PAPER DISPENSER	
6	D-5	SEAT COVER DISPENSER	
7	G-1	GROMMET	VIF
8	GB-1	GRAB BAR 1.5" x 36"	
9	GB-2	GRAB BAR 1.5" x 42"	
10	GB-2	GRAB BAR 1.5" x 18"	
11	LR	1-1/2" LIGHT RAIL	
12	L	LOCKING CABINETS/DRAWERS	
13	LT-3	VANITY LIGHT	
14	LT-4	LED DOWNLIGHT	
15	M-1	ANTI-THEFT MIRROR	
16	SK	NEW STAINLESS STEEL SINK	
17	TK	TOE KICK	
18	E/D	NEW ELECTRICAL AND DATA OUTLET LOCATIONS	
19	LW	LOUVERED WALL RACKS (PLYWOOD BACKED)	

FINISHES KEY NOTES			
TAG	MATL. ABBREV.	DESCRIPTION	MATERIAL SPECIFICATION
1	B-1	RUBBER BASE TRIM	JOHNSONITE (TRADITIONAL) 4-1/4" COLOR: 129 SILK WB
2	B-2	6" SHEET VINYL COVED BASE	JOHNSONITE OPTIMA-RAW IVORY
3	P-1	BENJAMIN MOORE ULTRASPEC SEMI-GLOSS PAINT	929 ANGEL'S GATE
4	P-2	BENJAMIN MOORE ULTRASPEC SEMI-GLOSS PAINT	958 OCEAN BEACH
5	WP-1	KOROSEAL TRAFFIC PATTERNS	VENETIAL VELVET BRONZE
6	WP-2	KOROGARD WALL PROTECTION	TP-V521-53 VENETIAL VELVET BRONZE
7	PL-1	WILSONART LAMINATE	COCOBALA 7942K-07
8	PL-2	WILSONART LAMINATE	SUNSTONE 4781K-52
9	AC	LUXFACE ACRYLIC PANEL-OFOI	FLOWER GRASS - MATT FINISH FLUSH MOUNTED AND HEAT FORMED
10	SS-1	STARON SOLID SURFACE	PEBBLE GOLD PG840
11	WT-1	AMERICAN OLEAN 4"x12" TILE	UBAN CANVAS/GLOSS BISCUIT 91
12	WT-2	BELLAVITA 12"X12" TILE CUT IN HALF TO MAKE 12"x6" TILE BORDER	DOLOMITE/DIANA ROYAL MIXED MOSAIC PATTERN
13	WT-3	AMERICAN OLEAN 4"X12" BULLNOSE	URBAN CANVAS/GLOSS BISCUIT 91
14	PL-3	WILSONART LAMINATE	CALDERA BEIGE 4608-60

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: J Eckert
Date: Oct 30, 2013
2009 INTERNATIONAL CODES & 2011 NEC

RSN: 848551
Permit #: 2013-794562

DWG. FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

TOM THOMPSON ARCHITECT
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STATE OF COLORADO
TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

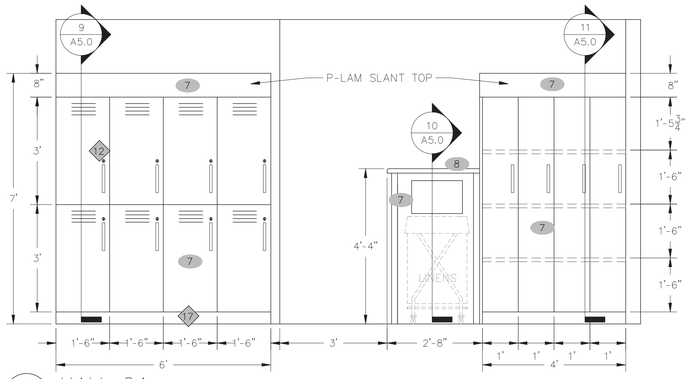
DRAWN BY: TH, JR
CHECKED BY: TT
SCALE: AS NOTED
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:

ELEVATIONS

SHEET NO.:

A4.0



1 A4.1 HALL 24
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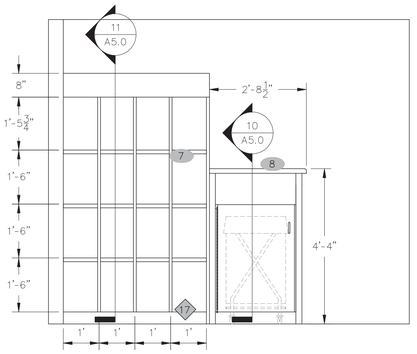

2 A4.1 ALCOVE 19
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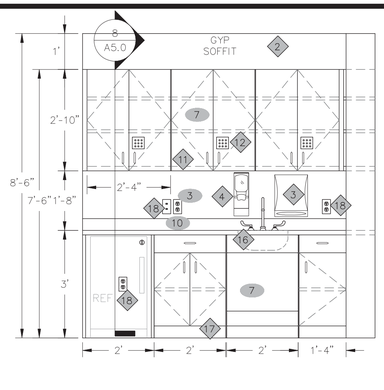

3 A4.1 MED ROOM 17
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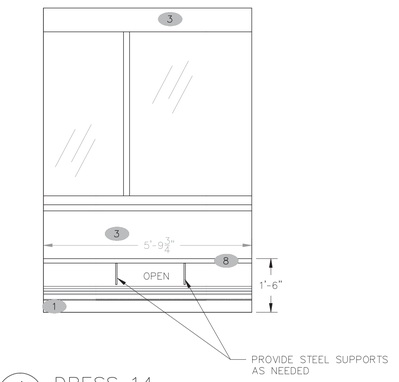

4 A4.1 DRESS 14
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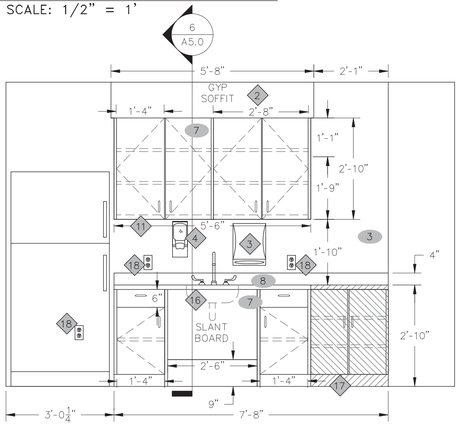

5 A4.1 LOUNGE 10
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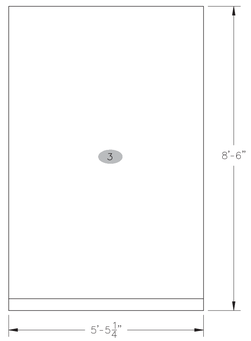

6 A4.1 RESTROOM 12
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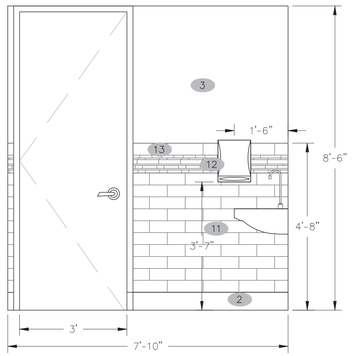

7 A4.1 RESTROOM 12
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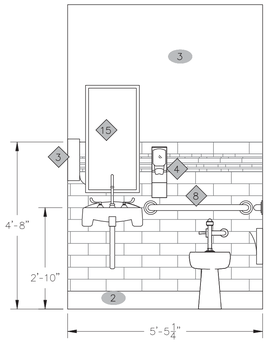

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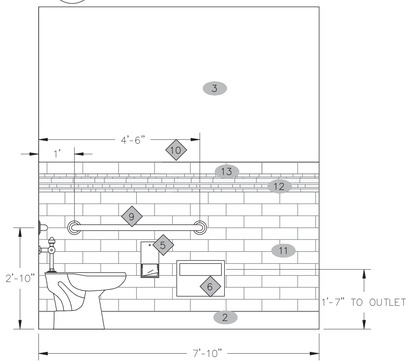

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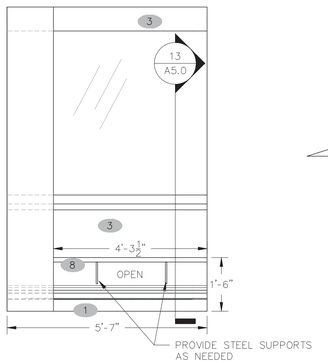

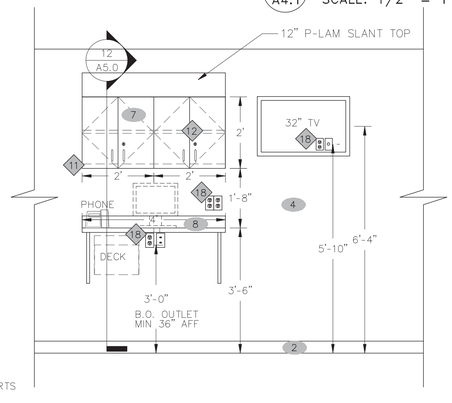

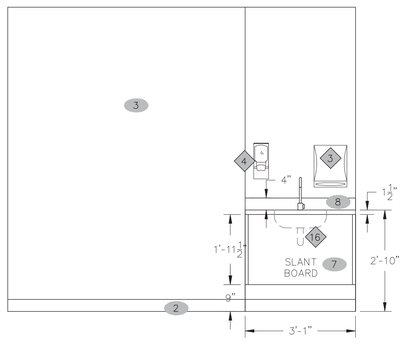

10 A4.1 DRESS 15
SCALE: 1/2" = 1'

11 A4.1 TREATMENT/CHAMBER 20
SCALE: 1/2" = 1'

12 A4.1 TREATMENT/CHAMBER 20
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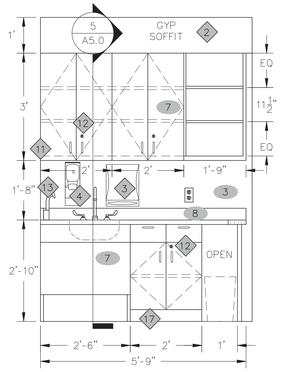

13 A4.1 HALL 23
SCALE: 1/2" = 1'

DESCRIPTION KEY NOTES			
TAG	MATL. ABBREV.	DESCRIPTION	NOTES
1	CBT	CABLE TRAY	
2	SOF	GYP SOFFIT ABOVE CABINET	
3	D-2	PAPER TOWEL DISPENSER	
4	D-3	SOAP DISPENSER	
5	D-4	TOILET PAPER DISPENSER	

6	D-5	SEAT COVER DISPENSER	
7	G-1	GROMMET	VIF
8	GB-1	EXISTING GRAB BAR TO REMAIN	
9	GB-2	EXISTING GRAB BAR TO REMAIN	
10	GB-2	N/A	
11	LR	1-1/2" LIGHT RAIL	
12	L	LOCKING CABINETS/DRAWERS	

13	EW-1	EYE WASH STATION	
14	LT-4	LED DOWNLIGHT	
15	M-1	ANTI-THEFT MIRROR	
16	SK	NEW STAINLESS STEEL SINK	
17	TK	TOE KICK	
18	E/D	NEW ELECTRICAL AND DATA OUTLET LOCATIONS	

FINISHES KEY NOTES			
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4	P-2	BENJAMIN MOORE ULTRASPEC SEMI-GLOSS PAINT	958 OCEAN BEACH
5	WP-1	KOROSEAL TRAFFIC PATTERNS	VENETIAL VELVET BRONZE
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7	PL-1	WILSONART LAMINATE	COCOBALA 7942K-07
8	PL-2	WILSONART LAMINATE	SUNSTONE 4781K-52
9	AC	LUXFACE ACRYLIC PANEL-OFOI	FLOWER GRASS - MATT FINISH FLUSH MOUNTED AND HEAT FORMED
10	SS-1	STARON SOLID SURFACE	PEBBLE GOLD PG840
11	WT-1	AMERICAN OLEAN 4"x12" TILE	UBAN CANVAS/GLOSS BISCUIT 91
12	WT-2	BELLAVITA 12"X12" TILE CUT IN HALF TO MAKE 12"x6" TILE BORDER	DOLOMITE/DIANA ROYAL MIXED MOSAIC PATTERN
13	WT-3	AMERICAN OLEAN 4"X12" BULLNOSE	URBAN CANVAS/GLOSS BISCUIT 91

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: J Eckert
Date: Oct 30, 2013
2009 INTERNATIONAL CODES & 2011 NEC

RSN: 848551
Permit #: 2013-794562

DWG. FILENAME:

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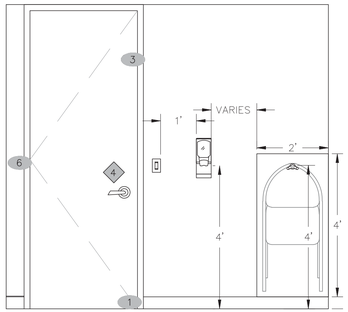
STATE OF COLORADO
TOM THOMPSON
305092
10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

DRAWN BY: TH, JR
CHECKED BY: TT
SCALE: AS NOTED
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
ELEVATIONS

SHEET NO.:
A4.1



1 A4.2 TYP CHAIR ELEV IN EXAMS
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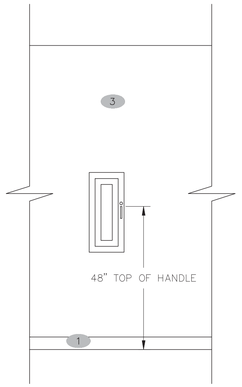
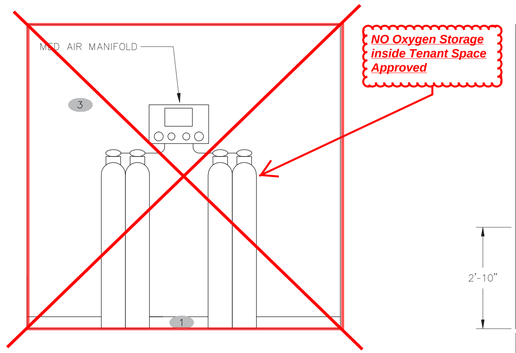
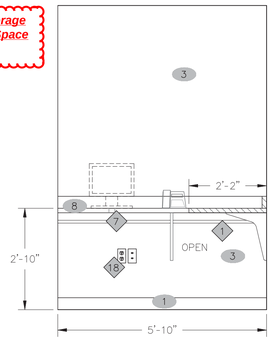


2 A4.2 FIRE EXTINGUISHER CABINET
SCALE: 1/2" = 1'

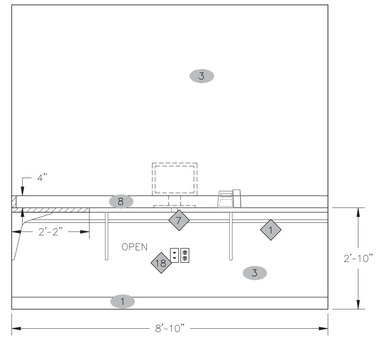


NO Oxygen Storage inside Tenant Space Approved

3 A4.2 P.O.U. 23
SCALE: 1/2" = 1



4 A4.2 DICTATION RM 13
SCALE: 1/2" = 1'



5 A4.2 DICTATION RM 13
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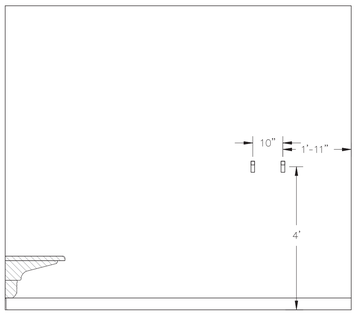
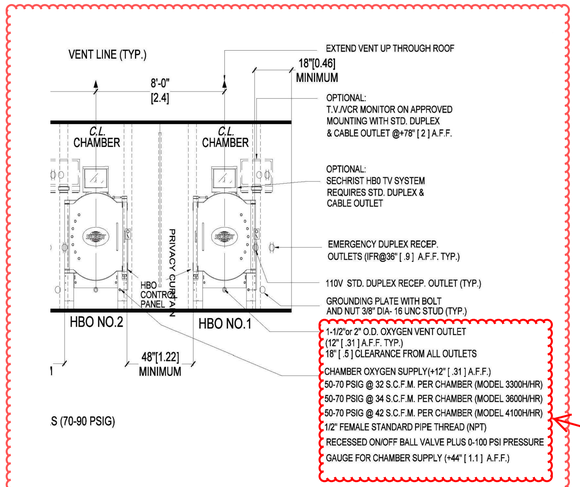


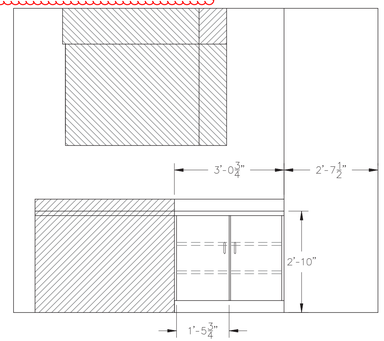
6 A4.2 TYP COAT HOOKS DRES RMS
SCALE: 1/2" = 1'



7 A4.2 CHAMBER HEADWALL DETAIL
SCALE: NTS

NO Oxygen Storage Inside Tenant Space Approved

Fire Life Safety Review Only
City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: J Van Essen
Date: Nov 08, 2013
2009 INTERNATIONAL CODES & 2011 NEC



8 A4.2 LOUNGE
SCALE: 1/2" = 1'

DESCRIPTION KEY NOTES			
TAG	MATL. ABBREV.	DESCRIPTION	NOTES
1	CBT	CABLE TRAY	
2	SOF	SOFFIT ABOVE CABINET	
3	D-2	PAPER TOWEL DISPENSER	
4	D-3	SOAP/GEL DISPENSER	
5	D-4	TOILET PAPER DISPENSER	

6	D-5	SEAT COVER DISPENSER	
7	G-1	GROMMET	VIF
8	GB-1	GRAB BAR 1.5" x 36"	
9	GB-2	GRAB BAR 1.5" x 42"	
10	GB-2	GRAB BAR 1.5" x 18"	
11	LR	1-1/2" LIGHT RAIL	
12	L	LOCKING CABINET	

13	LT-3	VANITY LIGHT	
14	LT-4	LED DOWNLIGHT	
15	M-1	ANTI-THEFT MIRROR	
16	SK	STAINLESS STEEL SINK	
17	TK	TOE KICK	
18	E/D	NEW ELECTRICAL AND DATA OUTLET LOCATIONS	

FINISHES KEY NOTES			
TAG	MATL. ABBREV.	DESCRIPTION	MATERIAL SPECIFICATION
1	B-1	RUBBER BASE TRIM	JOHNSONITE (TRADITIONAL) 4-1/4" COLOR: 129 SILK WB
2	B-2	6" SHEET VINYL COVED BASE	JOHNSONITE OPTIMA-RAW IVORY
3	P-1	BENJAMIN MOORE ULTRASPEC SEMI-GLOSS PAINT	929 ANGEL'S GATE
4	P-2	BENJAMIN MOORE ULTRASPEC SEMI-GLOSS PAINT	958 OCEAN BEACH
5	WP-1	KOROSEAL TRAFFIC PATTERNS	VENETIAL VELVET BRONZE
6	WP-2	KOROGARD WALL PROTECTION	TP-V521-53 VENETIAL VELVET BRONZE
7	PL-1	WILSONART LAMINATE	COCOBALA 7942K-07
8	PL-2	WILSONART LAMINATE	SUNSTONE 4781K-52
9	AC	LUXFACE ACRYLIC PANEL-OFOI	FLOWER GRASS - MATT FINISH FLUSH MOUNTED AND HEAT FORMED
10	SS-1	STARON SOLID SURFACE	PEBBLE GOLD PG840
11	WT-1	AMERICAN OLEAN 4"x12" TILE	UBAN CANVAS/GLOSS BISCUIT 91
12	WT-2	BELLAVITA 12"X12" TILE CUT IN HALF TO MAKE 12"x6" TILE BORDER	DOLOMITE/DIANA ROYAL MIXED MOSAIC PATTERN
13	WT-3	AMERICAN OLEAN 4"X12" BULLNOSE	URBAN CANVAS/GLOSS BISCUIT 91

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: J Eckert
Date: Oct 30, 2013
2009 INTERNATIONAL CODES & 2011 NEC

RSN: 848551
Permit #: 2013-794562

DWG. FILENAME:

The Medical Center of Aurora
HealthONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
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STATE OF COLORADO
TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

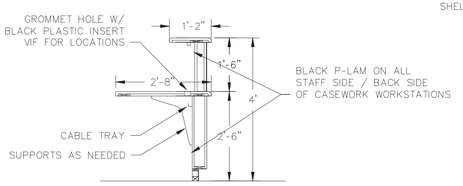
DRAWN BY: TH, JR
CHECKED BY: TT
SCALE: AS NOTED
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013
2
3
4
5

SHEET TITLE:

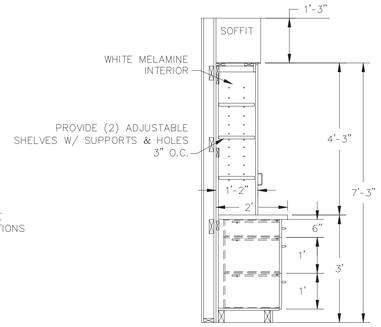
ELEVATIONS

SHEET NO.:

A4.2



1 A5.0 RECEPTION 02
SCALE: 1/2" = 1'



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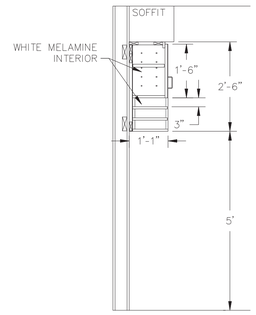

3 A5.0 RECEPTION 02
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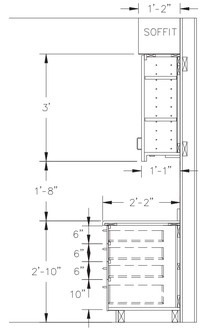

4 A5.0 EXAM ROOM TYPICAL
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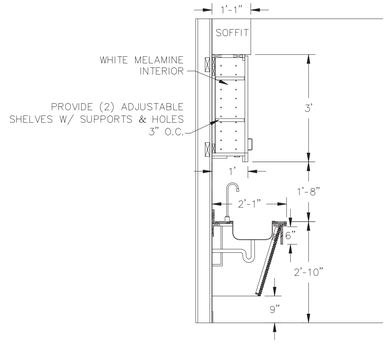

5 A5.0 HALL 23
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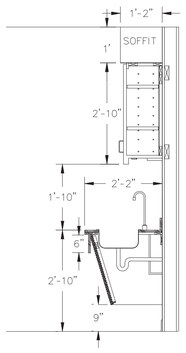

6 A5.0 LOUNGE 10
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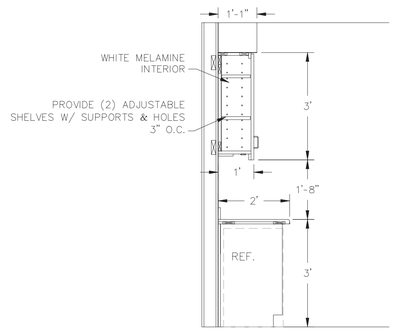

8 A5.0 MEDS 17
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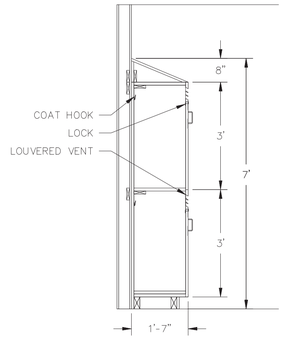
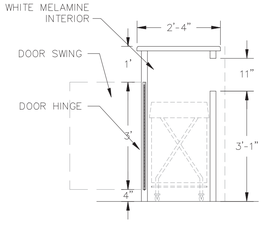


9 A5.0 HALL 24
SCALE: 1/2" = 1'



10 A5.0 ALCOVE 19
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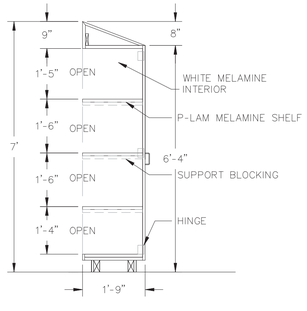
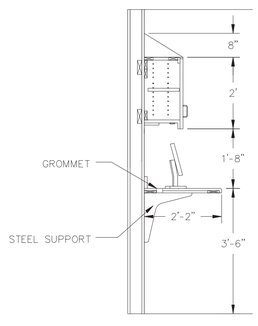


11 A5.0 HALL 24
SCALE: 1/2" = 1'



12 A5.0 TREATMENT 20
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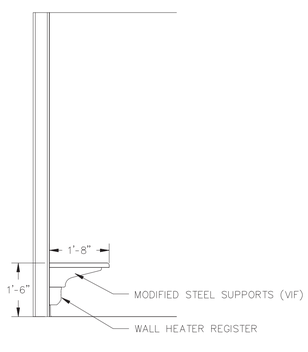

13 A5.0 DRS 15
SCALE: 1/2" = 1'

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: J Eckert
Date: Oct 30, 2013
2009 INTERNATIONAL CODES & 2011 NEC

RSN: 848551
Permit #: 2013-794562

PWG FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

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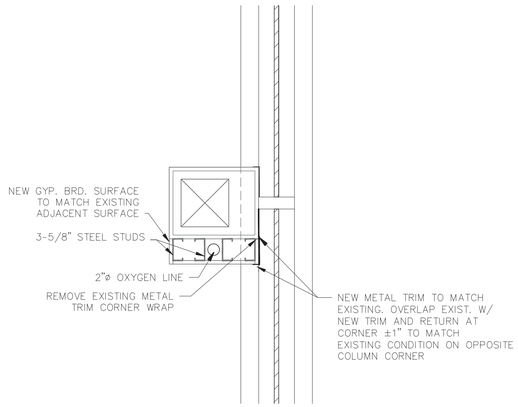
STATE OF COLORADO
TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

PROJECT NO.: 13-07

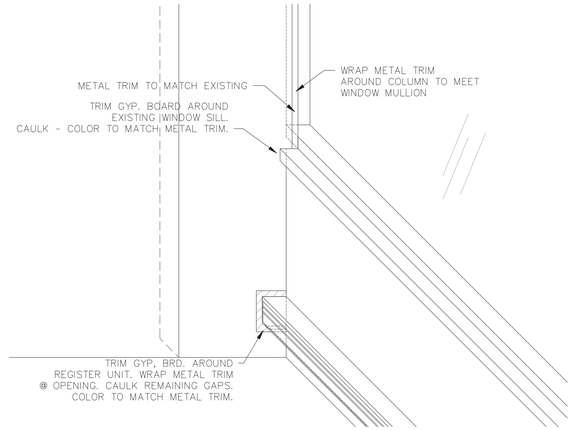
DRAWN BY: TH, JR
CHECKED BY: TT
SCALE: AS NOTED
DATE: 10/04/2013
ISSUED FOR: CONSTRUCTION
REVISIONS:
1 10/21/2013

SHEET TITLE:
CROSS SECTIONS

SHEET NO.:
A5.0

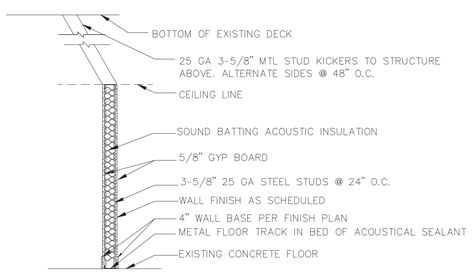


2 / A5.1 COLUMN W/ OXYGEN LINE
SCALE: 1" = 1'



3 / A5.1 TYP WALL / COLUMN TO EXTERIOR WALL
SCALE: 1" = 1'

NEW NON-RATED WALL CONSTRUCTION AND UPGRADED EXISTING WALL CONSTRUCTION



A NON-RATED PARTITION
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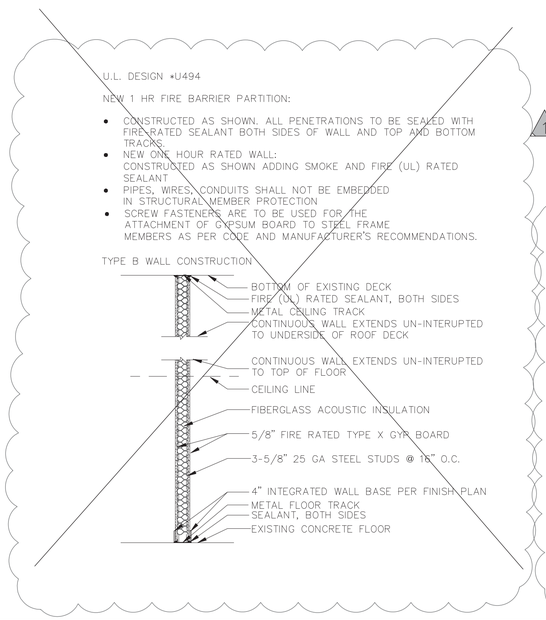

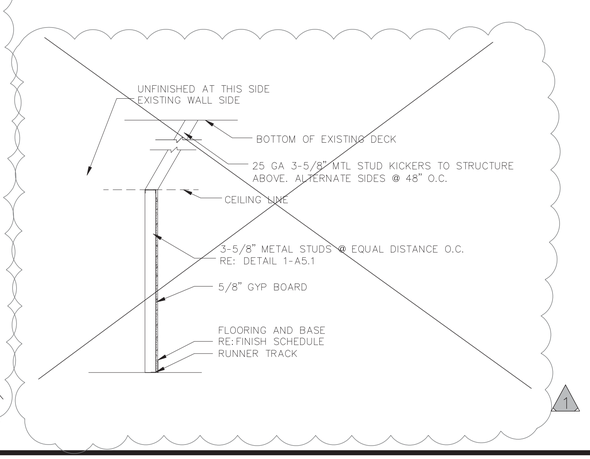

City of Aurora Building Division
Reviewed for Code Compliance
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TOM THOMPSON
305692
10.21.13
LICENSED ARCHITECT

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DRAWN BY:	TH, JR
CHECKED BY:	TT
SCALE:	AS NOTED
DATE:	10/04/2013
ISSUED FOR:	CONSTRUCTION
REVISIONS:	
1	10/21/2013

SHEET TITLE:
DETAILS

SHEET NO.:
A5.1

ELECTRICAL ABBREVIATIONS

ABBR.	DEFINITION	ABBR.	DEFINITION
A	AMPERE	LTG	LIGHTING
ABC	ABOVE COUNTER	LV	LOW VOLTAGE
AC	ALTERNATING CURRENT	MAX	MAXIMUM
AF	AMPERE FRAME	MC	MECHANICAL CONTRACTOR
AFF	ABOVE FINISHED FLOOR	MCB	MAIN CIRCUIT BREAKER
AFF G	ABOVE FINISHED GRADE	MCC	MOTOR CONTROL CENTER
AHU	AIR HANDLING UNIT	MCM	CIRCULAR MILS, THOUSANDS
AIC	AMPS INTERRUPTING CAPACITY	MECH	MECHANICAL
AL	ALUMINUM	MFR	MANUFACTURER
ANN	ANNUNCIATOR	MH	METAL HALIDE
APPROX	APPROXIMATE	MLO	MAIN LUGS ONLY
ARCH	ARCHITECT OR ARCHITECTURAL	MV	MEDIUM VOLTAGE
AT	AMPERE TRIP	MTD	MOUNTED
ATS	AUTOMATIC TRANSFER SWITCH	MTG	MOUNTING
AWG	AMERICAN WIRE GAUGE	N	NEUTRAL
AUX	AUXILIARY	(N)	NEW
BJ	BONDING JUMPER	NC	NORMALLY CLOSED
BLDG	BUILDING	NEC	NATIONAL ELECTRICAL CODE
C	CONDUIT	NIC	NOT IN CONTRACT
CAB	CABINET	(NL)	NEW LOCATION
CB	CIRCUIT BREAKER	NO	NORMALLY OPEN
CKT	CIRCUIT	NTS	NOT TO SCALE
CL	CENTER LINE	OC	ON CENTER
CLG	CEILING	P	POLE
CMS	COMBINATION MOTOR STARTER	PA	PUBLIC ADDRESS
COMM	COMMUNICATION	PB	PUSH BUTTON
CT	CURRENT TRANSFORMER	PF	POWER FACTOR
CU	COPPER	PH	PHASE
DIA	DIAMETER	PNL	PANEL
DISC	DISCONNECT	PRI	PRIMARY
DIST	DISTRIBUTION	PVC	POLYVINYL CHLORIDE
DN	DOWN	(R)	REMOVE
DWG	DRAWING	RCPT	RECEPTACLE
(E)	EXISTING	REQD	REQUIRED
EA	EACH	REV	REVISION
EC	ELECTRICAL CONTRACTOR	(RL)	REMOVE AND RELOCATE
ELEC	ELECTRICAL	RMC	RIGID METALLIC CONDUIT
EM	EMERGENCY	SCHED	SCHEDULE
EMT	ELECTRICAL METALLIC TUBING	SEC	SECONDARY
EP	EXPLOSION-PROOF	SN	SOLID NEUTRAL
EQPT	EQUIPMENT	SPEC	SPECIFICATION
FA	FIRE ALARM	SPKR	SPEAKER
FACP	FIRE ALARM CONTROL PANEL	SS	STAINLESS STEEL
FBO	FURNISHED BY OTHERS	SW	SWITCH
FC	FOOTCANDLE	SWBD	SWITCHBOARD
FLA	FULL LOAD AMPS	SWGR	SWITCHGEAR
FLEX	FLEXIBLE	SYM	SYMMETRICAL
FLR	FLOOR	TEL	TELEPHONE
FLUOR	FLUORESCENT	TEMP	TEMPERATURE
G	GROUND	TR	TAMPER RESISTANT
GEC	GROUNDING ELECTRODE CONDUCTOR	TTB	TELEPHONE TERMINAL BOARD
GEN	GENERATOR	TV	TELEVISION
GFCI	GROUND FAULT CIRCUIT INTERRUPTER	TVSS	TRANSIENT VOLT. SURGE SUPPRESSOR
GFI	GROUND FAULT INTERRUPTER	TYP	TYPICAL
HID	HIGH INTENSITY DISCHARGE	UC	UNDER COUNTER
HP	HORSE POWER	UG	UNDER GROUND
HPS	HIGH PRESSURE SODIUM	UPS	UNINTERRUPTIBLE POWER SUPPLY
HT	HEIGHT	V	VOLT
HV	HIGH VOLTAGE	VA	VOLT-AMPERE
IG	ISOLATED GROUND	W	WIRE OR WATT
INC	INCANDESCENT	WP	WEATHER-PROOF
ISC	SHORT CIRCUIT CURRENT	W/	WITH
JB	JUNCTION BOX	W/O	WITHOUT
KV	KILOVOLT	XFMR	TRANSFORMER
KVA	KILOVOLT-AMPERE	XFR	TRANSFER
KW	KILOWATT		

TYPICAL MOUNTING HEIGHTS

THE CONTRACTOR SHALL COORDINATE THE MOUNTING HEIGHT OF ALL FIXTURES, DEVICES, AND OUTLETS WITH ARCHITECTURAL PLANS AND ELEVATIONS. SPECIAL MOUNTING HEIGHTS SHOWN ON THE PLANS SHALL TAKE PRECEDENCE OVER THOSE GIVEN BELOW. ALL MOUNTING HEIGHTS ARE FROM FINISHED FLOOR TO CENTERLINE OF DEVICE, UNLESS NOTED OTHERWISE.

SWITCHES	WALL SWITCHES AND DIMMERS MANUAL MOTOR STARTERS	3'-10" 3'-10"
RECEPTACLES	WALL ABOVE COUNTER WITHOUT BACKSPLASH ABOVE COUNTER WITH BACKSPLASH IN O.R.'S X-RAY FILM ILLUMINATORS FOR TELEVISION WALL HUNG SINKS (GFCI) PHYSICAL THERAPY (GFCI) CLOCK	1'-6" 0'-8" ABOVE TOP OF COUNTER 0'-4" ABOVE TOP OF BACKSPLASH 1'-6" 2" BELOW AND 2" TO THE RIGHT OF LOWER RIGHT HAND CORNER (SAME AS TV OUTLET) 3'-6" 3'-0" 1'-0" BELOW CEILING
ELECTRICAL EQUIPMENT	SAFETY SWITCH MOTOR STARTER PANELBOARD COMMUNICATIONS CABINET	6'-6" TO TOP OF ENCLOSURE 6'-6" TO TOP OF ENCLOSURE 6'-6" TO TOP OF ENCLOSURE 6'-6" TO TOP OF ENCLOSURE

LEGEND

LIGHTING

SYMBOL	DESCRIPTION	MOUNTING HEIGHT
5	DESIGNATES FIXTURE TYPE - SEE LIGHTING FIXTURE SCHEDULE	
5	ALL FIXTURES IN THIS SPACE SHALL BE THE SAME TYPE INDICATED	
	NORMAL BRANCH SURFACE OR RECESSED FLUORESCENT FIXTURE (TYPE DETERMINES MOUNTING)	
	CRITICAL BRANCH SURFACE OR RECESSED FLUORESCENT FIXTURE (TYPE DETERMINES MOUNTING)	
	LIFE-SAFETY BRANCH SURFACE OR RECESSED FLUORESCENT FIXTURE (TYPE DETERMINES MOUNTING)	
	NORMAL BRANCH SURFACE OR RECESSED FIXTURE (TYPE DETERMINES MOUNTING)	
	CRITICAL BRANCH SURFACE OR RECESSED FIXTURE (TYPE DETERMINES MOUNTING)	
	LIFE-SAFETY BRANCH SURFACE OR RECESSED FIXTURE (TYPE DETERMINES MOUNTING)	
	NORMAL BRANCH SURFACE OR SUSPENDED FLUORESCENT FIXTURE (TYPE DETERMINES MOUNTING)	
	CRITICAL BRANCH SURFACE OR SUSPENDED FLUORESCENT FIXTURE (TYPE DETERMINES MOUNTING)	
	LIFE-SAFETY BRANCH SURFACE OR SUSPENDED FLUORESCENT FIXTURE (TYPE DETERMINES MOUNTING)	
	NORMAL BRANCH WALL BRACKET FIXTURE	
	CRITICAL BRANCH WALL BRACKET FIXTURE	
	LIFE-SAFETY BRANCH WALL BRACKET FIXTURE	
	EXIT LIGHT, PROVIDE DIRECTIONAL ARROWS AS INDICATED ON PLANS	
	BATTERY POWERED EMERGENCY LIGHT	
	TRACK LIGHTING	
	GROUND AND POLE MOUNTED SITE FIXTURES	

SWITCHES

S	SINGLE POLE SWITCH	3'-10" AFF TO CL
$	SINGLE POLE SWITCH - LINE INDICATES EMERGENCY BRANCH (REFER TO SPECS. FOR COLOR AND TYPE)	3'-10" AFF TO CL
S_2	DOUBLE POLE SWITCH - CENTER OFF	3'-10" AFF TO CL
S_3	THREE WAY SWITCH	3'-10" AFF TO CL
S_4	FOUR WAY SWITCH	3'-10" AFF TO CL
S_K	SINGLE POLE SWITCH - KEY OPERATED	3'-10" AFF TO CL
S_D	DIMMER SWITCH	3'-10" AFF TO CL
S_{IT}	INTERVAL TIMER CONTROL SWITCH	3'-10" AFF TO CL
S_P	SINGLE POLE SWITCH WITH PILOT LIGHT	3'-10" AFF TO CL
S^{OC}	OCCUPANCY SENSOR SWITCH	3'-10" AFF TO CL
S^{M}	MANUAL MOTOR STARTER	3'-10" AFF TO CL
S^{MTO}	MANUAL MOTOR STARTER WITH THERMAL OVERLOADS	3'-10" AFF TO CL
	PUSH BUTTON SWITCH (MUSHROOM BUTTON)	3'-10" AFF TO CL

POWER - RECEPTACLES

	120V. DUPLEX RECEPTACLE - (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	1'-6" AFF TO CL
	120V. DUPLEX RECEPTACLE - SPECIAL MOUNTING HEIGHT (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	AS NOTED OR SEE SPECS
	120V. QUADRUPLEX RECEPTACLE - (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	1'-6" AFF TO CL
	120V. QUADRUPLEX RECEPTACLE - SPECIAL MOUNTING HEIGHT (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	AS NOTED OR SEE SPECS
	120V. DUPLEX RECEPTACLE - (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	PEDESTAL TYPE FLOOR BOX
	120V. DUPLEX RECEPTACLE - (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	FLUSH TYPE FLOOR BOX
	250V., 2-POLE, SINGLE RECEPTACLE, RATINGS AS SHOWN ON PLANS	1'-6" AFF TO CL
	SPECIAL RECEPTACLE (TYPE AS NOTED)	AS NOTED OR SEE SPECS
	120V. GFI RECEPTACLE (SPECIAL MOUNTING HEIGHT)	AS NOTED OR SEE SPECS
	120V. GFI RECEPTACLE	1'-6" AFF TO CL
	120V. GFI QUADRUPLEX RECEPTACLE - (REFER TO RECEPTACLE ABBREVIATIONS FOR EXCEPTIONS)	
	CONNECTION FOR FILM ILLUMINATOR, COORDINATE ROUGH-IN PRIOR TO INSTALLATION	AS NOTED
C	WIREMOLD - LENGTH AS REQUIRED - EMERGENCY POWER	ABOVE COUNTER
	WIREMOLD - LENGTH AS REQUIRED - NORMAL POWER	ABOVE COUNTER
GM	GROUND JACK MODULE	
GB	GROUNDING COLLECTION BUS	
RGM	GROUND AND RECEPTACLE MODULE	AS NOTED
J	GROUND AND RECEPTACLE MODULE	AS NOTED

LEGEND

MISCELLANEOUS

SYMBOL	DESCRIPTION	MOUNTING HEIGHT
#	DRAWING NOTE	
#	DRAWING NOTE	
TC	TIME CLOCK	
PC	120V PHOTOCELL	
	NON-FUSIBLE SAFETY SWITCH, SIZE AS NOTED (A RATING/POLES)	
	FUSIBLE SAFETY SWITCH, SIZE AS NOTED (AMP RATING/POLES)	
	COMBINATION MOTOR STARTER	
	MOTOR STARTER	
VFD	FACTORY WIRED CONTROLLER OR EQUIPMENT	
PS V	PAGING SPEAKER AND VOLUME CONTROL	
	PUSH BUTTON SWITCH (MUSHROOM BUTTON)	3'-10" AFF TO CL
J	JUNCTION BOX	
	PANELBOARD - FLUSH MOUNTED	
	PANELBOARD - SURFACE MOUNTED	
	BUSHED CONDUIT	
	CAPPED CONDUIT	
	CIRCUIT HOMERUN - ARROWHEADS INDICATE QUANTITY OF CIRCUITS	
	CONCEALED CONDUIT	6'-6" TO CENTERLINE
	EXTERIOR CONDUIT BELOW GRADE OR CONCEALED CONDUIT IN SLAB	
UP DN	CONDUIT TURNED UP OR DOWN	

TELEPHONE/DATA

	TELEPHONE (BACKBOX WITH CONDUIT)	1'-6" AFF TO CL
W	WALL TELEPHONE (BACKBOX WITH CONDUIT)	4'-6" AFF TO CL
	TELEPHONE ,SPECIAL MOUNTING HEIGHT (BACKBOX WITH CONDUIT)	AS NOTED SEE SPECS.
	TELEPHONE FLOOR BOX	
	DATA/TELEPHONE (BACKBOX WITH CONDUIT)	1'-6" AFF TO CL
	COMBINATION DATA/TELEPHONE, SPECIAL MOUNTING HEIGHT (BACKBOX WITH CONDUIT)	AS NOTED SEE SPECS.
	DATA (BACKBOX WITH CONDUIT)	1'-6" AFF TO CL
	DATA ,SPECIAL MOUNTING HEIGHT (BACKBOX WITH CONDUIT)	AS NOTED SEE SPECS.
	DATA FLOOR BOX	
T	TELEPHONE SIGNAL LIGHT (BACKBOX WITH CONDUIT)	
PBX	TELEPHONE SWITCHBOARD CONSOLE (BACKBOX WITH CONDUIT)	

ONE LINE DIAGRAM

	OVERHEAD POWER SERVICE ENTRANCE
	CIRCUIT BREAKER
	DISCONNECT SWITCH
	FUSE
	FUSED DISCONNECT 600 VOLTS AND UNDER
	TRANSFORMER
	SHIELDED TRANSFORMER
	CURRENT TRANSFORMER
	POTENTIAL TRANSFORMER
	FEEDER KEY
	GROUND
	DRAWOUT DEVICE
	TRANSFER SWITCH (AUTOMATIC OR MANUAL)
#	PANELBOARD
	LOCAL CONTACTOR
TVSS	TRANSIENT VOLTAGE SURGE SUPPRESSION
M	METER
	SHORT CIRCUIT CURRENT KEY
	GENERATOR
GFI	GROUND FAULT INTERRUPTER
	ELECTRICAL EQUIPMENT ENCLOSURE

LEGEND

FIRE ALARM

SYMBOL	DESCRIPTION	MOUNTING HEIGHT
F	FIRE ALARM VISUAL STATION - LIGHT ONLY	
F	FIRE ALARM MANUAL PULL STATION	
F_K	FIRE ALARM MANUAL PULL STATION - KEY OPERATED	
F	FIRE ALARM 10" BELL	
F	FIRE ALARM CHIME WITH LIGHT	
FS	FIRE ALARM SPEAKER WITH LIGHT	
F	FIRE ALARM CHIME	
F	FIRE ALARM HORN	
F	FIRE ALARM HORN/VISUAL	
CLG F	CEILING MOUNTED FIRE ALARM HORN/VISUAL	
FS	FIRE ALARM CEILING MOUNTED STROBE	
	MAGNETIC DOOR HOLDER	
D	FIRE ALARM SMOKE DETECTOR	
D_{SB}	FIRE ALARM SMOKE DETECTOR WITH SOUNDER BASE	
D_{SS}	SINGLE STATION SMOKE DETECTOR	
H	HEAT DETECTOR - FIXED TEMPERATURE TYPE	
H_{RR}	HEAT DETECTOR - RATE OF RISE TYPE	
D_R	DUCT SMOKE DETECTOR - RETURN DUCT	
R	SMOKE DETECTOR REMOTE INDICATOR	
SAI	SMOKE DETECTOR ALARM REMOTE INDICATOR/TEST SWITCH	
Y	SPRINKLER SYSTEM VALVE STATUS SWITCH	
FS	SPRINKLER SYSTEM FLOW SWITCH	
TS	SPRINKLER SYSTEM TAMPER SWITCH	
FACP	FIRE ALARM CONTROL PANEL	
ANN	FIRE ALARM REMOTE ANNUNCIATOR	
GZM	FIRE ALARM GRAPHIC ZONE MAP	

DRAWING INDEX

E0.0	ELECTRICAL LEGENDS, ABBREVIATIONS, AND GENERAL NOTES
E0.1	ELECTRICAL SPECIFICATIONS
E0.2	LUMINAIRE SCHEDULE
E1.0	ELECTRICAL LIGHTING DEMOLITION PLAN
E1.1	ELECTRICAL POWER DEMOLITION PLAN
E2.1	ELECTRICAL LIGHTING NEW WORK PLAN
E3.1	ELECTRICAL POWER NEW WORK PLAN
E4.0	PARTIAL ONE-LINE DIAGRAM, SCHEDULES

ELECTRICAL GENERAL NOTES

1. DRAWINGS ARE SCHEMATIC IN NATURE AND MAY NOT BE DRAWN EXACTLY TO SCALE. CONTRACTOR IS RESPONSIBLE FOR COORDINATING EXACT ROUTING OF ALL SERVICES WITH EXISTING CONDITIONS AND WITH ALL OTHER TRADES.
2. ALL CIRCUITS SHALL INCLUDE A GREEN GROUND CONDUCTOR SIZED IN ACCORDANCE WITH NEC SECTION 250, OR LARGER IF NOTED.
3. WHERE NEW ITEMS ARE DESIGNATED TO BE CONNECTED TO AN EXISTING CIRCUIT, CONTRACTOR SHALL TRACE EXISTING CIRCUIT TO DETERMINE CIRCUIT LOADING. THE LOAD ON A 20 AMP CIRCUIT SHALL NOT EXCEED 16 AMPS. WHERE THIS CANNOT BE ACHIEVED, CONTRACTOR SHALL CONTACT THE ENGINEER FOR ALTERNATIVE CIRCUITING INSTRUCTIONS.
4. ALL PENETRATIONS OF FIRE RATED PARTITIONS DUE TO THE INSTALLATION OF ELECTRICAL SYSTEMS SHALL BE SEALED TO MAINTAIN THE FIRE RATING OF THE WALL.
5. WHERE COMPLETE CIRCUITS ARE DEMOLISHED, THE WIRING AND RACEWAY SHALL BE DEMOLISHED BACK TO THE BRANCH CIRCUIT PANELBOARD. THE DEMOLISHED CIRCUIT'S BREAKER SHALL BE LABELED AS "SPARE" ON THE PANEL SCHEDULE.
6. WIRING AND RACEWAY SHALL BE PROVIDED AS NECESSARY TO RE-ENERGIZE EXISTING OUTLETS TO REMAIN WHEN POWER TO SUCH OUTLETS IS INTERRUPTED DUE TO DEMOLITION OF OTHER DEVICES ON THE SAME CIRCUIT.
7. CONTRACTOR SHALL USE CARE IN REMOVING DEVICES AND FIXTURES AND SHALL MAKE THEM AVAILABLE TO THE OWNER FOR FUTURE USE. ALL DEVICES AND FIXTURES NOT RETAINED BY THE OWNER SHALL BE DISPOSED OF BY THE CONTRACTOR IN ACCORDANCE WITH THE OWNER'S INSTRUCTIONS.
8. ALL EXISTING DEVICES AND EQUIPMENT MAY NOT BE SHOWN ON PLANS. CONTRACTOR SHALL VISIT THE SITE BEFORE SUBMITTING BID TO OBSERVE EXISTING CONDITIONS.
9. ALL NEW BREAKERS SHALL BE RATED TO WITHSTAND FAULT CURRENT AS SHOWN ON THE PANEL SCHEDULES.
10. NEW COMMUNICATION OUTLETS SHALL CONSIST OF A 4"SQ DEVICE BOX WITH SINGLE GANG MUD RING AND (1) 3/4"C. WITH PULL STRING AND BUSHING STUBBED UP TO ACCESSIBLE CEILING.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

DWG FILENAME:

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HealthONE

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PROFESSIONAL ENGINEER
10.28.13

PROJECT NO.: 13-07

DRAWN BY: TAH
CHECKED BY: GEV
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:
FLOOR PLAN

SHEET NO.:
E0.0

SPECIFICATIONS - DIVISION 26

PART 1 GENERAL

1.1 EXISTING EQUIPMENT IS SHOWN FOR REFERENCE PURPOSES AND SHALL REMAIN. EXISTING EQUIPMENT NOT SHOWN SHALL ALSO REMAIN. EXISTING EQUIPMENT TO REMAIN SHALL BE PROTECTED FROM DAMAGE.

1.2 WORK SHOWN AS EXISTING CONDITIONS WAS TAKEN FROM ARCHITECTURAL DRAWINGS AND A CURSORY FIELD OBSERVATION. SSR IS NOT RESPONSIBLE FOR THE ACCURACY OF ANY INFORMATION OR THE ADEQUACY, SAFETY AND CONFORMANCE TO CURRENT PREVAILING CODES OF ANY WORK SHOWN AS EXISTING ON THESE DOCUMENTS.

1.3 IT IS THE INTENT OF THESE DOCUMENTS TO RESULT IN A COMPLETE ELECTRICAL INSTALLATION IN COMPLETE ACCORDANCE WITH APPLICABLE CODES AND ORDINANCES. DRAWINGS ARE DIAGRAMMATIC IN CHARACTER AND DO NOT NECESSARILY INDICATE EVERY REQUIRED JUNCTION BOX, PULL BOX, ELL, ETC. ITEMS NOT SPECIFICALLY MENTIONED IN THE SPECIFICATION OR NOTED ON THE DRAWINGS, BUT WHICH ARE OBVIOUSLY NECESSARY TO MAKE A COMPLETE WORKING INSTALLATION, SHALL BE INCLUDED.

1.4 AS A MINIMUM, EXECUTE, TEST, AND INSPECT WORK IN ACCORDANCE WITH UNDERWRITERS AND STATE AND LOCAL CODES, RULES, AND REGULATIONS APPLICABLE TO THE TRADE AFFECTED. IF THE PLANS OR SPECIFICATIONS CALL FOR REQUIREMENTS THAT EXCEED THESE RULES AND REGULATIONS, THE GREATER REQUIREMENT SHALL BE FOLLOWED. INCLUDED ARE THE REQUIREMENTS OF IBC, NFPA, NEC, OSHA, NEMA, ANSI, UL, EIA/TIA.

1.5 DRAWINGS AND SPECIFICATIONS ARE COMPLEMENTARY. WHATEVER IS CALLED FOR IN EITHER IS BINDING AS THOUGH CALLED FOR IN BOTH. THE MORE STRINGENT REQUIREMENTS SHALL GOVERN.

1.6 IF CONFLICTS ARE DISCOVERED IN CONTRACT DOCUMENTS AS WORK PROGRESSES, A SET OF PRINTS MARKED WITH RED PENCIL SHOWING RECOMMENDED MODIFICATIONS SHALL BE SUBMITTED TO THE ENGINEER FOR APPROVAL PRIOR TO INSTALLATION.

1.7 IN THE EVENT THAT DISCREPANCIES EXIST OR REQUIRED ITEMS OR DETAILS HAVE BEEN OMITTED, NOTIFY THE ARCHITECT IN WRITING OF SUCH DISCREPANCY OR OMISSION AT LEAST THREE DAYS PRIOR TO BID DATE. FAILURE TO DO SO SHALL BE CONSTRUED AS WILLINGNESS TO SUPPLY NECESSARY MATERIALS AND LABOR REQUIRED FOR THE PROPER COMPLETION OF THIS WORK. FOR DISCREPANCIES WHICH ARE NOT REPORTED BY CONTRACTOR THE MOST STRINGENT REQUIREMENT SHALL APPLY.

1.8 THE TERM "PROVIDE" SHALL MEAN FURNISH AND INSTALL ITEMS OR SYSTEMS IN ACCORDANCE WITH PLANS AND SPECIFICATIONS.

1.9 INSTALL EQUIPMENT AND MATERIALS IN ACCORDANCE WITH MANUFACTURERS' RECOMMENDATIONS UNLESS LOCAL CODES OR REGULATIONS TAKE PRECEDENCE.

1.10 PROVIDE APPURTENANCES AND CONSUMABLES AS REQUIRED.

1.11 WORK SHALL CONFORM TO BASE BUILDING EXISTING CONDITIONS EXCEPT AS AMENDED BY THESE SPECIFICATIONS. CONTRACTOR SHALL VERIFY EXISTING CIRCUITS PRIOR TO STARTING WORK.

1.12 COMPLY WITH LATEST EDITION OF NATIONAL ELECTRICAL CODE, APPLICABLE STATE AND LOCAL CODES, ORDINANCES AND OSHA REQUIREMENTS.

1.13 WHERE A CONFLICT EXISTS BETWEEN ANY PREVAILING CODES AND WORK INDICATED ON THESE DOCUMENTS, THE MORE STRINGENT REQUIREMENT SHALL GOVERN.

1.14 PAY FOR ALL ELECTRICAL PERMITS, LICENSES AND CONSTRUCTION FEES.

1.15 EXAMINE SITE AND PREMISES PRIOR TO SUBMISSION OF BID. NO ADDITIONAL COMPENSATION WILL BE MADE FOR EXTRA EXPENSE INCURRED DUE TO FAILURE TO EXAMINE EXISTING SITE CONDITIONS.

1.16 SCHEDULE SERVICE INTERRUPTIONS IN WRITING WITH OWNER ONE (1) WEEK IN ADVANCE.

1.17 COORDINATE WORK AND POWER OUTAGES WITH BUILDING MANAGEMENT, AFFECTED TENANTS, AND OTHER TRADES.

1.18 WHERE INDICATED ON THE DRAWINGS, PROVIDE THREE PHASE DIGITAL RECORDING CIRCUIT ANALYZER ON PANELBOARD FEEDER(S) FOR A PERIOD OF THIRTY DAYS TO VERIFY EXISTING LOAD. CIRCUIT ANALYZER SHALL RECORD VOLTAGE, AMPERAGE, KVA, AND POWER FACTOR FOR EACH PHASE AND AVERAGE OF ALL PHASES. ANALYZER SHALL ALSO RECORD A PER DAY MAXIMUM DEMAND (MEASURE OF AVERAGE POWER DEMAND OVER A 15 MINUTE PERIOD). THE CONTRACTOR SHALL COMPILE A SUMMARY REPORT LISTING MAXIMUM READINGS AND SUBMIT THE REPORT AND TAPE TO THE ENGINEER. ANALYZER SHALL HAVE BEEN CALIBRATED IN PREVIOUS 60 DAYS. SUBMIT DOCUMENTATION OF CALIBRATION ALONG WITH LOAD TAPES TO ENGINEER.

1.19 EQUIPMENT REMOVED IS THE PROPERTY OF THE OWNER AND SHALL BE RETURNED TO THE OWNER FOR DISPOSITION. SALVAGE ALL REMOVED EQUIPMENT FOR OWNER AND STORE IN OWNER DESIGNATED LOCATION. EQUIPMENT NOT RETAINED BY THE OWNER SHALL BE REMOVED FROM THE SITE BY THE CONTRACTOR.

1.20 ALL MATERIALS SHALL BE NEW AND BEAR UL LABEL UNLESS OTHERWISE NOTED ON THE DRAWINGS.

1.21 REMOVE ALL REFUSE AND WASTE MATERIAL FROM BUILDING DAILY.

1.22 LEFT OVER OR REMOVED EQUIPMENT REQUIRING HAZARDOUS WASTE REMOVAL SHALL BE REMOVED FROM THE SITE BY THE CONTRACTOR UPON COMPLETION OF THE CONSTRUCTION PROJECT AND DISPOSED OF PER EPA REQUIREMENTS.

1.23 GUARANTEE ELECTRICAL INSTALLATION AND ALL WORK UNDER THIS DIVISION (EXCLUDING LAMPS) FOR A PERIOD OF ONE YEAR FROM DATE OF FINAL ACCEPTANCE BY OWNER AGAINST ALL EVIDENCE OF IMPERFECT WORKMANSHIP, FAILURE OR MALFUNCTION OF MATERIALS AND EQUIPMENT. REPLACE WORK FOUND DEFECTIVE WITHIN THIS PERIOD PROMPTLY AT NO COST TO OWNER.

PART 2 PRODUCTS

2.1 WIRE AND CABLE SHALL BE MINIMUM NUMBER 12 AWG COPPER WITH THWN OR THHN INSULATION. NUMBER 10 AWG AND SMALLER WIRE EXCEPT FOR MOTOR CIRCUITS SHALL BE SOLID. LARGER WIRE AND MOTOR CIRCUIT FEEDERS SHALL BE STRANDED. MOTOR CONNECTIONS SHALL BE WITH STRANDED CONDUCTORS. WIRE AND CABLE SHALL BE AS MANUFACTURED BY ANACONDA, PHELPS-DODGE, PIRELLI, SOUTHWIRE, OR TRIANGLE.

2.2 ALL ELECTRICAL WIRING SHALL BE INSTALLED IN CONDUIT UNLESS NOTED OTHERWISE. PREMANUFACTURED CABLE ASSEMBLIES SHALL BE PERMITTED AS ALLOWED BY THE NEC FOR APPROVED AREAS.

2.3 INTERIOR CONDUIT SHALL BE ELECTRICAL METALLIC TUBING WITH SET SCREW FITTINGS.

2.4 CONDUIT SUBJECT TO VIBRATION OR WHERE USED FOR MECHANICAL EQUIPMENT CONNECTIONS SHALL BE PVC JACKETED FLEXIBLE METAL CONDUIT.

2.5 CONDUIT IN AIR PLENUMS SHALL BE RIGID METAL CONDUIT OR ELECTRICAL METALLIC CONDUIT. CONDUIT USED FOR MECHANICAL EQUIPMENT CONNECTIONS SHALL BE FLEXIBLE METAL CONDUIT.

2.6 OUTLET AND JUNCTION BOXES SHALL BE OF PRESSED STEEL AND AS MANUFACTURED BY STEEL CITY, APPLETON, OR RACO. OUTLET BOXES SHALL BE DOUBLE GANG BOX WITH SINGLE OR DOUBLE GANG TRIM RINGS AS REQUIRED.

2.7 RECEPTACLES SHALL BE AS MANUFACTURED BY HUBBELL, EAGLE, OR LEVITON AND SHALL BE EQUIVALENT TO HUBBELL 5262. DEVICE COLORS TO MATCH EXISTING BUILDING STANDARD. VERIFY COLOR WITH ARCHITECT BEFORE ORDERING.

2.8 SWITCHES SHALL BE AS MANUFACTURED BY HUBBELL, EAGLE, OR LEVITON AND SHALL BE EQUIVALENT TO HUBBELL 1222. DEVICE COLORS TO MATCH EXISTING BUILDING STANDARD. VERIFY COLOR WITH ARCHITECT BEFORE ORDERING.

2.9 DEVICE PLATES SHALL BE SMOOTH NYLON. COLOR FOR NYLON DEVICE PLATES TO BE MATCH EXISTING BUILDING STANDARD. VERIFY COLOR WITH ARCHITECT BEFORE ORDERING. DEVICES INDICATED WEATHERPROOF SHALL BE PROVIDED WITH A WEATHERPROOF WHILE IN USE ENCLOSURE.

2.10 MOTOR AND CIRCUIT DISCONNECTS SHALL BE HEAVY DUTY, FUSIBLE OR NON-FUSIBLE AS INDICATED AND AS MANUFACTURED BY SQUARE D, GENERAL ELECTRIC, EATON CUTLER-HAMMER, OR SIEMENS/ITE.

1 2.11 EQUIPMENT SHALL BE GROUNDED IN ACCORDANCE WITH NATIONAL ELECTRICAL CODE. A SEPARATE EQUIPMENT GROUNDING CONDUCTOR SHALL BE INSTALLED WITH ALL FEEDER AND BRANCH CIRCUITS CONDUCTORS. GROUND WIRES SHALL BE COPPER. COMPLY WITH NEC ARTICLE 517.13 FOR REDUNDANT GROUNDING IN PATIENT CARE AREAS.

2.12 A SEPARATE NEUTRAL CONDUCTOR SHALL BE INSTALLED FOR EACH 120V BRANCH CIRCUIT UNLESS OTHERWISE INDICATED.

2.13 FUSES SHALL BE AS INDICATED AND AS MANUFACTURED BY BUSSMANN.

2.14 CIRCUIT BREAKERS SHALL BE THERMAL-MAGNETIC, QUICK-MAKE, QUICK-BREAK, TRIP-FREE AND TRIP INDICATING. MULTI-POLE CIRCUIT BREAKERS SHALL BE COMMON TRIP. CIRCUIT BREAKERS SHALL BE OF SAME MANUFACTURER AND WISTAND RATING AS PANELBOARD OR DISCONNECTING DEVICE.

2.15 LAMPS SHALL BE AS MANUFACTURED BY GENERAL ELECTRIC, OSRAM/SYLVANIA, OR PHILLIPS. FLUORESCENT AND COMPACT FLUORESCENT LAMPS SHALL HAVE MATCHING LAMP COLOR THROUGHOUT THE AREA OF NEW CONSTRUCTION. INCANDESCENT LAMPS SHALL BE RATED 130 VOLTS AND OF INSIDE FROST TYPE UNLESS OTHERWISE NOTED. VERIFY TYPE AND COLOR OF FLUORESCENT LAMPS WITH BUILDING MANAGEMENT BEFORE ORDERING.

2.16 BALLASTS FOR NEW FLUORESCENT FIXTURES SHALL BE AS MANUFACTURED BY UNIVERSAL, OSRAM/SYLVANIA, OR ADVANCE. FLUORESCENT BALLASTS SHALL BE CBM CERTIFIED, HIGH POWER FACTOR INSTANT START, SLH, FULLY ELECTRONIC, FULL LIGHT OUTPUT, SOUND GROUP "A" RATING, CLASS P.

PART 3 EXECUTION

3.1 BRANCH CIRCUITS WHOSE LENGTH FROM PANELBOARD TO FIRST OUTLET EXCEEDS 75 FEET FOR 120 VOLT CIRCUITS SHALL BE #10 OR LARGER. BRANCH CIRCUITS WHOSE LENGTH FROM PANELBOARD TO FIRST OUTLET EXCEEDS 175 FEET FOR 277 VOLT CIRCUITS SHALL BE #10 OR LARGER.

3.2 PATCH AND FIRE SEAL ALL FLOOR PENETRATIONS.

3.3 COORDINATE ALL INTERCONNECTIONS TO AND BETWEEN NEW AND EXISTING SYSTEMS INCLUDING, BUT NOT LIMITED TO: POWER, LIGHTING, AND FIRE ALARM AND DETECTION.

3.4 COORDINATE LOCATIONS OF DEVICES PRIOR TO ROUGH-IN.

3.5 COORDINATE WITH MECHANICAL CONTRACTOR FOR LOCATIONS OF EQUIPMENT CONNECTIONS PRIOR TO ROUGH-IN.

3.6 COORDINATE WITH GENERAL CONTRACTOR FOR ROUTING OF ELECTRICAL COMPONENTS IN PRECAST AND CAST IN-PLACE CONCRETE ARCHITECTURAL ELEMENTS. REFER TO ARCHITECTURAL DRAWINGS FOR BUILDING MATERIALS AND FINISHES.

3.7 REMOVE CONDUCTORS AND CONDUIT BACK TO SOURCE FOR EQUIPMENT WHICH IS TO BE REMOVED UNLESS EXISTING WIRING AND CONDUIT CAN BE REMOVED TO ACCESSIBLE JUNCTION BOX AT CONTRACTORS OPTION TO FEED NEW EQUIPMENT. MAINTAIN CIRCUIT CONTINUITY OF REMAINING DEVICES AND EQUIPMENT. CONTRACTOR IS TO PHASE WORK TO MAINTAIN CONTINUITY OF CIRCUITS IN AREAS WHICH ARE IN ANOTHER PHASE.

3.8 EXTEND EXISTING CIRCUITRY AND RECONNECT TO RELOCATED ITEMS UNLESS OTHERWISE NOTED.

3.9 PROVIDE BLANK COVER PLATES ON WALLS TO REMAIN FOR REMOVED OR RELOCATED DEVICES. COVER PLATES SHALL MATCH EXISTING.

3.10 CONDUIT SHALL BE CONCEALED WHERE LOCATED IN FINISHED AREAS, OR ON EXTERIOR OF BUILDING. CONDUITS IN UNFINISHED OR UTILITY AREAS MAY BE EXPOSED.

3.11 COORDINATE ROUTING OF EXPOSED CONDUITS PRIOR TO INSTALLATION. CONDUITS SHALL BE ROUTED PERPENDICULAR OR PARALLEL TO BUILDING LINES.

3.12 COORDINATE CORE DRILL LOCATIONS WITH BUILDING MANAGEMENT.

3.13 DO NOT DRILL OR SHOOT CONCRETE ANCHORS INTO THE BOTTOM OF CONCRETE STRUCTURAL TEES.

3.14 COORDINATE INSTALLATION OF LUMINAIRES, CONDUIT, AND OTHER EQUIPMENT WITH OTHER TRADES TO MAINTAIN CLEARANCE ABOVE CEILING GRID.

3.15 ADEQUATELY SUPPORT, LEVEL, AND ALIGN LUMINAIRES PER IBC. COORDINATE LOCATIONS WITH ARCHITECTURAL REFLECTED CEILING PLANS.

3.16 CONNECT INTEGRAL BATTERY IN EMERGENCY/EGRESS FIXTURES AHEAD OF LOCAL SWITCHING FOR EMERGENCY EGRESS LIGHTING UPON LOSS OF POWER. CONNECT EXIT SIGNS AHEAD OF LOCAL SWITCHING. EXIT SIGNS TO REMAIN ON AT ALL TIMES.

3.17 CLEAN (INSIDE AND LOUVERS), RELAMP, AND REBALLAST LUMINAIRES AS REQUIRED THAT ARE REUSED IN EXISTING LOCATIONS OR RELOCATED. RESTORE TO FUNCTIONING ALL LUMINAIRES THAT ARE MALFUNCTIONING.

3.18 UNLESS OTHERWISE INDICATED, SWITCHES SHALL BE MOUNTED WITH CENTERLINE AT 48 INCHES A.F.F., "OVER COUNTER" CONVENIENCE OUTLET BOXES SHALL BE MOUNTED HORIZONTALLY AND CENTERED 8 INCHES ABOVE COUNTER TOP. OTHER CONVENIENCE OUTLETS SHALL BE MOUNTED VERTICALLY AT 18 INCHES A.F.F. TO CENTERLINE.

3.19 TELEPHONE AND DATA OUTLETS SHALL BE MOUNTED AT SAME HEIGHT AS ADJACENT RECEPTACLE OUTLETS UNLESS NOTED OTHERWISE. OUTLETS SHALL HAVE 3/4 INCH CONDUIT STUBBED TO CEILING SPACE WITH NYLON PULL STRING AND INSULATED THROAT BUSHING.

3.20 "BACK_TO_BACK" OUTLETS IN SAME WALL, OR "THRU_WALL" TYPE BOXES ARE NOT PERMITTED. PROVIDE 12" (MINIMUM) LONG NIPPLE TO OFFSET ALL OUTLETS SHOWN ON OPPOSITE SIDES OF A COMMON WALL. OUTLET BOXES ON OPPOSITE SIDES OF FIRE RATED WALLS AND PARTITIONS SHALL BE SEPARATED BY A HORIZONTAL DISTANCE OF AT LEAST 24 INCHES.

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Permit #: *2013-794562*

DWG FILENAME:

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Health ONE

WOUND CARE CENTER

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10-28-13

PROJECT NO.: 13-07

DRAWN BY: TAH
CHECKED BY: GEV
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:

ELECTRICAL SPECIFICATIONS

SHEET NO.:

E0.1

LUMINAIRE SCHEDULE

TYPE	DESCRIPTION	LAMPS		VOLTS	NOTES	MANUFACTURER & CATALOG NO.
		NO.	TYPE			
GJ	2'x2' FLUORESCENT GRID TROFFER WITH HIGH EFFICIENT DIFFUSER	3	F17T8/15W	UNIV	1	NEO-RAY #282-R-3-T8-ESTG-UEB-SI-95HT
GJE	SAME AS TYPE 'GJ' EXCEPT WITH BODINE B-50 OR EQUIVALENT BATTERY PACK	3	F17T8/15W	UNIV	1	NEO-RAY #282-R-2-T8-ESTG-UEB-SI-EM-95HT
GL	4'-0" NARROW APERTURE RECESSED LED FIXTURE WITH FROSTED DIFFUSER, 0-10V DIMMING	1	LED INCLUDED	UNIV	1	NEO-RAY #S22DR-2L40-ETG-4-U-DD-S92HTS
SD	SURFACE MOUNTED FLUORESCENT WITH WRAPAROUND ACRYLIC PRISMATIC LENS	2	F32T8/28W	277	1	METALUX #WN-232A-UNV-EB81
UC	24" FLUORESCENT UNDERCABINET TASK LIGHT WITH INTEGRAL ROCKER SWITCH	2	F8T5	120	1	METALUX #CL-208T5-EB-120V-SW
X1	LED SELF-POWERED EDGE LIT EXIT SIGN SINGLE FACE	1	LED INCLUDED	UNIV	1	SURE-LITES #ES7-1-70-G
X2	LED SELF-POWERED EDGE LIT EXIT SIGN DOUBLE FACE	1	LED INCLUDED	UNIV	1	SURE-LITES #ES7-2-70-G

KEYED NOTES:
1. OR APPROVED EQUIVALENT

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

DWG FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

TOM THOMPSON ARCHITECT
2510 SOUTH OSCEOLA STREET
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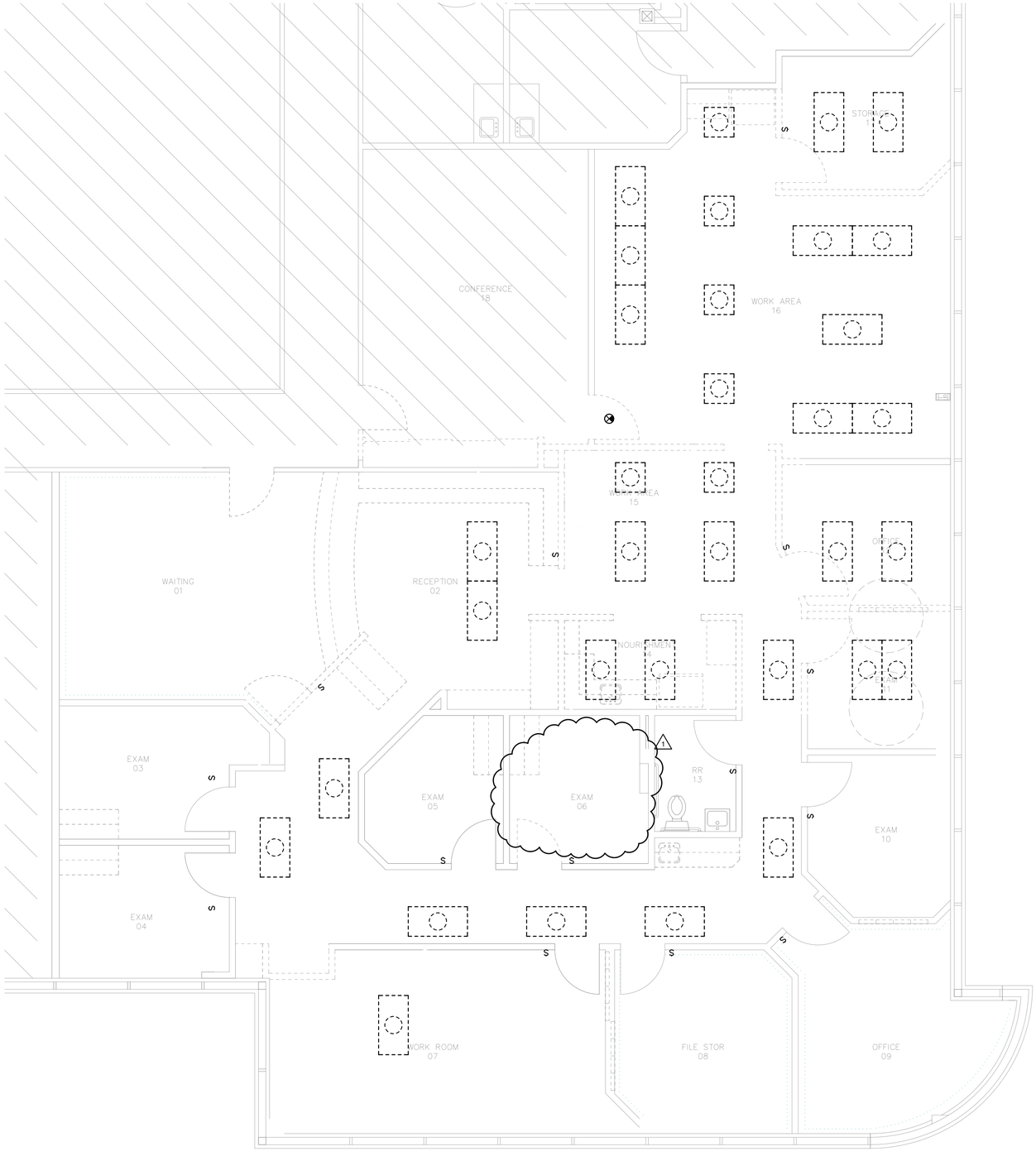
COLORADO REGISTERED PROFESSIONAL ENGINEER
LC0722
10.28.13

PROJECT NO.: 13-07

DRAWN BY: TAH
CHECKED BY: GEV
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:
LUMINAIRE SCHEDULE

SHEET NO.:
E0.2



NORTH

ELECTRICAL LIGHTING DEMOLITION PLAN

1/4" = 1'

ELECTRICAL DEMOLITION NOTES

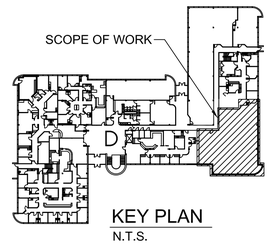
1. WHERE COMPLETE CIRCUITS ARE DEMOLISHED, THE WIRING AND RACEWAY SHALL BE DEMOLISHED BACK TO THE BRANCH CIRCUIT PANELBOARD. THE ASSOCIATED BREAKER SHALL BE LABELED AS "SPARE" ON THE PANEL DIRECTORY.
2. MAINTAIN CONTINUITY FOR ALL CIRCUITS SERVING DEVICES TO REMAIN.
3. ALL DEVICES AND FIXTURES NOT RETAINED BY THE OWNER SHALL BE DISPOSED OF BY THE CONTRACTOR IN ACCORDANCE WITH THE OWNER'S INSTRUCTIONS.
4. ALL PENETRATIONS OF FIRE RATED WALLS OR FLOORS DUE TO THE REMOVAL OF ELECTRICAL SYSTEMS SHALL BE SEALED TO MAINTAIN THE FIRE RATING.
5. ALL EXISTING DEVICES AND EQUIPMENT MAY NOT BE SHOWN ON PLANS. CONTRACTOR SHALL VISIT THE SITE BEFORE SUBMITTING BID TO OBSERVE EXISTING CONDITIONS.
6. FIRE ALARM SYSTEM DEVICES REMOVED SHALL BE SALVAGED AND RE-USED WHERE POSSIBLE.
7. PROVIDE BLANK COVER PLATES FOR ALL DEVICE BOXES IN EXISTING WALLS TO REMAIN WHERE EXISTING DEVICE HAS BEEN REMOVED BUT RACEWAY HAS NOT REMOVED.
8. REFER TO OTHER TRADES DRAWINGS FOR EQUIPMENT BEING DEMOLISHED BY OTHERS. COMPLETELY DEMOLISH ELECTRICAL SERVICES ASSOCIATED WITH EQUIPMENT BEING REMOVED.
9. LIGHTING FIXTURES REMOVED IN DEMOLITION SHALL BE RETURNED TO THE BUILDING OWNER.

RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN
- - - - - - - -	EXISTING TO BE DEMOLISHED

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*



KEY PLAN
N.T.S.

DWG FILENAME:

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Health ONE

WOUND CARE CENTER

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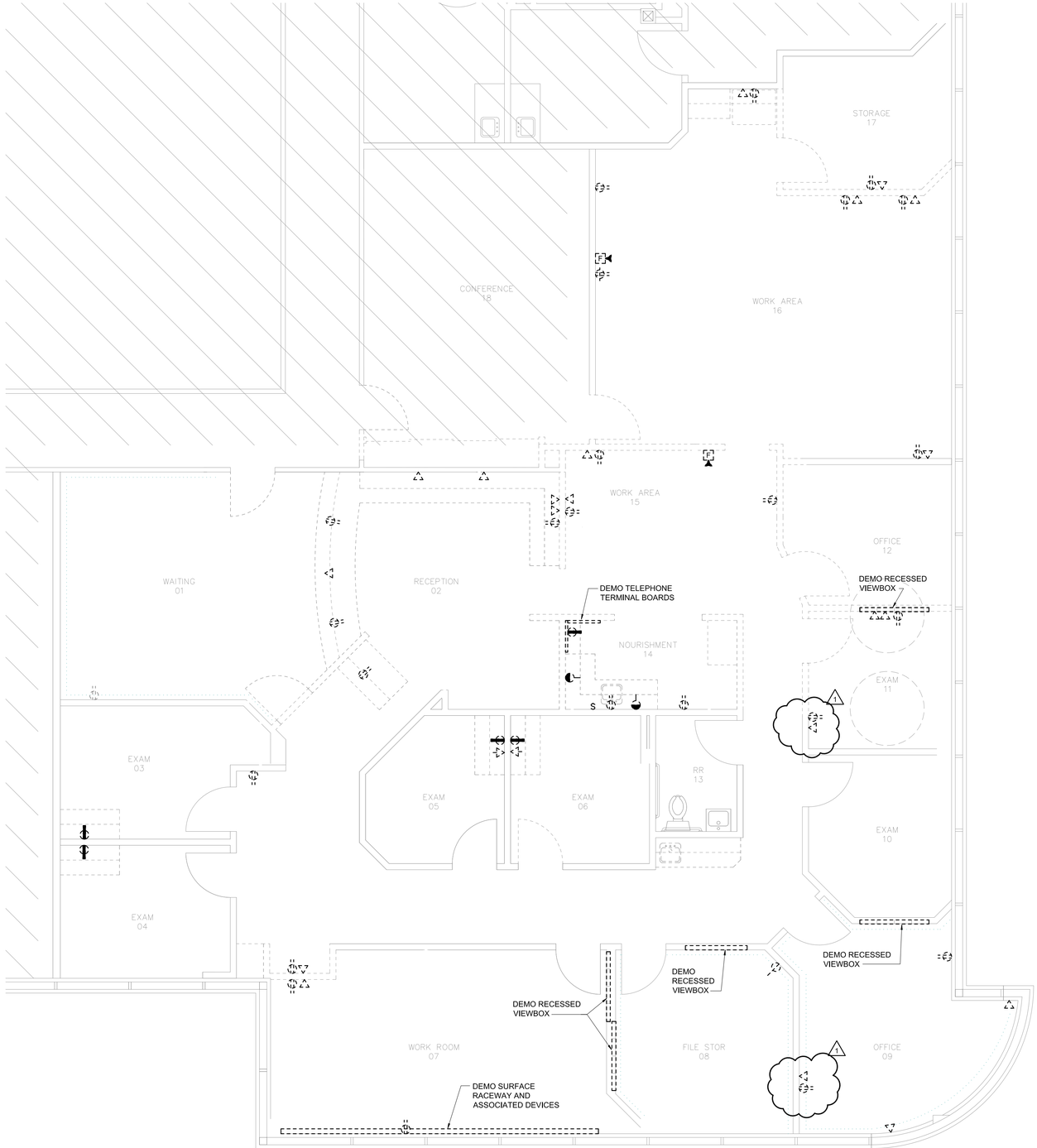
COLORADO REGISTERED PROFESSIONAL ENGINEER
30722
10.28.13

PROJECT NO.: 13-07

DRAWN BY: TAH
CHECKED BY: GEV
SCALE: 1/4" = 1'
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:
LIGHTING DEMOLITION

SHEET NO.:
E1.0



NORTH

ELECTRICAL POWER DEMOLITION PLAN

1/4" = 1'

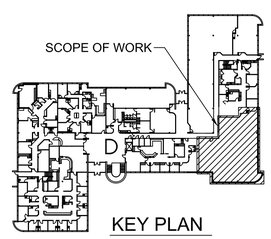
ELECTRICAL DEMOLITION NOTES

1. WHERE COMPLETE CIRCUITS ARE DEMOLISHED, THE WIRING AND RACEWAY SHALL BE DEMOLISHED BACK TO THE BRANCH CIRCUIT PANELBOARD. THE ASSOCIATED BREAKER SHALL BE LABELED AS "SPARE" ON THE PANEL DIRECTORY.
2. MAINTAIN CONTINUITY FOR ALL CIRCUITS SERVING DEVICES TO REMAIN.
3. ALL DEVICES AND FIXTURES NOT RETAINED BY THE OWNER SHALL BE DISPOSED OF BY THE CONTRACTOR IN ACCORDANCE WITH THE OWNER'S INSTRUCTIONS.
4. ALL PENETRATIONS OF FIRE RATED WALLS OR FLOORS DUE TO THE REMOVAL OF ELECTRICAL SYSTEMS SHALL BE SEALED TO MAINTAIN THE FIRE RATING.
5. ALL EXISTING DEVICES AND EQUIPMENT MAY NOT BE SHOWN ON PLANS. CONTRACTOR SHALL VISIT THE SITE BEFORE SUBMITTING BID TO OBSERVE EXISTING CONDITIONS.
6. FIRE ALARM SYSTEM DEVICES REMOVED SHALL BE SALVAGED AND RE-USED WHERE POSSIBLE.
7. PROVIDE BLANK COVER PLATES FOR ALL DEVICE BOXES IN EXISTING WALLS TO REMAIN WHERE EXISTING DEVICE HAS BEEN REMOVED BUT RACEWAY HAS NOT REMOVED.
8. REFER TO OTHER TRADES DRAWINGS FOR EQUIPMENT BEING DEMOLISHED BY OTHERS. COMPLETELY DEMOLISH ELECTRICAL SERVICES ASSOCIATED WITH EQUIPMENT BEING REMOVED.
9. LIGHTING FIXTURES REMOVED IN DEMOLITION SHALL BE RETURNED TO THE BUILDING OWNER.

RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN
- - - - - - - -	EXISTING TO BE DEMOLISHED

RSN: 848551
Permit #: 2013-794562



KEY PLAN
N.T.S.

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COLORADO REGISTERED PROFESSIONAL ENGINEER
10.28.13

PROJECT NO.:	13-07
DRAWN BY:	TAH
CHECKED BY:	GEV
SCALE:	1/4" = 1'
DATE:	10/28/2013
ISSUED FOR:	PLAN REVISION SET
REVISIONS:	
1 PR #1	10/22/2013

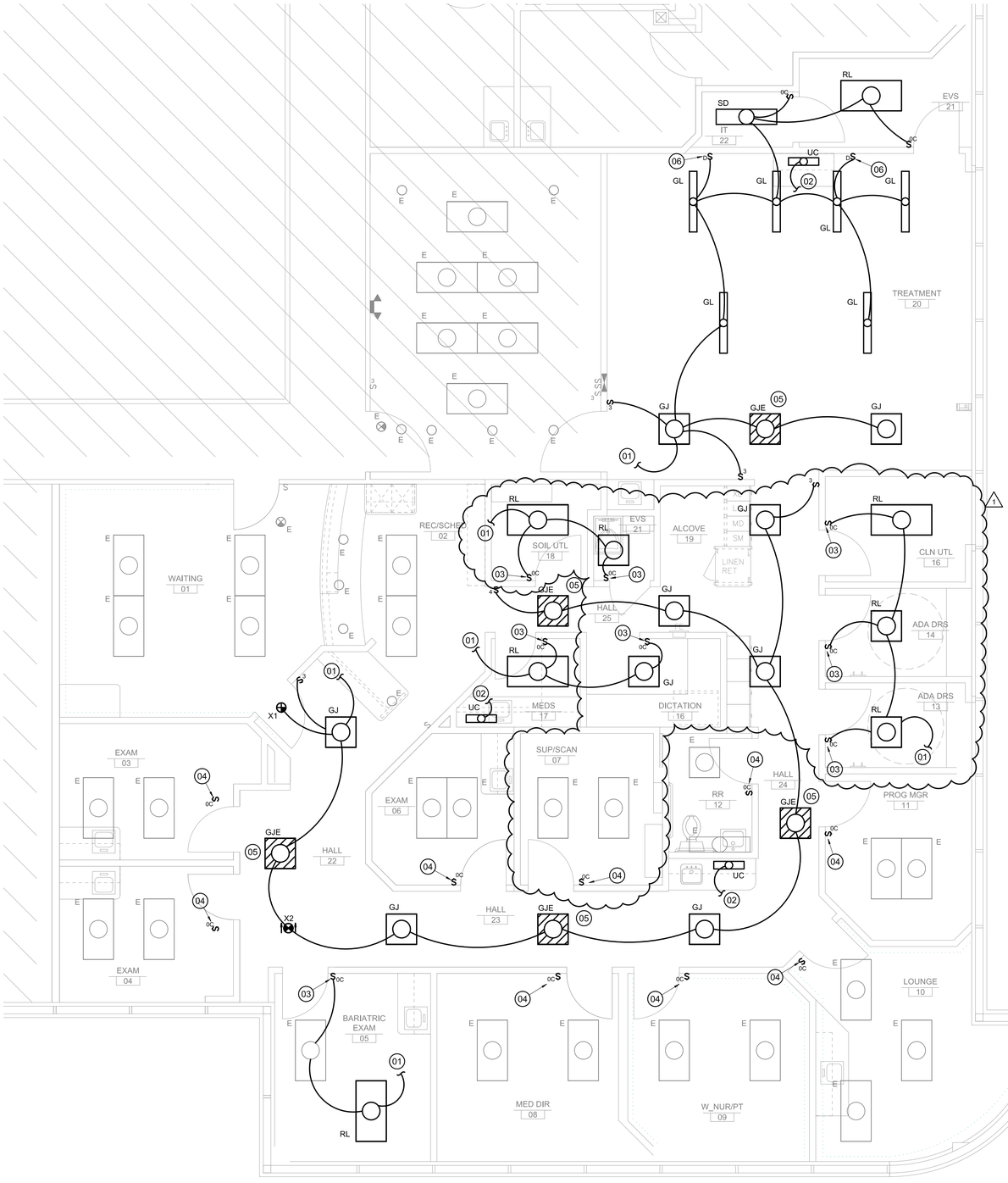
SHEET TITLE:

POWER DEMOLITION

SHEET NO.:

E1.1

DWG FILENAME:



ELECTRICAL LIGHTING NEW WORK PLAN

1/4" = 1'

Provide emergency illumination equipment that complies with **2011 NEC 700.12 (F) or 2011 NEC 700.**

Wiring in air handling spaces must comply with **2011 NEC 300.22**. Firestop penetrations **per 2011 NEC 300.21.** Secure and support equipment **per 2011 NEC 300.11**

Install electrical connections **per 2011 NEC 110.14,** identify disconnects **per 2011 NEC 110.22** and provide working space around electrical equipment **per 2011 NEC 110.26**

LIGHTING PLAN KEYED NOTES

01 CONNECT NEW OR RELOCATED LIGHTING TO EXISTING 277V LIGHTING CIRCUIT SERVING AREA.

02 CONNECT TO NEAREST GENERAL PURPOSE 120V RECEPTACLE CIRCUIT IN VICINITY.

03 WALLBOX OCCUPANCY SENSOR - DUAL TECHNOLOGY, SELF-ADAPTIVE TECHNOLOGY, COLOR TO MATCH WIRING DEVICES - COOPER CONTROLS MODEL ONW-D-1001-MV-* OR EQUIVALENT (TYPICAL FOR ALL WALLBOX OCCUPANCY SENSORS).

04 REPLACE EXISTING SWITCH WITH NEW OCCUPANCY SENSOR IDENTIFIED IN KEY NOTE #2

05 CONNECT SHADED FIXTURES AND EXIT SIGNS TO UNSWITCHED LEG OF LOCAL CIRCUIT FOR CONTINUOUS NIGHT LIGHT OPERATION (TYPICAL).

06 LUTRON NOVA-T 0-10V LED DIMMER SWITCH - NTFTV-WH WITH PP-277H POWER PACK.

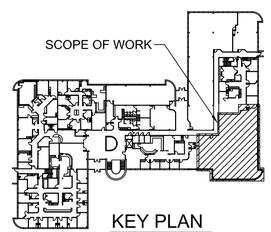
RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN
- - - - - - - -	EXISTING TO BE DEMOLISHED

NOTE: FIXTURES DENOTED "E" ARE EXISTING TO REMAIN. FIXTURES DENOTED "RL" ARE RELOCATED AND REUSED.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*



KEY PLAN

N.T.S.

DWG FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

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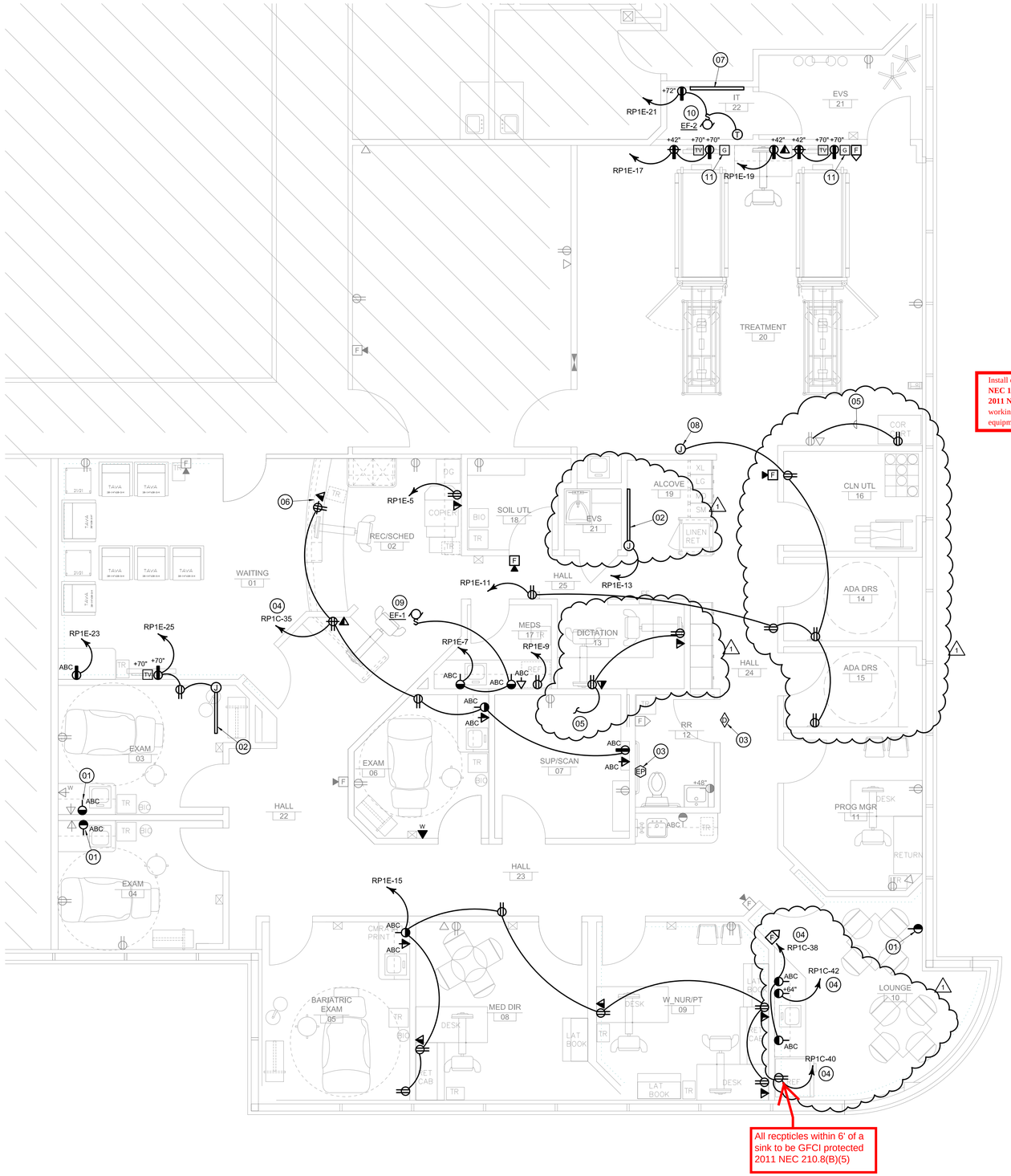
COLORADO REGISTERED 38702 PROFESSIONAL ENGINEER
10.28.13

PROJECT NO.: 13-07

DRAWN BY: TAH
CHECKED BY: GEV
SCALE: 1/4" = 1'
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:
LIGHTING NEW WORK

SHEET NO.:
E2.1



Install electrical connections **per 2011 NEC 110.14,** identify disconnects **per 2011 NEC 110.22** and provide working space around electrical equipment **per 2011 NEC 110.26**

POWER KEYED NOTES

01. REPLACE EXISTING STANDARD RECEPTACLE WITH NEW GFCI RECEPTACLE. CONNECT TO EXISTING CIRCUIT.
02. PROVIDE WIREMOLD G-2000 SURFACE MOUNTED PLUGMOLD WITH OUTLETS 12" ON-CENTER. MOUNT AT 48" A.F.F.
03. PROVIDE EDWARDS MODEL 6538-G5 OR EQUIVALENT CALL FOR ASSISTANCE KIT CONSISTING OF EMERGENCY PULL CORD SWITCH, HORN/STROBE, AND TRANSFORMER. INSTALL PER MANUFACTURER'S INSTRUCTIONS. CONNECT TO LOCAL RECEPTACLE CIRCUIT.
04. REWORK, EXTEND, AND REUSE EXISTING CIRCUIT.
05. CONNECT TO EXISTING 120V RECEPTACLE CIRCUIT IN VICINITY AS SHOWN.
06. DEVICES MOUNTED IN CASEWORK. ROUTE SURFACE CONDUITS CONCEALED IN CASEWORK OVER TO NEAREST FULL HEIGHT WALL AND UP TO CEILING.
07. PROVIDE 4'x4'x3/4" FIRE TREATED PLYWOOD BACKBOARD AND 1 #6 AWG GROUND TO NEAREST COLD WATER PIPE.
08. J-BOX AND 120V POWER FOR MED GAS ALARM PANEL. COORDINATE REQUIREMENTS WITH MED GAS CONTRACTOR.
09. NEW EXHAUST FAN EF-1 - 80W, 120V. RUNS CONTINUOUSLY.
10. NEW EXHAUST FAN EF-2 - 80W, 120V. INSTALL AND CONNECT LINE VOLTAGE THERMOSTAT FURNISHED WITH UNIT.
11. PROVIDE 1/2" DIA. THREADED COPPER GROUNDING STUD THROUGH WALL AND BLANK COVERPLATE FOR CHAMBER GROUNDING. ROUTE #6 AWG CU INSULATED GROUNDING CONDUCTOR BETWEEN STUDS AND BACK TO MAIN SERVICE ENTRANCE GROUND. REFER TO HYPERBARIC CHAMBER INSTALLATION DETAILS FOR SUGGESTED GROUNDING STUD INSTALLATION.

FIRE ALARM GENERAL NOTES

1. RETAIN ALL FIRE ALARM DEVICES REMOVED DUE TO DEMOLITION FOR USE IN NEW CONSTRUCTION.
2. PROVIDE POWER SUPPLY AS REQUIRED TO SUPPORT NEW AUDIBLE AND VISUAL DEVICES INDICATED. PROVIDE BRANCH CIRCUIT CONNECTION TO POWER SUPPLY FROM SPARE 20/1 BRANCH CIRCUIT BREAKER IN NEAREST AVAILABLE PANELBOARD.
3. REVISE GRAPHIC BUILDING MAP, INDICATING LAMPS AND ALL REQUIRED WIRING AND CONTROLS IN FIRE ALARM SYSTEM ANNUNCIATORS AS NECESSARY TO ACCOMMODATE FACILITY RECONFIGURATION.
4. NEW FIRE ALARM DEVICES SHALL BE TOTALLY COMPATIBLE WITH EXISTING SYSTEM, PROVIDE SYSTEM PROGRAMMING AS REQUIRED TO PROPERLY INCORPORATE NEW DEVICES INTO EXISTING SYSTEM, PROVIDE APPURTENANCES AS REQUIRED TO PROVIDE A FULLY FUNCTIONAL SYSTEM CONFORMING TO THE APPLICABLE CODES AND REQUIREMENTS OF THE AUTHORITY HAVING JURISDICATION (AHJ).

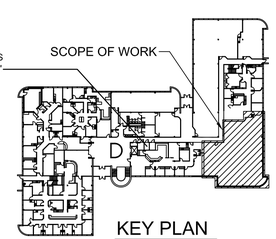
RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN
- - - - - - - -	EXISTING TO BE DEMOLISHED

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

ELECTRICAL CLOSET WITH EXISTING PANELS 'RP1C' AND 'RP1E'



KEY PLAN
N.T.S.

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COLORADO REGISTERED PROFESSIONAL ENGINEER
GREGORY E. VOLK
30722
PROFESSIONAL CONSULTANT
10.28.13

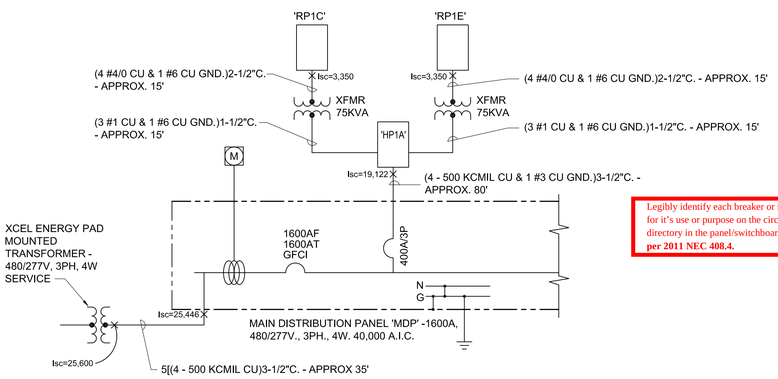
PROJECT NO.:	13-07
DRAWN BY:	TAH
CHECKED BY:	GEV
SCALE:	1/4" = 1'
DATE:	10/28/2013
ISSUED FOR:	PLAN REVISION SET

REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:
POWER NEW WORK

SHEET NO.:
E3.1

DWG FILENAME:



PARTIAL ONE-LINE DIAGRAM

NO SCALE

NOTE: SHOWN FOR REFERENCE ONLY. ALL ITEMS ARE EXISTING TO REMAIN

Provide a grounded electrode system bonded to the service equipment enclosure, grounded conductors, and grounded electrode conductors **per 2011 NEC 250.50 and 250.104**

Locate the required overcurrent protection **per 2011 NEC 240.21**

Legibly identify each breaker or switch for it's use or purpose on the circuit directory in the panel/switchboard **per 2011 NEC 408.4.**

EXISTING PANEL RP1C

MANUF: SQUARE D | TYPE: NQOB | V/PH/W: 208Y/120V, 3 PHASE, 4 WIRE

A BUS: 225 A MCB: 200 | N BUS: FULL | G BUS: FULL

AIC: 10000 | ENCL: NEMA 1 | MNTG: SURFACE

NOTES: * INDICATES EXISTING CIRCUIT TO BE REUSED
ALL OTHER CIRCUITS ARE EXISTING TO REMAIN

NOTES:

DESCRIPTION	TOTAL (VA)	CIRCUIT BRKR A	CIRCUIT BRKR P	POLES #	POLES Ø	POLES #	CIRCUIT BRKR A	CIRCUIT BRKR P	TOTAL (VA)	DESCRIPTION
ATRIUM SPLIT SYSTEMS 1ST FL		20	1	1	A	2	20	1		HOME HEALTH 2ND FL
ATRIUM SPLIT SYSTEMS 1ST FL		20	1	3	B	4	20	1		HOME HEALTH 2ND FL
ATRIUM SPLIT SYSTEMS 2ND FL		20		5	C	6	20	1		HOME HEALTH 2ND FL
ATRIUM SPLIT SYSTEMS 2ND FL			2	7	A	8	20	1		RECEPT 2ND FL
SUITE 100 IG RECEP		20	1	9	B	10	20	1		RECEPT 2ND FL
SPORTS MED RECEPT		20	1	11	C	12	20	1		RECEPT 2ND FL
SPORTS MED XRVB		20	1	13	A	14	20	1		SPORTS MED PLUGMOLD
SPORTS MED RECEPTS.		20	1	15	B	16	20	1		SPORTS MED RECEPT
SPORTS MED EWH		30		17	C	18	20	1		BLACK & VEACH 2ND FL INSTAHOT
--			2	19	A	20	20	1		SPORTS MED PLUGMOLD
SUITE 100 RECEPT		20	1	21	B	22	20	1		SPORTS MED RECEPT
AFC DEDICATED		20	1	23	C	24	30			SPORTS MED EWH
SUITE 110		20	1	25	A	26		2		--
SUITE 110		20	1	27	B	28	20	1		SUITE 100 MICROWAVE
SUITE 110		20	1	29	C	30	20	1		SUITE 100 COFFEE
SUITE 110		20	1	31	A	32	20	1		SPORTS MED DEDICATED
SUITE 110		20	1	33	B	34	20	1		VENDING MACHINE, BREAK RM
* SUITE 110 RECEPTION		20	1	35	C	36	20	1		SUITE 110 FAN, EWH
EXISTING		20	1	37	A	38	20	1		* SUITE 110 COFFEE
EXISTING		20	1	39	B	40	20	1		* SUITE 110 REFRIG
EXISTING ROOM, EXAM		20	1	41	C	42	20	1		* SUITE 110 MICROWAVE

LOAD SUMMARY

		LTG INC	LTG FL/HID	RCPT	MOTOR LRGST	MOTOR OTHER	OTHER	ELECT HEAT	KITCH EQUIP	MISC LOAD	SUB-TOTAL	MEAS LOAD	RMVD LOAD	TOTAL
TOTAL: (KW)	A													
	B													
	C													
	TOTAL													
PF (%)		100	95	100	80	80	100	100	100	100		80	100	
TOTAL: (KVA)	A													
	B													
	C													
	TOTAL													
NEC FACTORS:														
=<1ST KVA				10										
1ST KVA @ (%)				100										
>1ST& =<2ND KVA														
2ND KVA @ (%)														
>PREV KVA @ (%)				50										
OTHER (%)		125	125	100	25	100	100	100	100	100		125	100	
NEC TOTAL: (KVA)	A													
	B													
	C													
	TOTAL													

PHASE BALANCE (%):	A-B 100	B-C 100	A-C 100	PANEL PF (%):	AMPS PER PHASE:	A	B	C	MINIMUM PANEL AMPACITY:

EXISTING PANEL RP1E

MANUF: SQUARE D | TYPE: NQOB | V/PH/W: 208Y/120V, 3 PHASE, 4 WIRE

A BUS: 225 A MCB: 200 | N BUS: FULL | G BUS: FULL

AIC: 10000 | ENCL: NEMA 1 | MNTG: SURFACE

NOTES: + INDICATES NEW LOAD ON NEW BREAKER
ALL OTHER CIRCUITS ARE EXISTING TO REMAIN

NOTES:

DESCRIPTION	TOTAL (VA)	CIRCUIT BRKR A	CIRCUIT BRKR P	POLES #	POLES Ø	POLES #	CIRCUIT BRKR A	CIRCUIT BRKR P	TOTAL (VA)	DESCRIPTION
SUITE 120		20	1	1	A	2	20			EXISTING
SUITE 120		30	1	3	B	4		2		--
+ SUITE 110 COPIER	1440	20	1	5	C	6	20			SPARE
+ SUITE 110 MEDS	540	20	1	7	A	8				--
+ SUITE 110 U.C. REFRIG	750	20	1	9	B	10		3		--
+ SUITE 110 CORR. DRESSING	1080	20	1	11	C	12				SPACE
+ SUITE 110 PLUGMOLD	1440	20	1	13	A	14				SPACE
+ SUITE 110 EXAM, OFFICE	1260	20	1	15	B	16				SPACE
+ SUITE 110 TREATMENT	900	20	1	17	C	18				SPACE
+ SUITE 110 TREATMENT	900	20	1	19	A	20				SPACE
+ SUITE 110 I.T. ROOM	720	20	1	21	B	22				SPACE
+ SUITE 110 WAITING COFFEE	1440	20	1	23	C	24				SPACE
+ SUITE 110 WAITING, PLUGMOLD	900	20	1	25	A	26				SPACE
SPACE				27	B	28				SPACE
SPACE				29	C	30				SPACE
SPACE				31	A	32				SPACE
SPACE				33	B	34				SPACE
SPACE				35	C	36				SPACE
SPACE				37	A	38				SPACE
SPACE				39	B	40				SPACE
SPACE				41	C	42				SPACE

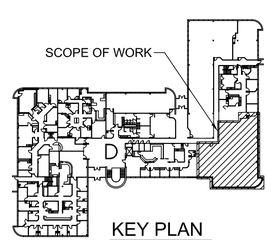
LOAD SUMMARY

		LTG INC	LTG FL/HID	RCPT	MOTOR LRGST	MOTOR OTHER	OTHER	ELECT HEAT	KITCH EQUIP	MISC LOAD	SUB-TOTAL	MEAS LOAD	RMVD LOAD	TOTAL
TOTAL: (KW)	A			3.8							3.8			3.8
	B			2.7							2.7			2.7
	C			4.9							4.9			4.9
	TOTAL			11.4							11.4			11.4
PF (%)		100	95	100	80	80	100	100	100	100		80	100	
TOTAL: (KVA)	A			3.8							3.8			3.8
	B			2.7							2.7			2.7
	C			4.9							4.9			4.9
	TOTAL			11.4							11.4			11.4
NEC FACTORS:														
=<1ST KVA				10										
1ST KVA @ (%)				100										
>1ST& =<2ND KVA														
2ND KVA @ (%)														
>PREV KVA @ (%)				50										
OTHER (%)		125	125	100	25	100	100	100	100	100		125	100	
NEC TOTAL: (KVA)	A			3.6							3.6			3.6
	B			2.6							2.6			2.6
	C			4.6							4.6			4.6
	TOTAL			10.7							10.7			10.7

PHASE BALANCE (%):	A-B 72	B-C 56	A-C 78	PANEL PF (%):	100	AMPS PER PHASE:	A 29.6	B 21.4	C 38.1	MINIMUM PANEL AMPACITY:	38.1

LOAD SUMMARY

REMOVED LOAD			
DESCRIPTION	QTY	LOAD EA.	SUBTOTAL
GENERAL PURP. DUPLEX	28	180	5040
SURF RACEWAY	2	1440	2880
COPIER	1	1440	1440
COFFEE	1	1440	1440
REFRIGERATOR	1	900	900
MICROWAVE	1	1260	1260
DEDICATED CIRCUIT	4	1000	4000
LIGHTING			3660
TOTAL REMOVED LOAD			20620
ADDED LOAD			
GENERAL PURP. DUPLEX	34	180	6120
PLUGMOLD	4	900	3600
COPIER	1	1440	1440
COFFEE	2	1440	2880
REFRIGERATOR	1	900	900
U.C. REFRIGERATOR	1	750	750
MICROWAVE	1	1260	1260
DEDICATED CIRCUIT	1	1000	1000
LIGHTING			1964
TOTAL ADDED LOAD			19914
TOTAL NET CHANGE			-706



KEY PLAN
N.T.S.

RSN: *848551*
Permit #: *2013-794562*

DWG FILENAME:

The Medical Center of Aurora
HealthONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

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COLORADO REGISTERED PROFESSIONAL ENGINEER
GREGORY E. VEIT
38722
PROFESSIONAL ENGINEER
10-28-13

PROJECT NO.: 13-07

DRAWN BY: TAH
CHECKED BY: GEV
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #1 10/22/2013

SHEET TITLE:
ONE-LINE & SCHEDULES

SHEET NO.:
E4.0

DUCTWORK

12"X12" FACE	24"X24" FACE	
100	100	SUPPLY DIFFUSER AND AIR QUANTITY. SHADED AREA INDICATES NO THROW IN THIS DIRECTION.
100R	100R	RETURN GRILLE AND AIR QUANTITY.
100E	100E	EXHAUST GRILLE AND AIR QUANTITY.
	100	LAMINAR FLOW SUPPLY DIFFUSER AND AIR QUANTITY.
	100	LINEAR DIFFUSER AND AIR QUANTITY.
		THERMOSTAT OR TEMPERATURE SENSOR
		HUMIDISTAT OR HUMIDITY SENSOR
XXX / XX	SD	SMOKE DETECTOR
		REHEAT BOX WITH IDENT. & CFM
RHC-XX		REHEAT COIL WITH IDENT.
		ACCESS DOOR
		3/4" UNDERCUT AT DOOR

AD	ACCESS DOOR
AFF	ABOVE FINISHED FLOOR
ATC	AUTOMATIC TEMPERATURE CONTROL PANEL
BDD	BACKDRAFT DAMPER
BOD	BOTTOM OF DUCT
BOP	BOTTOM OF PIPE
CB	CIRCUIT BREAKER
CCT	CONTROL CIRCUIT TRANSFORMER
DDC	DIRECT DIGITAL CONTROL
EXH	EXHAUST
ML	MARINE LIGHT
MVD	MANUAL VOLUME DAMPER
OA	OUTSIDE AIR
OBD	OPPOSED BLADE DAMPER
RA	RETURN AIR
SA	SUPPLY AIR
SWR	SIDEWALL REGISTER
UNO	UNLESS NOTED OTHERWISE
VFD	VARIABLE FREQUENCY DRIVE
(N)	NEW EQUIPMENT
(E)	EXISTING EQUIPMENT
(R)	RELOCATED EQUIPMENT

FD	FIRE DAMPER
SD	SMOKE DAMPER
FSD	FIRE/SMOKE DAMPER
	SUPPLY DUCT- UP
	RETURN OR EXHAUST DUCT - UP
	SUPPLY DUCT - DOWN
	RETURN OR EXHAUST DUCT - DOWN
H-XX	HUMIDIFIER WITH IDENTIFICATION
MVD / MVD	MANUAL VOLUME DAMPER
M / M	MOTORIZED DAMPER
	TRANSITION
	RADIUS ELBOW
	SQUARE THROAT ELBOW WITH TURNING VANES
	BRANCH DUCT CONNECTION RECTANGULAR OR ROUND BRANCH. RECTANGULAR TRUNK. MVD REQUIRED TO 2 OR MORE AIR DEVICES.
R/D / R/D	RISE/DROP IN ELEVATION
X / X	SPLITTER WITH SPLIT SIZES SHOWN
X / X	SPLITTER WITH SPLIT SIZES SHOWN
	BRANCH DUCT CONNECTION CONICAL TEE. ROUND TRUNK.
	BRANCH DUCT CONNECTION STRAIGHT TEE. ROUND TRUNK. MVD REQUIRED TO 2 OR MORE AIR DEVICES.

MECHANICAL GENERAL NOTES

1. CONTRACTOR SHALL VISIT THE SITE AND BECOME FAMILIAR WITH THE PROJECT SCOPE, UTILITY CONNECTIONS, AND ALL BUILDING SERVICES.
2. STANDARD DETAILS ILLUSTRATED ON THE DRAWINGS SHALL BE APPLIED IN ALL CASES WHERE THE FEATURE OCCURS IN THE SYSTEM DESIGN.
3. ALL DUCTWORK SIZES SHOWN ARE CLEAR INSIDE DIMENSIONS IN INCHES. REFER TO SPECIFICATION SECTION DIV.23 FOR INSULATION REQUIREMENTS.
4. MAJOR EQUIPMENT SHOWN ON THE PLANS AND ELEVATIONS ILLUSTRATE THE GENERAL ARRANGEMENT AND SPACE ALLOCATIONS. THE CONTRACTOR SHALL VERIFY THE SPACE REQUIREMENTS FOR EACH SYSTEM COMPONENT USING MANUFACTURER CERTIFIED SHOP DRAWINGS AND MAKE THE NECESSARY ADJUSTMENTS IN EQUIPMENT PLACEMENT AND CONNECTION IN ORDER TO ACCOMODATE THE EXACT EQUIPMENT TO BE INSTALLED.
5. SUPPORTS, ANCHOR BOLTS, AND HANGERS FOR ALL EQUIPMENT SPECIFIED IN DIVISION 23 SHALL CONFORM TO THE SPECIFICATIONS. MISCELLANEOUS STEEL BRACING SUPPORTS AND REINFORCING STEEL NEEDED TO SUPPORT EQUIPMENT SPECIFIED IN DIVISION 23 SHALL BE FURNISHED AS PART OF SCOPE OF WORK OF DIVISION 23.
6. DIFFUSERS, REGISTERS, AND GRILLES SHOWN ON THE MECHANICAL DRAWINGS SHALL BE IN ACCORDANCE WITH THE DIFFUSER AND GRILLE SCHEDULE. BRANCH DUCTS TO AIR DEVICES SHALL BE IN ACCORDANCE WITH THE SCHEDULE UNLESS NOTED OTHERWISE.
7. CEILING DIFFUSER LOCATIONS SHALL BE AS SHOWN ON THE ARCHITECTURAL REFLECTED CEILING PLANS.
8. LINEAR DIFFUSERS, REGISTERS, GRILLES, AND CEILING DIFFUSERS SHALL BE FURNISHED WITH MOUNTING FRAMES AND FEATURES IN ACCORDANCE WITH THE CEILING TYPE.
9. CONTRACTOR SHALL COORDINATE WITH THE ARCHITECT PRIOR TO CUTTING ANY OPENING IN THE STRUCTURE.
10. DRAWINGS ARE SCHEMATIC IN NATURE AND SHALL NOT BE SCALED. THE CONTRACTOR IS RESPONSIBLE FOR COORDINATING EXACT ROUTING OF ALL SERVICES WITH EXISTING CONDITIONS AND WITH ALL OTHER TRADES. REFER TO SPECIFICATIONS FOR SERVICE PRIORITY.
11. COORDINATE ANY DEVICE REQUIRING AN ACCESS PANEL WITH THE ARCHITECT.
12. WHERE WORK IN RENOVATED AREAS AFFECTS SYSTEMS IN OTHER AREAS OF THE BUILDING, THE CONTRACTOR SHALL COORDINATE THIS WORK WITH THE OWNER. THIS WORK SHALL BE DONE TO FIT BUILDING OPERATIONAL SCHEDULE AND MINIMIZE DISRUPTION/DISCOMFORT TO OCCUPIED AREAS. PROVIDE 48 HOURS WRITTEN NOTICE WITH ANTICIPATED DURATION OF OUTAGE.
13. ALL PENETRATIONS THROUGH RATED WALLS, FLOORS AND PARTITIONS MUST BE INSTALLED AND FIRESAFED TO MEET UL FIRE RESISTANCE LISTING DETAILS FOR THE PENETRATION.
14. COORDINATE WITH ALL TRADES FOR REQUIRED CEILING REMOVAL IN EXISTING BUILDING. NOTIFY THE ARCHITECT AND OWNER PRIOR TO COMMENCING REMOVAL. REMOVE ONLY THAT PORTION OF CEILING NECESSARY TO ACCESS AND COMPLETE THE NEW WORK. UPON COMPLETION OF THE ABOVE CEILING WORK, CEILING IS TO BE REINSTALLED. REPLACE ANY DAMAGED CEILING TILES WITH NEW TILES TO MATCH EXISTING.
15. CONTRACTOR SHALL FIELD VERIFY ALL DUCT ROUTING PRIOR TO CONSTRUCTION. CONTRACTOR SHALL DOCUMENT ALL CHANGES ON AS-BUILTS DRAWINGS.
16. CONTRACTOR SHALL COORDINATE WITH BUILDING OWNER ON DIVISION OF SCOPE OF WORK, PROVIDED BY OWNER.

DRAWING INDEX

SHEET NO.	SHEET TITLE
M-0.0	MECHANICAL COVER SHEET
M-0.1	MECHANICAL SCHEDULES
M-0.2	MECHANICAL SPECIFICATIONS
M-1.0	MECHANICAL DEMOLITION PLAN
M-1.1	MECHANICAL NEW WORK PLAN
M-2.0	MECHANICAL DETAILS

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

DWG FILENAME:

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COLORADO REGISTERED TERRY M. NORDHAM P.E. 45671 10/28/13 PROFESSIONAL ENGINEER

PROJECT NO.: 13-07

DRAWN BY: SH
CHECKED BY: LN
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:

SHEET TITLE:

MECHANICAL COVER SHEET

SHEET NO.:

M-0.0

FAN SCHEDULE

GENERAL

PRE = POWER ROOF EXHAUSTER
PRS = POWER ROOF SUPPLY FAN
SWSI = SINGLE WIDTH, SINGLE INLET
DWDI = DOUBLE WIDTH, DOUBLE INLET
BVS = BELTED VENT SET
C.T. = CONTROL TRANSFORMER
E.P. = EMERGENCY POWER
EXP. = EXPLOSION PROOF MOTOR & NON-SPARKING WHEEL

(1) - PREMIUM EFFICIENCY MOTOR (SEE SPECS.)

FAN ACCESSORIES

(01) = BELT GUARD
(02) = FIRESTAT
(03) = INERTIA BASE
(04) = ALUMINUM HOUSING
(05) = OUTLET SCREEN
(06) = INLET SCREEN
(07) = WEATHERPROOF HOUSING
(08) = MOTORIZED INLET DAMPERS
(09) = OUTLET GRAVITY DAMPERS
(10) = MOTORIZED INLET VANES
(11) = INLET GRAVITY DAMPERS
(12) = BACKDRAFT DAMPERS
(13) = 18" HIGH ROOF CURB
(14) = ACCESS DOOR & DRAIN
(15) = THREE-PHASE DISCONNECT SWITCH IN FAN HOUSING
(16) = PREWIRED DISCONNECT SWITCH IN FAN HOUSING
(17) = NFPA 96 VENTED CURB FOR 40" DISCH. HGT.
(16) = GREASE TRAP KIT
(19) = MOTOR COVER
(20) = HANGING BRACKETS
(21) = WALL HOUSING & GUARD
(22) = 2" DISPOSABLE FILTER
(23) = 1" WASHABLE ALUMINUM FILTERS
(24) = DUCT ADAPTORS
(25) = FAN SPEED CONTROLLER
(26) = HINGED ACCESS DOOR
(27) = INLET & OUTLET DUCT FLANGES
(28) = FAN HINGING KIT

IDENT.	SYSTEM	TYPE	MANUFACTURER	MODEL NO.	CFM	S.P.	MAX. TIP SPEED	MOTOR (1) WATTS	MOTOR (1) RPM	MOTOR (1) ELECT.	FAN ACCESSORIES	ISOLATORS	OPERATING WEIGHT (LBS)	REMARKS
EF-1	GENERAL	EXHAUST	GREENHECK	SQ-75-G	100	0.25	-	1/50 HP	1300	120/1/60	(16) (24) (25) (28)	RUBBER/SHEAR	28	
EF-2	GENERAL	EXHAUST	GREENHECK	SP-A510	375	0.50	-	224 W	1070	120/1/60	(16) (24) (25) (28)	RUBBER/SHEAR	31	

2

AIR DISTRIBUTION DEVICE SCHEDULE

(1)=SIZES ARE BY THIS SCHEDULE UNLESS NOTED OTHERWISE.

(2)=CEILING DIFFUSERS ARE 4-WAY THROW UNLESS NOTED AS 3 OR 2-WAY, PROVIDE BLANK OFF AS SPECIFIED. INCREASE NECK SIZE ONE STEP FOR 2-WAY THROW.

(3)=REFER TO SPECIFICATION SECTION 15910 AND PLANS FOR TYPES OF AIR DEVICES USED.

(4)=REFER TO SYMBOLS LEGEND FOR IDENTIFICATION OF 12" x 12" AND 24" x 24" FACE AIR DEVICES.

(5)=ALL DIFFUSERS, GRILLES & REGISTERS SHALL HAVE O.B.D.'S WHEN TAPS ARE MOUNTED ABOVE NON-ACCESSIBLE CEILINGS.

(6)=BRANCH DUCT SIZES ARE BY THIS SCHEDULE UNLESS NOTED OTHERWISE.

(7)=ALL VISIBLE SURFACES OF THE RETURN/EXHAUST PLENUM AND DUCT CONNECTION SHALL BE PAINTED FLAT BLACK.

(8)=SCHEDULE IS APPLICABLE FOR BOTH LAY-IN AND SURFACE MOUNTED AIR DEVICES.

(9)=AIR DEVICE FRAME STYLE SHALL MATCH THE CEILING TYPE. COORDINATE WITH ARCHITECTURAL REFLECTED CEILING PLAN.

24" x 24" SQUARE PANEL FACE DIFFUSERS (SUPPLY)				24" x 24" SQUARE PANEL FACE DIFFUSERS (RETURN/EXHAUST)				SIDEWALL SUPPLY, RETURN, OR EXHAUST REGISTERS	
CFM RANGE	BRANCH DUCT SIZE RECTANGULAR	BRANCH DUCT SIZE ROUND	NECK SIZE	CFM RANGE	BRANCH DUCT SIZE RECTANGULAR	BRANCH DUCT SIZE ROUND	NECK SIZE	CFM RANGE	DUCT/NOMINAL NECK SIZE (1)
UP TO 120	8" x 6"	6"Ø	6"Ø	UP TO 90	8" x 6"	6"Ø	6"Ø	UP TO 120	6" x 6"
121 TO 210	10" x 6"	8"Ø	8"Ø	91 TO 160	10" x 6"	8"Ø	8"Ø	121 TO 240	10" x 6"
211 TO 330	12" x 8"	10"Ø	10"Ø	161 TO 300	12" x 8"	10"Ø	10"Ø	241 TO 300	12" x 6"
331 TO 470	14" x 8"	12"Ø	12"Ø	301 TO 420	14" x 8"	12"Ø	12"Ø	301 TO 400	12" x 8"
471 TO 640	16" x 10"	14"Ø	14"Ø	421 TO 600	16" x 10"	14"Ø	14"Ø	401 TO 500	12" x 10"
								501 TO 620	18" x 10"
								621 TO 780	18" x 12"

12" x 12" SQUARE PANEL FACE DIFFUSERS (SUPPLY)				12" x 12" SQUARE PANEL FACE DIFFUSERS (RETURN/EXHAUST)				
UP TO 120	8" x 6"	6"Ø	6"Ø	UP TO 90	8" x 6"	6"Ø	6"Ø	
121 TO 210	10" x 6"	8"Ø	8"Ø	91 TO 160	10" x 6"	8"Ø	8"Ø	

VAV BOX SCHEDULE

(1) = BOXES ARE PRESSURE INDEPENDENT. MINIMUM BOX SETTING SHALL BE 50% OF BOX CFM AS SHOWN ON FLOOR PLANS.

(2) = MAX. INLET VELOCITY = 2500 FPM

(3) = MINIMUM INLET STATIC PRESSURE REQUIRED TO OPERATE BOX SHALL NOT EXCEED THIS VALUE.

(A) = REBALANCE EXISTING BOX

(B) = COOLING ONLY BOX

IDENT.	COOLING MAX CFM	COOLING MIN CFM	HEATING CFM	BOX INLET SIZE (2)	MIN. INLET S.P.(3)	E.A.T.	L.A.T.	KW	STEPS	KW/STEP	ELECTRIC	DISC	REMARKS
(E)1-1	305	200	-	8"	0.4"	55°	--	--	--	--	N/A	N/A	(A) (B)
(E)1-2	250	155	-	8"	0.4"	55°	--	--	--	--	N/A	N/A	(A) (B)
(E)1-3	1510	325	-	14"	0.4"	55°	--	--	--	--	N/A	N/A	(A) (B)
(E)1-4	1255	475	-	12"	0.4"	55°	--	--	--	--	N/A	N/A	(A) (B)
(E)1-5	1400	375	-	12"	0.4"	55°	--	--	--	--	N/A	N/A	(A) (B)
(N)1-6	435	240	-	8"	0.4"	55°	--	--	--	--	N/A	N/A	(A) (B)

2 1

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
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RSN: *848551*
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STATE OF COLORADO · LEE M. NORDHOFF · 45671 · 10/28/13 · PROFESSIONAL ENGINEER

PROJECT NO.: 13-07

DRAWN BY: SH
CHECKED BY: LN
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET

REVISIONS:
1 ADDENDUM #1 09/26/2013
2 PR #01 10/22/2013

SHEET TITLE:
MECHANICAL SCHEDULES

SHEET NO.:
M-0.1

DIVISION 23
PART 1 GENERAL

1.1 SCOPE OF WORK

A. PROVIDE VENTILATION AND AIR CONDITIONING FOR THE TENANT REMODEL OF SUITES 225, 230, AND 235

1.2 "PROVIDE" MEANS FURNISH AND INSTALL.

1.3 PROVIDE APPURTENANCES AND CONSUMABLES AS REQUIRED.

1.4 WORK SHALL CONFORM TO BASE BUILDING SPECIFICATIONS EXCEPT AS AMENDED BY THESE SPECIFICATIONS.

1.5 COORDINATE ALL INTERCONNECTIONS TO AND BETWEEN NEW AND EXISTING SYSTEMS INCLUDING, BUT NOT LIMITED TO: CONTROLS, AND DUCTWORK, ETC.

1.6 COMPLY WITH APPLICABLE EDITION OF INTERNATIONAL MECHANICAL CODE, INTERNATIONAL BUILDING CODE, NATIONAL FIRE CODES, APPLICABLE STATE AND LOCAL CODES AND ORDINANCES, OSHA REQUIREMENTS, AND LATEST EDITION OF ASHRAE AND SMACNA.

1.7 WHERE A CONFLICT EXISTS WITHIN THE DOCUMENTS, OR BETWEEN ANY PREVAILING CODES AND WORK INDICATED ON THESE DOCUMENTS, THE MORE STRINGENT REQUIREMENT SHALL GOVERN.

1.8 PAY FOR ALL PERMITS, INSPECTIONS, LICENSES, AND CONSTRUCTION FEES RELATED TO THE WORK DESCRIBED HEREIN AND INCLUDED ON THE DRAWINGS.

1.9 EXAMINE SITE AND PREMISES PRIOR TO SUBMISSION OF BID. NO ADDITIONAL COMPENSATION WILL BE MADE FOR EXTRA EXPENSE INCURRED DUE TO FAILURE TO EXAMINE EXISTING SITE CONDITIONS.

1.10 SCHEDULE SERVICE INTERRUPTIONS IN WRITING WITH OWNER ONE WEEK IN ADVANCE.

1.11 PROVIDE TEMPORARY UTILITY SERVICE AND POWER FOR CONSTRUCTION. REMOVE ALL TEMPORARY SERVICES AFTER COMPLETION OF CONSTRUCTION.

1.12 COMPLY WITH RULES AND REGULATIONS OF LOCAL UTILITY COMPANIES. INCLUDE COST OF VALVES, VALVE BOXES, METER BOXES, TAPS, METERS, ACCESSORY EQUIPMENT REQUIRED FOR PROJECT.

1.13 FURNISH SUBMITTALS (ELECTRONIC COPIES) FOR REVIEW ON ALL PROPOSED HVAC AND PLUMBING EQUIPMENT AND MATERIALS, FIRE SPRINKLERS AND STANDPIPES, AND TEMPERATURE CONTROLS. SUBMIT WITHIN 10 DAYS AFTER AWARD OF CONTRACT.

1.14 EQUIPMENT AND MATERIALS SHALL CONFORM TO STATE AND/OR LOCAL ENERGY CONSERVATION STANDARDS, UL LISTING WHERE APPLICABLE.

1.15 DRAWINGS ARE DIAGRAMMATIC IN CHARACTER AND DO NOT INDICATE EVERY REQUIRED PIPE, OFFSET, TRANSITION, ETC. INCLUDE ITEMS NOT SPECIFICALLY MENTIONED IN THESE SPECIFICATIONS OR NOTED ON THE DRAWINGS, BUT WHICH ARE NECESSARY TO MAKE A COMPLETE AND OPERATIONAL WORKING INSTALLATION.

1.16 PROVIDE INCIDENTAL EQUIPMENT SUCH AS TOOLS, SCAFFOLDING, CONSUMABLE ITEMS, APPURTANCES, TESTING EQUIPMENT, APPLIANCES AND THE LIKE WHETHER LISTED OR NOT.

1.17 PROVIDE START-UP AND CHECKOUT SERVICES.

1.18 CONFER, COOPERATE, AND COORDINATE WORK WITH OTHER TRADES. COORDINATE CEILING CAVITY SPACE CAREFULLY WITH ALL TRADES. IN EVENT OF CONFLICT, INSTALL MECHANICAL AND ELECTRICAL SYSTEMS WITHIN CAVITY SPACE IN FOLLOWING ORDER OF PRIORITY.

A PLUMBING WASTE AND VENT PIPING.
B ROOF DRAIN PIPING.
C DUCTWORK.
D ELECTRICAL CONDUIT AND LIGHTING.
E DOMESTIC HOT AND COLD WATER PIPING.
F FIRE SPRINKLER PIPING.

1.19 PROVIDE CARPENTRY, MASONRY, CONCRETE, AND METAL WORK REQUIRED FOR WORK OF THIS DIVISION WHERE NOT SPECIFICALLY CALLED FOR UNDER OTHER SECTIONS.

1.20 GUARANTEE MATERIALS, WORKMANSHIP, AND OPERATION OF EQUIPMENT INSTALLED FOR PERIOD OF ONE YEAR FROM DATE OF ACCEPTANCE OF ENTIRE WORK. REPAIR OR REPLACE ANY PART OF WORK WHICH SHOWS DEFECT DURING THAT TIME.

1.21 BE RESPONSIBLE FOR DAMAGE TO PROPERTY OF OWNER OR TO WORK OF OTHER CONTRACTORS DURING CONSTRUCTION AND GUARANTEE PERIOD.

1.22 FURNISH EQUIPMENT WARRANTIES TO OWNER.

1.23 MATERIAL AND EQUIPMENT USED SHALL BE EXACTLY AS SPECIFIED. SUBSTITUTIONS SHALL ONLY BE ALLOWED WHERE SPECIFICALLY INDICATED.

PART 2 PRODUCTS

2.1 ALL THREE PHASE MOTORS SHALL BE HIGH EFFICIENCY TYPE WHICH COMPLY WITH THE STATE OF COLORADO ENERGY CODE.

2.2 LABEL EQUIPMENT WITH ENGRAVED LABELS ATTACHED WITH POP RIVETS. PROVIDE PERMANENT MARKERS FOR PIPES AND VALVES.

2.3 PROVIDE RUBBER/SHEAR VIBRATION ISOLATION FOR NEW EXHAUST FAN.

2.4 ALL SUPPLY, RETURN, AND EXHAUST DUCTWORK SHALL BE GALVANIZED STEEL, FABRICATED AND INSTALLED PER SMACNA STANDARDS. ALL SUPPLY DUCTWORK SHALL BE EXTERNALLY WRAPPED WITH 2" (R-5 MINIMUM) FIBERGLASS DUCT WRAP. ALL RETURN DUCTWORK SHALL BE LINED WITH 2" (R-5 MINIMUM) FIBERGLASS DUCT LINING ,FLEX DUCTS SHALL BE INSULATED, NOT MORE THAN 5'_0" LONG; TAPE OFF ALL RAW EDGES OF INSULATION; MAKE CONNECTION WITH STAINLESS STEEL DRAWBAND WITH WORM GEAR OPERATOR.

2.5 ALL DUCT ADHESIVE AND SEALANT (MASTIC) SHALL BE LOW VOC.

2.6 ALL EQUIPMENT SHALL BE INSULATED WITH FIBERGLASS INSULATION; ALL PIPING SHALL BE INSULATED WITH FIBERGLASS INSULATION. THICKNESS SHALL BE PER THE INTERNATIONAL ENERGY CONSERVATION CODE.

2.7 AIR TERMINAL UNITS SHALL BE VARIABLE AIR VOLUME.

A ACCEPTABLE MANUFACTURERS
(1.) TITUS
(2.) KRUEGER
(3.) PRICE
(4.) NAILOR

B SINGLE DUCT BOX
(1.) CASE: 22 GAUGE STEEL, ACOUSTICAL LINER
(2.) CONTROLS: FACTORY MOUNTED CONTROLS TRANSFORMER, PRESSURE INDEPENDENT CONTROLS,

2.8 AIR DEVICES

A ACCEPTABLE MANUFACTURERS
(1.) PRICE
(2.) KRUEGER
(3.) TITUS
(4.) NAILOR

B SUPPLY AIR CEILING ROOMS WITHOUT TEMPERATURE CONTROL SENSORS: LOUVERED FACE CEILING DIFFUSER, SQUARE FACE DIFFUSER, PRICE SCD (OR EQUAL), DIFFUSER SHALL BE THREE CONE, FOUR WAY THROW, FOR DEVICES NOTED ON PLANS AS 2 OR 3 WAY THROW PROVIDE BLANK OFF PLATES IN DIFFUSER.

C SUPPLY AIR CEILING ROOMS WITH TEMPERATURE CONTROL SENSORS: MODULAR CORE DIRECTIONAL CEILING DIFFUSER. SQUARE FACE DIFFUSER, PRICE SMCD (OR EQUAL). DIFFUSER SHALL BE FIELD ADJUSTABLE DIRECTIONAL, FOUR WAY THROW. FOR DEVICES NOTED ON PLANS AS 2 OR 3 WAY THROW.

D RETURN AIR CEILING: TITUS 50-F (OR EQUAL) ½" EGG-CRATE ALUMINUM WITH BAKED ON OFF-WHITE ENAMEL FINISH.

E SUPPLY AIR SIDEWALL: TITUS 300-FL (OR EQUAL) WITH OBD, PLASTER FRAME EXTRUDED ALUMINUM, REMOVABLE CORE, OFF WHITE ENAMEL FINISH

2.9 FANS

A ACCEPTABLE MANUFACTURERS
(1.) GREENHECK
(2.) LOREAN - COOK

B CABINET EXHAUST FAN
(1.) FAN SHALL BE SUSPENDED WITH ISOLATORS FROM STRUCTURE.
(2.) PROVIDE CONTROLS PER PLANS.

PART 3 EXECUTION

3.1 BEFORE ANY WORK IS INSTALLED, DETERMINE THAT EQUIPMENT WILL PROPERLY FIT IN THE SPACE, THAT REQUIRED CLEARANCES CAN BE MAINTAINED, AND THAT EQUIPMENT CAN BE INSTALLED WITHOUT INTERFERENCE BETWEEN SYSTEMS, WITH STRUCTURAL ELEMENTS, OR WITH THE WORK OF OTHER TRADES.

3.2 DURING DEMOLITION, CAREFULLY REMOVE EXISTING EQUIPMENT, PIPING, DUCTWORK, AND RELATED ITEMS AS REQUIRED FOR WORK. REMOVE FROM JOB SITE STORED ITEMS NOT REUSED OR WANTED BY OWNER ON A DAILY BASIS.

3.3 PROVIDE METALLIC SLEEVES IN ALL FLOOR AND WALL PENETRATIONS. SLEEVES AND CHASES ARE PROHIBITED IN ANY STRUCTURAL MEMBER EXCEPT WHERE APPROVED BY ARCHITECT.

3.4 CUT AND PATCH ALL OPENINGS IN WALLS, FLOORS, AND ROOF AS REQUIRED FOR DUCTWORK AND PIPING. PATCHING CONSISTS OF COMPLETING WORK TO MATCH AND BLEND IN WITH ADJOINING EXISTING WORK.

3.5 DO NOT COVER UP OR ENCLOSE WORK UNTIL INSPECTED, TESTED, AND APPROVED. ANY WORK ENCLOSED OR COVERED UP BEFORE SUCH APPROVAL SHALL BE UNCOVERED, TESTED, AND APPROVED.

3.6 FURNISH HINGED STEEL ACCESS DOORS WITH CONCEALED LATCH, WHETHER SHOWN OR NOT, IN WALLS AND PLASTER OR GYPSUM BOARD CEILINGS FOR ACCESS TO CONCEALED VALVES, SHOCK ARRESTORS, AIR VENTS, MOTORS, FANS, BALANCING VALVES, OR OTHER OPERATING DEVICES REQUIRING ADJUSTMENT OR SERVICING. ACCESS DOOR SHALL ACCOMMODATE SIZE OF EQUIPMENT TO BE REMOVED ,OR 24" BY 24" IF USED FOR SERVICE ONLY. GROUP VALVES, DEVICES, AND OTHER EQUIPMENT, TO PERMIT USE OF MINIMUM NUMBER OF ACCESS DOORS. DOORS SHALL BE TYPE COMPATIBLE WITH FINISH IN WHICH THEY ARE TO BE INSTALLED.

3.7 INSTALL ALL EQUIPMENT SO AS TO BE EASILY SERVICED WITH ADEQUATE CLEARANCE. PIPE CONNECTIONS SHALL BE BY FLANGES OR UNIONS. COMPLETE INSTALLATION SHALL FUNCTION SMOOTHLY AND NOISELESSLY. PIPING AND DUCTWORK CONNECTED TO VIBRATING EQUIPMENT SHALL HAVE A FLEXIBLE CONNECTOR.

3.8 INSTALL EQUIPMENT AND MATERIALS PER MANUFACTURER RECOMMENDATIONS AND LOCAL CODES OR REGULATIONS.

3.9 PLACE OR REPLACE ALL EQUIPMENT NAMEPLATES WHERE THEY CAN BE SEEN AND READ WITHOUT DIFFICULTY.

3.10 REPLACE AIR FILTERS IF UNITS WERE OPERATED DURING CONSTRUCTION. CLEAN DUCTS, BLOWERS, AND COILS IF UNITS WERE OPERATED WITHOUT FILTERS DURING CONSTRUCTION. AFTER TESTS AND ADJUSTMENTS HAVE BEEN MADE AND SYSTEMS PRONOUNCED SATISFACTORY FOR PERMANENT OPERATION, REFINISH DAMAGED FINISH AND LEAVE EVERYTHING IN PROPER WORKING ORDER AND APPEARANCE. ON COMPLETION OF WORK, REMOVE TOOLS, SCAFFOLDING, DEBRIS, ETC., FROM GROUNDS AND LEAVE PREMISES CLEAN.

3.11 ALL TESTS SPECIFIED HEREIN AND/OR CALLED FOR BY AUTHORITIES HAVING JURISDICTION SHALL BE WITNESSED BY ARCHITECT, OWNER, OR AUTHORITY HAVING JURISDICTION. UPON COMPLETION OF THE WORK, DELIVER CERTIFICATES OF INSPECTION AND FINAL APPROVAL TO OWNER.

3.12 START UP AND TEST ALL EQUIPMENT PER MANUFACTURER'S INSTRUCTIONS. OPERATE SYSTEM TO ESTABLISH PROPER OPERATION AND PERFORMANCE. MAKE NECESSARY ADJUSTMENTS AND CORRECTIONS. CERTIFY TO OWNER IN WRITING THAT SYSTEM HAS BEEN OPERATED AND TESTED AND IS OPERATING TO DESIGN PERFORMANCE REQUIREMENTS.

3.13 THE AIR DISTRIBUTION SYSTEMS TESTING SHALL BE PROVIDED BY THE BUILDING OWNER.

3.14 INSTRUCT OWNER IN OPERATION AND MAINTENANCE OF MECHANICAL SYSTEMS AND TEMPERATURE CONTROL SYSTEMS. MINIMUM PARTICIPANTS SHALL INCLUDE MECHANICAL CONTRACTOR AND CONTROLS CONTRACTOR REPRESENTATIVES.

3.15 PRIOR TO COMPLETION OF PROJECT, SUBMIT THREE (3) SETS OF MAINTENANCE MANUALS COVERING OPERATION AND MAINTENANCE OF MECHANICAL EQUIPMENT WITH MOVING OR MOVABLE PARTS, INCLUDING PLUMBING SYSTEMS. INSTRUCTIONS SHALL BE IN PAMPHLET OR TYPEWRITTEN FORM IN THREE RING BINDERS. INSTRUCTIONS FOR EACH UNIT SHALL BE INDICATED BY SEPARATE TAB.

A INCLUDE TEST AND BALANCE REPORT.

B INCLUDE VALVE TAG LIST.

C INCLUDE NAME, ADDRESS, TELEPHONE NUMBER OF PARTY TO BE CONTACTED FOR 24_HOUR SERVICE FOR EACH ITEM OF EQUIPMENT.

D INCLUDE STARTING, STOPPING, LUBRICATION, PREVENTATIVE MAINTENANCE SCHEDULE, AND ADJUSTMENT INFORMATION FOR EACH PIECE OF EQUIPMENT.

E INCLUDE GUARANTEES AND WARRANTIES OF ALL EQUIPMENT.

3.16 SEAL ALL DUCTWORK JOINTS AND SEAMS.

3.17 PROVIDE TEST AND BALANCE OF ALL GRILLES/DIFFUSERS, EXISTING VAV BOXES, AND NEW AND EXISTING EXHAUST FANS.

3.18 IF SUPPLY AIRFLOW IS PROVIDE TO CONSTRUCTION AREA DURING RENOVATIONS, COORDINATE WITH OWNER CONTRACTOR TO ACCOMMODATE ADEQUATE DUST CONTROL AND PREVENT CONTAMINATION OF EXISTING RETURN DUCTWORK. PROVIDE TEMPORARY FILTERATION OF RETURN AIR PATHWAYS AS REQUIRED.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

DWG FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

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PROJECT NO.: 13-07

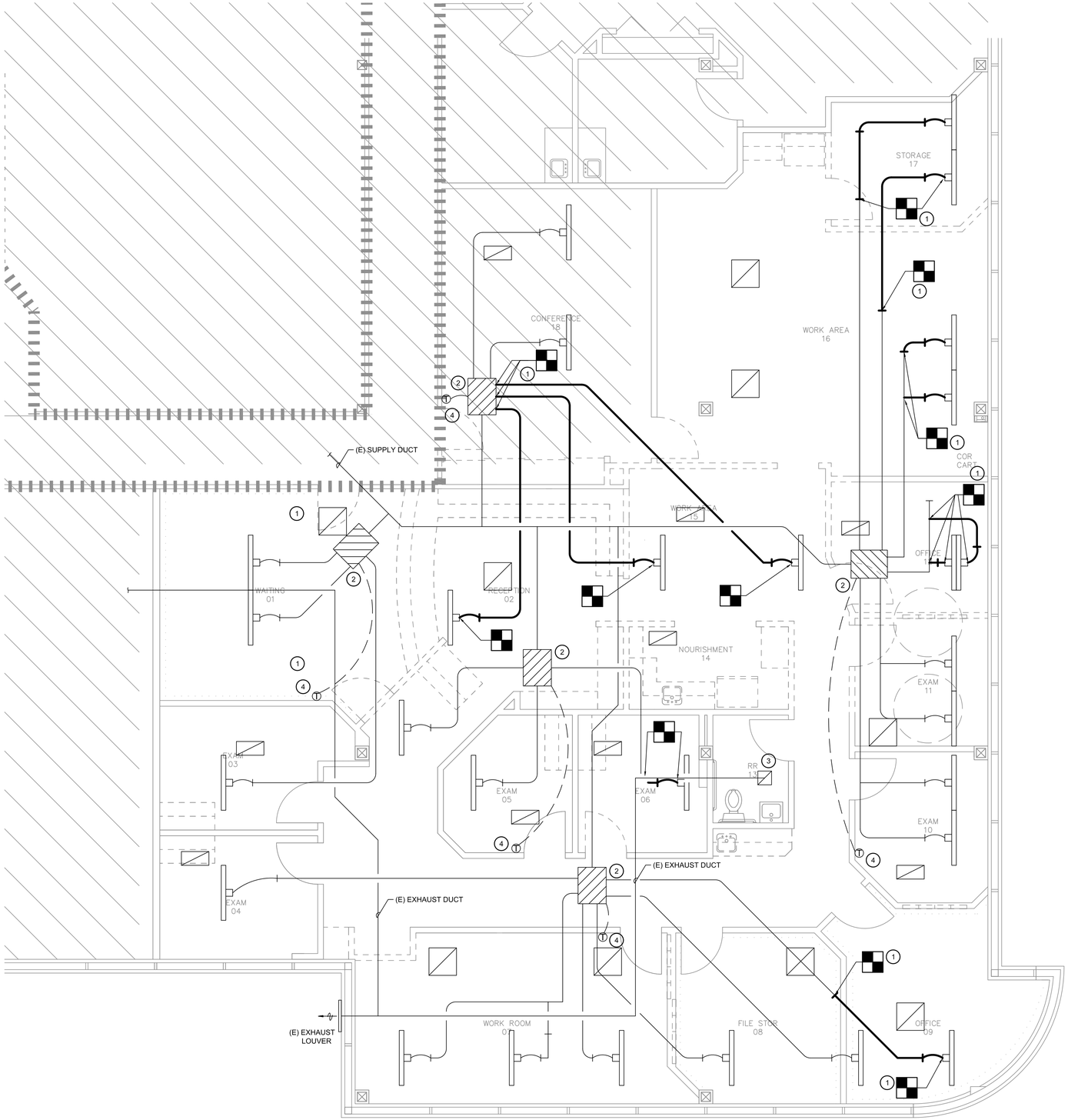
DRAWN BY: SH
CHECKED BY: LN
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:

SHEET TITLE:

MECHANICAL SPECIFICATIONS

SHEET NO.:

M-0.2



NORTH

MECHANICAL DEMO PLAN
1/4" = 1'

DWG FILENAME:

DEMOLITION LEGEND

SYMBOL	DESCRIPTION
———	EXISTING TO REMAIN
- - -	EXISTING TO BE REMOVED
■	DEMO TO THIS POINT

GENERAL NOTE

1. CONTRACTOR TO FIELD VERIFY ALL EXISTING CONDITIONS PRIOR TO CONSTRUCTION.

PLAN KEYED NOTES

1. REMOVE DUCTWORK BACK TO LOCATION SHOWN. CAP AND SEAL ALL UNUSED AIR OPENINGS AIR TIGHT.
2. EXISTING VAV BOX TO REMAIN.
3. EXISTING CEILING MOUNTED EXHAUST FAN TO REMAIN.
3. EXISTING PNEUMATIC THERMOSTAT TO REMAIN.

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RSN: *848551*
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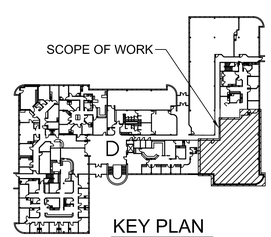

KEY PLAN
N.T.S.

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
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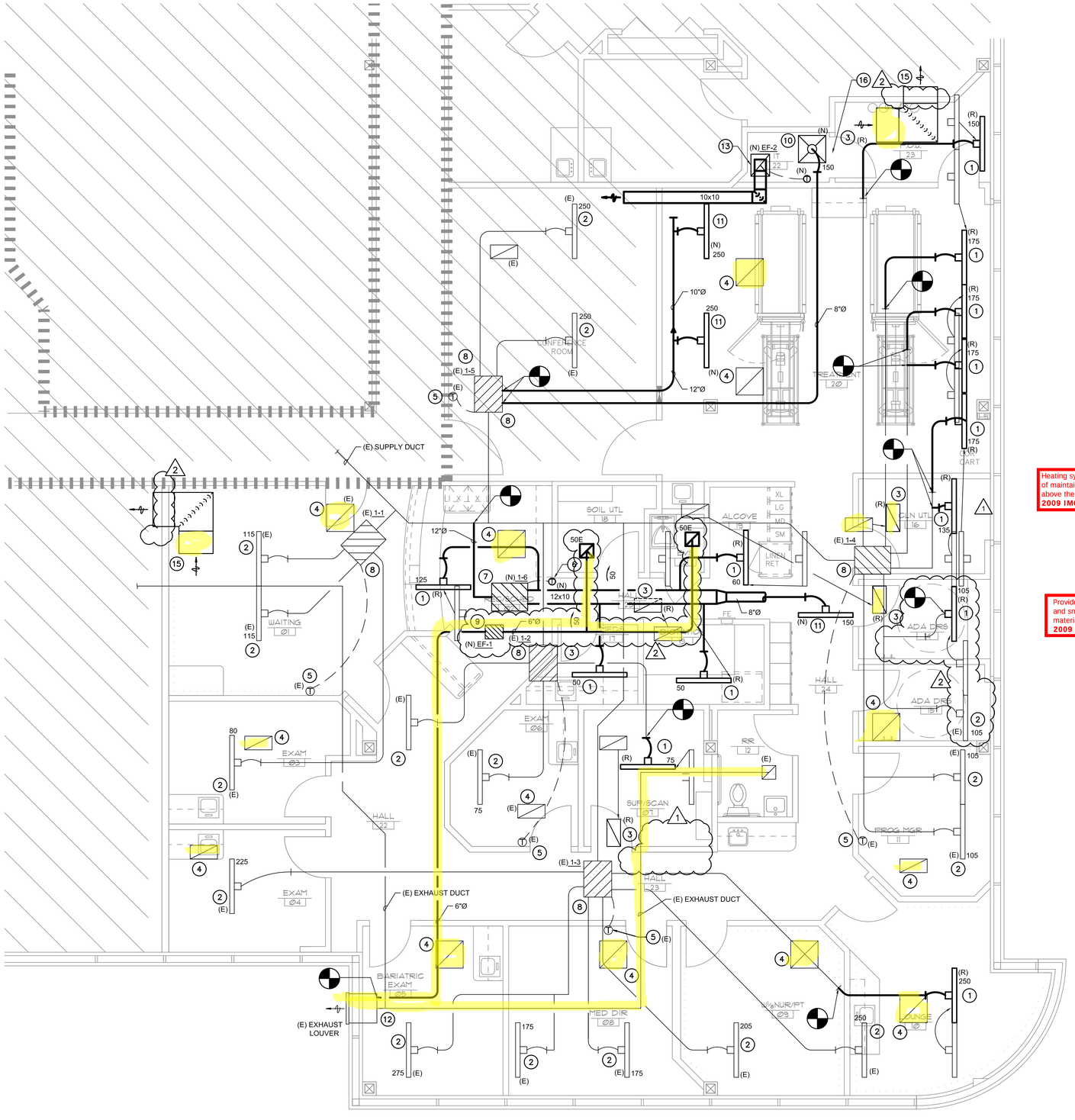
COLORADO REGISTERED LEE M. NORDHAUS 45671 PROFESSIONAL ENGINEER 10/28/13

PROJECT NO.: 13-07

DRAWN BY: SH
CHECKED BY: LN
SCALE: 1/4" = 1'
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:

SHEET TITLE:
MECHANICAL DEMO PLAN

SHEET NO.:
M-1.0



Heating system shall be capable of maintaining 68 degrees F at 3'-0" above the floor.
2009 IMC 309, IBC 1204.1, IRC R303.8

Provide proof of a flame spread <26 and smoke development <51 for any materials used within a plenum.
2009 IMC 602.2.1

RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN
⊕	CONNECT TO EXISTING AT THIS POINT

GENERAL NOTE

1. ELECTRIC BASEBOARD HEATERS ARE PROVIDED UNDER ALL EXTERIOR WINDOWS. CONTRACTOR SHALL COORDINATE ANY WALL CONSTRUCTION OR DEMO WITH EXISTING BASEBOARD HEATERS

PLAN KEYED NOTES

1. RELOCATE EXISTING AIR SUPPLY DEVICE TO LOCATION SHOWN. BALANCE RELOCATED AIR SUPPLY DEVICE TO CFM AS SHOWN. COORDINATE RELOCATION WITH NEW ARCHITECTURAL CEILING LAYOUT.
2. EXISTING AIR SUPPLY DEVICE TO REMAIN. BALANCE TO CFM SHOWN.
3. RELOCATE EXISTING RETURN AIR GRILLE TO LOCATION SHOWN. COORDINATE RELOCATION WITH NEW ARCHITECTURAL CEILING LAYOUT.
4. EXISTING RETURN AIR GRILLE TO REMAIN.
5. EXISTING PNEUMATIC THERMOSTAT TO REMAIN.
6. NEW THERMOSTAT TO BE CONNECTED TO EXISTING PNEUMATIC CONTROL SYSTEM. FIELD VERIFY EXISTING CONDITIONS PRIOR TO CONSTRUCTION.
7. NEW VAV BOX. BOX TO BE TITUS PESV (OR EQUAL). REFER TO VAV SCHEDULE FOR BALANCE INFORMATION.
8. EXISTING VAV BOX TO BE REBALANCED. REFER TO VAV SCHEDULE FOR BALANCE INFORMATION.
9. NEW IN-LINE EXHAUST FAN. FAN TO RUN CONTINOUSLY.
10. NEW 2'x2' SUPPLY AIR DEVICE. BALANCE TO CFM INDICATED. COORDINATE TRIM TYPE WITH NEW ARCHITECTURAL CEILING LAYOUT.
11. NEW LINEAR SUPPLY SLOT. BALANCE TO CFM INDICATED. COORDINATE TRIM TYPE WITH NEW ARCHITECTURAL CEILING LAYOUT. MATCH BUILDING STANDARD.
12. FIELD VERIFY CONNECTION TO EXHAUST LOUVER
13. NEW THERMOSTATICALLY CONTROLLED CEILING MOUNTED EXHAUST FAN. FAN THERMOSTAT TO BE SET TO 84°F (ADJ.). ROUTE DISCHARGE OF FAN A MINIMUM OF 10'-0" FROM IT ROOM AND TERMINATE IN THE PLENUM.
14. NOT USED.
15. PROVIDE NEW 30x10 RETURN AIR BOOT AT DEMIZING WALL.
16. PROVIDE DOOR TO IT ROOM WITH A MINIMUM OF 24"x24" DOOR GRILLE.

RSN: *848551*
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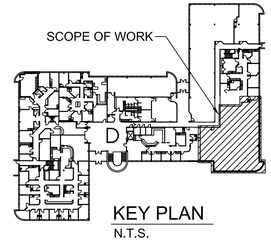

KEY PLAN
N.T.S.

NORTH

MECHANICAL NEW WORK PLAN
1/4" = 1'

DWG FILENAME:

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

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COLORADO REGISTERED LEE M. NORONHA 45671 10/28/13 PROFESSIONAL ENGINEER

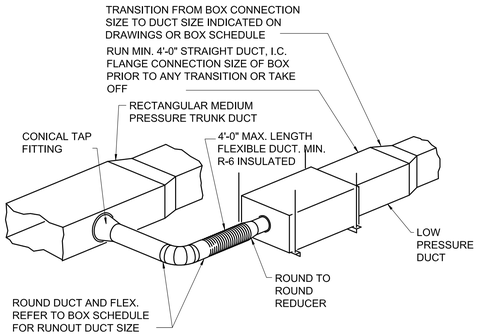
PROJECT NO.:	13-07
DRAWN BY:	SH
CHECKED BY:	LN
SCALE:	1/4" = 1'
DATE:	10/28/2013
ISSUED FOR:	PLAN REVISION SET

REVISIONS:

1	ADDENDUM #1	09/26/2013
2	PR #01	10/22/2013

SHEET TITLE:
MECHANICAL NEW WORK PLAN

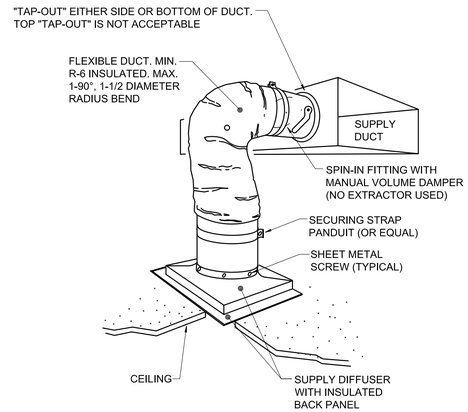
SHEET NO.:
M-1.1



NOTES:

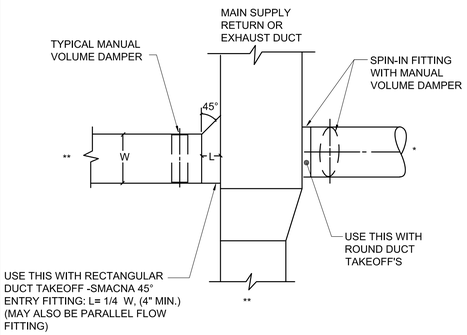
1. THIS DETAIL REFERS TO VAV BOXES WITHOUT REHEAT.
2. FLEX DUCT TO ALLOW ONE BEND WITH CENTERLINE RADIUS NOT LESS THAN 1 1/2 DUCT DIAMETERS.
3. TAP FITTING TO RECTANGULAR MEDIUM PRESSURE DUCT MAY ALSO BE RECTANGULAR 45° ENTRY, SIZED PER SMACNA RECOMMENDATIONS, AND THEN TRANSITIONING TO ROUND.
4. MEDIUM PRESSURE ROUND TRUNK DUCT TO HAVE CONICAL TEE FITTING, WITH OTHER REQUIREMENTS AS SHOWN.
5. BOXES 1,400 CFM OR LESS TO BE SUPPORTED WITH 1"x18 GA. GALVANIZED BAND IRON ON FOUR CORNERS. BOXES GREATER THAN 1,400 CFM SHALL HAVE TRAPEZE SUPPORT OF REINFORCING ANGLE WITH 3/8" GALVANIZED ALL THREAD ROD HANGERS.
6. COORDINATE REQUIREMENT FOR CEILING ACCESS PANELS WITH DIVISION 8.

AIR TERMINAL UNIT | 3



NOTE:
FOLLOW MFR'S INSTRUCTIONS FOR INSTALLATION OF SUPPLY DIFFUSER IN CEILING

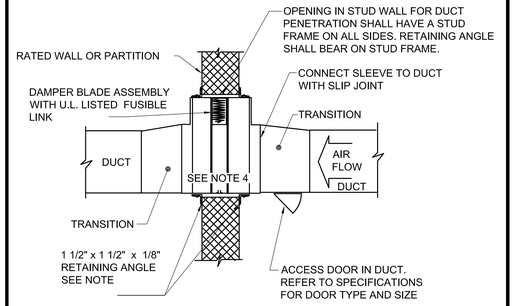
DUCTWORK CONNECTION TO SUPPLY DIFFUSER (FLEX DUCT) | 2



* = BRANCH TO INDIVIDUAL DIFFUSER OR GRILLE

** = SUBMAIN, BRANCHMAIN , OR BRANCH.

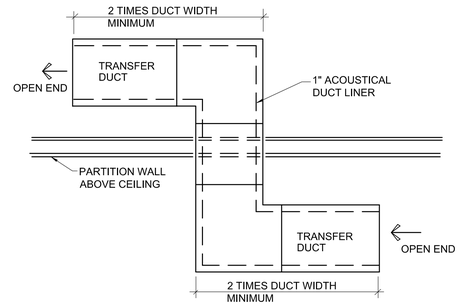
LOW PRESSURE DUCT VOLUME DAMPER REQUIREMENTS | 1



NOTES:

1. PROVIDE U.L. LISTED DAMPER AND SLEEVE IN ACCORDANCE WITH U.L. 555.
2. INSTALL DAMPER AND SLEEVE IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS NOT TO VOID U.L. LISTING.
3. EXTEND SLEEVE BEYOND WALL MAX. 6 INCHES.
4. PROVIDE EXPANSION SPACE PER MANUFACTURER'S INSTRUCTION, BUT NOT LESS THAN 1/8 " PER LINEAR FOOT, BOTH DIRECTIONS.
5. PROVIDE MINIMUM 1 1/2 " x 1 1/2 " x 1/8 " RETAINING ANGLE ON TOP, BOTTOM, AND SIDES. ATTACH ANGLE TO SLEEVE IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS. DAMPER SHALL BE SELF SUPPORTING, INDEPENDENT OF DUCTWORK. ANGLES SHALL OVERLAP WALL A MINIMUM OF ONE INCH.

FIRE DAMPER AT RATED WALL | 5



NOTE:
SIZE DUCT AT 350 FPM MAXIMUM

TRANSFER RETURN DUCT ABOVE CEILING | 4

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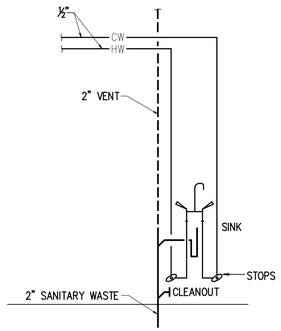
PROFESSIONAL ENGINEER
LEE M. NORDMARK
45671
10/28/13
PROFESSIONAL ENGINEER

PROJECT NO.: 13-07

DRAWN BY: SH
CHECKED BY: LN
SCALE: NONE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:

SHEET TITLE:
MECHANICAL DETAILS

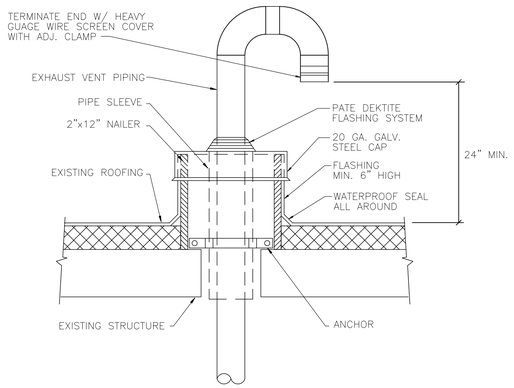
SHEET NO.:
M-2.0



ALL EXPOSED PIPE AND FITTING BELOW HAND SINK TO BE INSULATED. TRUEBRO LAV GUARD 2, OR EQUAL. INSTALL NEATLY WITH NO GAPS OR TWISTS.

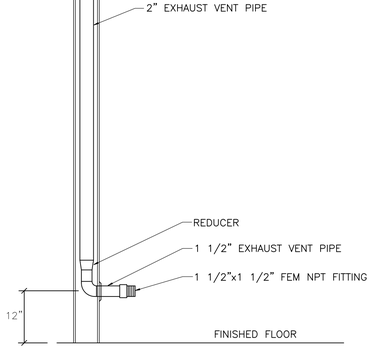
1 P0.0 TYPICAL SINK PIPING DETAIL

NO SCALE



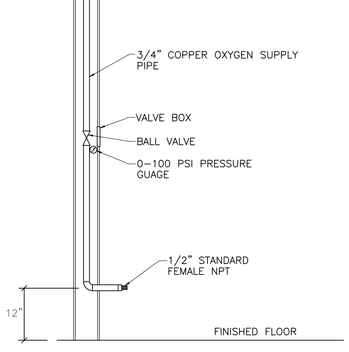
2 P0.0 EXHAUST VENT PIPING THRU ROOF DETAIL

NO SCALE



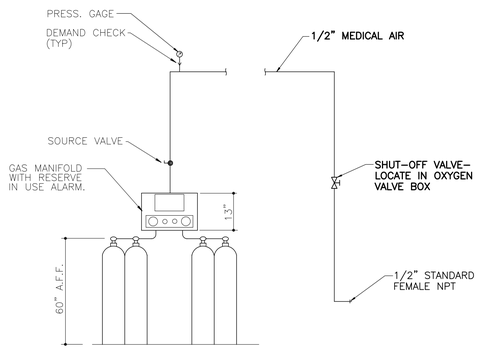
3 P0.0 EXHAUST VENT PIPING DETAIL

NO SCALE



4 P0.0 OXYGEN SUPPLY PIPE DETAIL

NO SCALE



5 P0.0 MEDICAL AIR GAS MANIFOLD DETAIL

NO SCALE

GENERAL NOTES

1. COORDINATE WATER, WASTE, AND VENT PIPING WITH OTHER TRADES TO AVOID SPACING OR ROUTING ISSUES.
2. FIXTURES, CONNECTIONS, AND PIPING SHALL BE FURNISHED AND INSTALLED TO MEET OR EXCEED STATE AND LOCAL CODES AND REQUIREMENTS.
3. ALL VENT PIPING SHALL BE SIZED AT 2" UNLESS OTHERWISE NOTED ON FLOOR PLAN.
4. PENETRATIONS THROUGH PARTITIONS AND FLOORS SHALL BE SLEEVED AND SEALED TO MAINTAIN INTEGRITY OF PARTITION AND FLOOR RATING.
5. DRAWINGS ARE SCHEMATIC IN NATURE. CONTRACTOR IS RESPONSIBLE FOR COORDINATING EXACT ROUTING OF ALL SERVICES WITH EXISTING CONDITIONS AND WITH ALL OTHER TRADES.
6. PROVIDE INSULATION KIT FOR SUPPLIES, DRAIN PIPING AND TRAP FOR ALL HANDICAP ACCESSIBLE LAVATORIES AND SINKS. INSULATION KIT SHALL BE EQUAL TO TRUEBRO SERIES 100 (WHITE). INSTALL SUPPLIES, STOP VALVES AND DRAIN FITTINGS BELOW FIXTURE SUCH THAT INSULATION KIT WILL BE INSTALLED WITHOUT GAPS OR BENDS.
7. VALVES LOCATED ABOVE CEILING SHALL BE ACCESSIBLE. LOCATE NO MORE THAN 3 FEET ABOVE CEILING WITH CLEAR ACCESS BELOW.
8. CORE DRILL EXISTING FLOOR SLAB AS REQUIRED FOR INSTALLATION OR CAPPING OF WASTE PIPING. PATCH AND REPAIR TO MATCH EXISTING.
9. VALVES AND CLEANOUTS SHALL BE INSTALLED AS REQUIRED BY LOCAL CODES AND REGULATIONS.
10. EXISTING PLUMBING PIPING SHOWN IS FOR REFERENCE. CONTRACTOR TO VERIFY EXACT LOCATION AND SIZES OF ALL EXISTING PLUMBING PRIOR TO START OF CONSTRUCTION.

PLUMBING DEMOLITION NOTES

1. PERMANENTLY SEAL AND CAP SERVICES NEXT TO MAIN SERVICE LINES ABOVE CEILINGS, WALLS OR BELOW FLOORS. EXISTING PLUMBING FIXTURES AND RELATED ITEMS WHICH ARE TO BE REMOVED SHALL BE SUBMITTED TO OWNER. ITEMS THE OWNER WISHES TO RETAIN SHALL BE DELIVERED TO STORAGE WHERE DIRECTED BY OWNER. ITEMS THE OWNER DOES NOT WISH TO RETAIN SHALL BE LEGALLY DISPOSED OF.
2. DRAWINGS SHOW KNOWN EXISTING SERVICES IN REASONABLE PROXIMITY. CONTRACTOR SHALL FIELD VERIFY EXACT LOCATIONS PRIOR TO START OF CONSTRUCTION.
3. EXISTING FIXTURES, EQUIPMENT, SERVICES AND CONNECTIONS WHICH ARE DAMAGED DURING CONSTRUCTION SHALL BE REWORKED OR REPLACED AS REQUIRED TO PROVIDE ORIGINAL OPERATION.
4. PENETRATIONS THROUGH EXISTING PARTITIONS AND FLOORS SHALL BE SEALED TO MAINTAIN INTEGRITY OF EXISTING PARTITIONS AND FLOOR RATING.
5. EXISTING PLUMBING SERVICES NOT SHOWN ON DRAWINGS SHALL REMAIN AS IS, UNLESS NOTED OTHERWISE.
6. EXISTING FIXTURES, EQUIPMENT CONNECTIONS AND SERVICE LINES SHALL BE VERIFIED FOR EXACT LOCATIONS AND SIZE. IF DEVIATIONS ARE FOUND, CONTRACTOR SHALL BRING THEM TO THE ATTENTION OF THE ARCHITECT FOR COORDINATION.

DRAWING INDEX

SHEET NO.	SHEET TITLE
P0.0	PLUMBING COVER SHEET
P0.1	SPECIFICATIONS
P0.2	MEDICAL GAS SPECIFICATIONS
P1.0	PLUMBING DEMOLITION PLAN
P1.1	PLUMBING PLAN
P1.2	MEDICAL GAS PLAN

LEGEND

NOT ALL SYMBOLS MAY BE USED

SYMBOL	ABBREV.	DESCRIPTION	SYMBOL	ABBREV.	DESCRIPTION
—CW—	CW	COLD WATER			NEW PLUMBING FIXTURE
—HW—	HW	HOT WATER SUPPLY			EXISTING PLUMBING FIXTURE
- - - - - - -	W	SANITARY WASTE (BELOW SLAB)			PIPE TURN DOWN
— — — — —	V	VENT			PIPE TURN UP
—02—	02	OXYGEN			VALVE

FIXTURE CONNECTION SCHEDULE

MARK	FIXTURE DESCRIPTION	COLD WATER	HOT WATER	WASTE	VENT
P-1	SINK - S.S.	1/2"	1/2"	2"	1 1/2"
P-2	SINK - S.S.	1/2"	1/2"	2"	1 1/2"
P-3	UTILITY SINK 2	1/2"	1/2"	2"	1 1/2"
P-4	EMERGENCY EYEWASH	1/2"	---	---	---
P-5	FAUCET	1/2"	1/2"	---	---

MRDICAL GAS EQUIPMENT SCHEDULE

MARK	DESCRIPTION	REMARKS	LOCATION
ZVB-1	ZONE VALVE BOX - WITH GUAGES	2" OXYGEN	
AAP-1	AREA ALARM PANEL	OXYGEN	

AUTOMATIC SPRINKLER NOTES

1. THE REMODELED SHALL BE FULLY SPRINKLED. SYSTEM SHALL BE DESIGNED IN FULL ACCORDANCE WITH NFPA 13 AND LOCAL CODES AND REQUIREMENTS. CONTRACTOR SHALL MATCH EXISTING PIPING MATERIAL AND SPRINKLER HEADS.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
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DWG FILENAME:

The Medical Center of Aurora
HealthONE

WOUND CARE CENTER

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ROBERT L. NORDHAUS 45671 REGISTERED PROFESSIONAL ENGINEER 10/28/13

PROJECT NO.: 13-07

DRAWN BY: RLS
CHECKED BY: LMN
SCALE: NO SCALE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 ADDENDUM #1 09/26/2013
2 PR #01 10/28/2013

SHEET TITLE:

PLUMBING COVER SHEET

SHEET NO.:

P0.0

FIRE PROTECTION SPECIFICATIONS

COMMON WORK RESULTS FOR FIRE SUPPRESSION

PART 1 – GENERAL

1.01 REFERENCES

A. ANSI: AMERICAN NATIONAL STANDARDS INSTITUTE.

B. ASME: AMERICAN SOCIETY FOR MECHANICAL ENGINEERS.

C. ASTM: AMERICAN SOCIETY FOR TESTING AND MATERIALS.

D. AWWA: AMERICAN WATER WORKS ASSOCIATION.

E. FM: FACTORY MUTUAL

F. IRI: INDUSTRIAL RISK INSURERS

G. MSS: MANUFACTURER'S STANDARDIZATION SOCIETY OF THE VALVE AND FITTING INDUSTRY.

H. NEMA: NATIONAL ELECTRICAL MANUFACTURERS' ASSOCIATION.

I. NFPA: NATIONAL FIRE PROTECTION ASSOCIATION.

J. UL: UNDERWRITERS' LABORATORIES, INC.

1.02 SUBMITTALS

A. SUBMIT UNDER PROVISIONS OF DIVISION 01.

B. INCLUDE PRODUCTS AS SPECIFIED IN THE INDIVIDUAL SECTIONS OF DIVISION 21.

C. SUBMIT SHOP DRAWING AND PRODUCT DATA GROUPED TO INCLUDE COMPLETE SUBMITTALS OF RELATED SYSTEMS, PRODUCTS, AND ACCESSORIES IN A SINGLE SUBMITTAL.

D. PREPARE SHOP DRAWINGS COMPLETELY INDEPENDENT OF THE ENGINEER OF RECORD'S CADD FILES. SHOULD THE CONTRACTOR OR VENDOR WISH TO USE THE ENGINEER OF RECORD'S CADD FILES AS THE BASIS FOR DEVELOPING THEIR SHOP DRAWINGS, A RELEASE FORM, OBTAINABLE FROM THE ENGINEER OR ARCHITECT, MUST BE SIGNED AND A NOMINAL CHARGE OF $30.00 PER SHEET MUST BE MADE PAYABLE TO THE ENGINEERING FIRM TO COVER THE COST OF PREPARING THE DRAWINGS FOR USE BY OTHERS.

1.04 REGULATORY REQUIREMENTS

A. PERFORM WORK SPECIFIED IN DIVISION 21, IN ACCORDANCE WITH STANDARDS LISTED BELOW OF THE LATEST APPLICABLE EDITION ADOPTED BY THE AUTHORITY HAVING JURISDICTION. WHERE THESE SPECIFICATIONS ARE MORE STRINGENT, THEY SHALL TAKE PRECEDENCE. IN CASE OF CONFLICT, OBTAIN A DECISION FROM THE ARCHITECT.
1. NFPA 13: SPRINKLER SYSTEM INSTALLATION.
2. NFPA 101: LIFE SAFETY CODE.
3. ANSI HANDICAPPED CODE–A117.1
4. U.L FIRE RESISTANCE INDEX
5. ASTM E814–88: STANDARD TEST METHOD FOR FIRE TESTS OF THROUGH–PENETRATION FIRESTOPS.
6. IBC: INTERNATIONAL BUILDING CODE, WITH MECHANICAL AND PLUMBING CODES (UPC 2006).
7. SPECIAL REGULATIONS, SUPPLEMENT, AND AMENDMENTS OF THE STATE AND/OR LOCAL AUTHORITIES HAVING JURISDICTION.

1.05 PROJECT/SITE CONDITIONS

A. LAYOUTS INDICATED ON DRAWINGS ARE DIAGRAMMATICAL AND INTENDED TO SHOW RELATIVE POSITIONS AND ARRANGEMENT OF PIPING AND EQUIPMENT. COORDINATE WORK WITH OTHER TRADES AND WITH MEASUREMENTS OBTAINED AT THE JOB SITE, AS APPLICABLE, PRIOR TO INSTALLATION. GENERALLY, INSTALL WORK IN LOCATIONS SHOWN ON DRAWINGS. PROVIDE NECESSARY, RISES, DROPS, AND OFFSETS TO FIT IN THE AVAILABLE SPACE UNLESS PREVENTED BY PROJECT CONDITIONS.

B. IF PREVENTED BY PROJECT CONDITIONS, PREPARE DRAWINGS SHOWING PROPOSED REARRANGEMENT OF WORK, INCLUDING CHANGES TO WORK SPECIFIED IN OTHER SECTIONS. OBTAIN PERMISSION OF ARCHITECT BEFORE PROCEEDING.

C. PLACE ANCHORS, SLEEVES, AND SUPPORTS PRIOR TO POURING CONCRETE OR INSTALLATION OF MASONRY WORK.

D. CAUSE AS LITTLE INTERFERENCE OR INTERRUPTION OF EXISTING UTILITIES AND SERVICES AS POSSIBLE. SCHEDULE WORK WHICH WILL CAUSE INTERFERENCE OR INTERRUPTION IN ADVANCE WITH OWNER AND ALL AFFECTED TRADES.

1.06 FEES AND PERMITS

A. OBTAIN AND PAY FOR ALL NECESSARY PERMITS AND INSPECTION FEES REQUIRED TO PERFORM DIVISION 21 WORK.

1.07 COORDINATION DRAWINGS

A. PRIOR TO COMMENCEMENT OF INSTALLATION, ASSIST IN PREPARATION OF COORDINATION DRAWINGS FOR WORK UNDER THIS DIVISION, AS SPECIFIED IN DIVISION 01. FULLY COOPERATE WITH PERSONS COORDINATING AND PERFORMING WORK UNDER OTHER DIVISIONS.

1.08 COMPLETENESS OF WORK

A. THE CONTRACT DOCUMENTS DEPICT FIRE SUPPRESSION SYSTEMS WHICH ARE INTENDED TO BE COMPLETE AND FUNCTIONING SYSTEMS. ALL PRODUCTS, MATERIALS, AND LABOR NECESSARY TO RENDER A FULLY FUNCTIONAL SYSTEM TO FULFILL THE DESIGN INTENT SHOWN ON THE DOCUMENTS SHALL BE PROVIDED BY THE CONTRACTOR.

1.09 RECORD DRAWINGS

A. PROVIDE RECORD DRAWINGS THAT ILLUSTRATE THE WORK OF DIVISION 21 AS FINALLY CONSTRUCTED.

B. RECORD DRAWINGS SHALL REFLECT ALL CHANGES MADE TO THE CONTRACT DOCUMENTS, WHETHER GENERATED BY ADDENDA, CHANGE ORDERS, OR FIELD CONDITIONS. MAINTAIN A DAILY RECORD OF THESE CHANGES AND KEEP CURRENT SET OF DRAWINGS SHOWING THESE CHANGES.

C. DELIVER RECORD DRAWINGS IN A FORM SUITABLE FOR RE–PRODUCTION TO ARCHITECT WITHIN 30 DAYS OF SUBSTANTIAL COMPLETION.

1.10 CUTTING AND PATCHING

A. REPAIR OR REPLACE DAMAGE CAUSED BY CUTTING OR INSTALLATION OF WORK SPECIFIED IN DIVISION 21.

B. PERFORM REPAIRS WITH MATERIALS WHICH MATCH EXISTING AND INSTALL IN ACCORDANCE WITH THE APPROPRIATE SECTION OF THESE SPECIFICATIONS.

1.11 CLEANING FIRE SUPPRESSION SYSTEMS

A. GENERAL CLEANUP:
1. AS WORK PROCEEDS THROUGHOUT THE CONSTRUCTION SCHEDULE, CLEAN UP DIRT, DEBRIS, OIL MATERIALS, ETC., AND REMOVE FROM SITE, KEEPING PREMISES IN NEAT AND CLEAN CONDITION. SEE DIVISION 01 OF SPECIFICATIONS FOR FURTHER REQUIREMENTS.
2. SEEPAGE, DISCOLORATION OR OTHER DAMAGE TO PARTS OF THE BUILDING, ITS FINISH, OR FURNISHINGS DUE TO CONTRACTOR'S FAILURE TO PROPERLY CLEAN PIPING SYSTEMS SHALL BE REPAIRED WITHOUT COST TO THE OWNER.

FIRE SUPPRESSION SPRINKLER SYSTEMS

PART 1 – GENERAL

1.01 WORK INCLUDED

A. PROVIDE MATERIALS AND LABOR REQUIRED TO COMPLETELY EXECUTE THE SPRINKLER AND FIRE PROTECTION WORK FOR THIS PROJECT, AS INDICATED ON THE DRAWINGS AND AS HEREIN SPECIFIED.

1.02 INSTALLER QUALIFICATIONS

A. COMPLY WITH LOCAL AND STATE LICENSURE REQUIREMENTS FOR INSTALLATION OF FIRE PROTECTION SYSTEMS.

1.03 DESIGN REQUIREMENTS

A. DESIGN 100% HYDRAULICALLY CALCULATED, AUTOMATIC SPRINKLER SYSTEM AS APPLICABLE IN ACCORDANCE WITH OWNER'S INSURING AGENCY GUIDELINES, NFPA 13 AND 14, AND STATE AND LOCAL CODE REQUIREMENTS.

1.04 QUALITY ASSURANCE

A. UNDERWRITERS LABORATORIES (U.L.) LISTED AND FACTORY MUTUAL (F.M.) APPROVED MATERIAL.

1.05 APPLICABLE CODES (LATEST ADOPTED ADDITION)

A. NFPA 13: SPRINKLER SYSTEM INSTALLATION (2002)

B. NFPA–101: LIFE SAFETY CODE

PART 2 – PRODUCTS

2.01 VALVES

A. ACCEPTABLE MANUFACTURERS: NIBCO, CRANE, STOCKHAM, GRINNELL, MUELLER, WATTS, HERSEY, FESCO, AMES. NIBCO MODEL NUMBERS ARE USED TO ESTABLISH REQUIRED LEVEL OF PRODUCT QUALITY.

2.02 PIPE AND FITTINGS

A. INTERIOR PIPE AND FITTINGS:
1. SCHEDULE 40 ASTM–135, ELECTRIC–RESISTANCE WELDED STEEL PIPE
2. SCHEDULE 10 ASTM–135, ELECTRIC–RESISTANCE WELDED STEEL PIPE SUITABLE FOR ROLL GROOVING
3. FITTINGS:
a. MECHANICAL COUPLINGS: ROLL OR CUT GROOVE RIGID TYPE BY VICTAULIC, CENTRAL GROOVED, OR ANVIL.
b. CLASS 125 IN ACCORDANCE WITH ANSI B16.4 OR CLASS 250 IN ACCORDANCE WITH ANSI B16.3 CAST IRON SPRINKLER FITTINGS – SCREWED, FLANGED, OR GROOVED–END.
c. ALL FITTINGS SHALL BE BY THE SAME MANUFACTURER.

2.03 HANGERS AND SUPPORTS

A. ACCEPTABLE MANUFACTURERS: ANVIL, BLINE, VIKING, RELIABLE EMPIRE, FEE AND MASON. GRINNELL MODEL NUMBERS ARE USED TO ESTABLISH LEVEL OF PRODUCT QUALITY.

B. PROVIDE U.L. LISTED AND F.M. APPROVED HANGERS.

C. HANGERS:
1. ANVIL #260 MSS, TYPE 1 FOR PIPE 2" THROUGH 12"
2. ANVIL FIGURE #104, TYPE 6, ADJUSTABLE SPLIT RING FOR PIPE LESS THAN 2"
3. ANVIL #69 FOR PIPE 1/2" THROUGH 2"

D. CLAMPS:
1. RISER CLAMPS: ANVIL #261, MSS TYPE 8, AT FLOOR SLAB PENETRATIONS TO SUPPORT RISERS
2. C–CLAMPS: ANVIL #92 WITH RETAINER CLIP, MSS TYPE 23
3. MALLEABLE BEAM CLAMPS: ANVIL FIGURE #218, MSS TYPE 30

E. INSERTS:
1. CONCRETE INSERT: ANVIL FIGURE #281, MSS TYPE 18, UNIVERSAL CONCRETE INSERT, ADEQUATELY SIZED AND CORRECTLY POSITIONED TO SUPPORT FULL LOAD.
2. LIGHTWEIGHT CONCRETE: ANVIL #285.
3. CONTINUOUS CONCRETE INSERT: ANVIL POWERSTRUT #PS–349, PREGALVANIZED.
4. POWER INSERT: HILTI HDI EXPANSION ANCHOR. USE IN CONJUNCTION WITH ALL THREAD RODS.
5. POWER INSERTS SHALL NOT BE USED IN POST TENSION CONSTRUCTION UNLESS APPROVED BY STRUCTURAL ENGINEER.

2.05 SPRINKLER HEADS

A. ACCEPTABLE MANUFACTURERS: RELIABLE SPRINKLER COMPANY, AUTOMATIC SPRINKLER COMPANY, VIKING, TYCO FIRE PRODUCTS.

B. SLIP–TYPE ESCUTCHEONS WILL NOT BE ACCEPTED.

C. EXTENDED COVERAGE HEADS SYSTEMS WILL NOT BE ACCEPTABLE.

D. SPRINKLER HEADS SHALL BE U.L. LISTED AND F.M. APPROVED. CONCEALED TYPE QUICK RESPONSE SPRINKLER HEAD MAY BE U.L. LISTED ONLY.

PART 3 – EXECUTION

3.01 COORDINATION

A. COORDINATE INSTALLATION TO AVOID INTERFERENCE WITH OTHER SYSTEMS.

B. PROVIDE POWER AND INTERLOCK WIRING UNDER DIVISION 26.

3.02 PIPE INSTALLATION

A. INSTALL SPRINKLER PIPE A MINIMUM OF 12" ABOVE TOP OF CEILING TO ALLOW FOR REMOVAL OF CEILING TILE AND LIGHTING FIXTURES AND FOR ACCESS TO EQUIPMENT ABOVE THE CEILING.

B. USE HANGER TYPES AS SPECIFIED IN PART 2 ABOVE. THIS SHALL OVERRULE HANGER TYPES OUTLINED IN NFPA 13.

C. HANGER SPACING SHALL BE IN ACCORDANCE WITH NFPA 13.

D. PROVIDE HANGERS ON ALL ARM OUTS OF 12" OR MORE.

3.03 SPRINKLERS

A. INSTALL SPRINKLER HEADS CENTERLINE OF CORRIDORS AND LOCATE IN THE CENTER OF THE CEILING TILES. INSTALL SPRINKLER HEADS IN OTHER DESIGNATED SPACES IN THE CENTER OF THE CEILING TILES AND SYMMETRICALLY LOCATE WITH OTHER HEADS WITHIN THE CEILING. DO NOT INSTALL SPRINKLER HEADS IN OTHER LOCATIONS ANY CLOSER THAN SIX INCHES TO ANY CEILING GRID OR WALL.

PLUMBING SPECIFICATIONS

PART 1 GENERAL

1.1 SCOPE OF WORK

A. REMOVE EXISTING PLUMBING FIXTURES AND ASSOCIATED PIPING LOCATED IN DEMOLITION SCOPE OF WORK.

B. PROVIDE SANITARY WASTE, VENT DOMESTIC HOT AND COLD WATER TO NEW PLUMBING FIXTURES IN NEW CONSTRUCTION SCOPE OF WORK.

1.2 "PROVIDE" MEANS FURNISH AND INSTALL.

1.3 PROVIDE ALL LABOR, MATERIALS, TOOLS, EQUIPMENT, APPURTENANCES, TESTING EQUIPMENT, AND CONSUMABLES AS REQUIRED TO SATISFY THE INTENT OF THE DRAWINGS. PROVIDE MINOR ITEMS OMITTED FROM THE DRAWINGS OR SPECIFICATIONS, BUT OBVIOUSLY REQUIRED TO SATISFY THE INTENT.

1.5 WORK PERFORMED BY THE CONTRACTORS SHALL BE IN COMPLIANCE WITH STATE AND LOCAL CODES, ORDINANCES AND APPLICABLE REGULATIONS. IF ANY CONFLICT ARISES BETWEEN THESE SPECIFICATIONS OR DRAWINGS AND CODES OR ORDINANCES, THE MORE STRINGENT REQUIREMENT SHALL GOVERN.

1.7 THE FOLLOWING INDUSTRY STANDARDS SHALL BE CONSIDERED AS A MINIMUM REQUIREMENT.

A AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)
B AMERICAN WATER WORKS ASSOCIATION (AWWA)
C AMERICAN WELDING SOCIETY (AWS)
E INTERNATIONAL BUILDING CODE (2009 IBC)
F INTERNATIONAL MECHANICAL CODE (2009 IMC)
G INTERNATIONAL FIRE CODE (2009 IFC)
H INTERNATIONAL PLUMBING CODE (2009 IPC)

1.8 PAY FOR ALL PERMITS, INSPECTIONS, LICENSES, AND CONSTRUCTION FEES RELATED TO THE WORK DESCRIBED HEREIN AND INCLUDED ON THE DRAWINGS.

1.9 EXAMINE SITE AND PREMISES PRIOR TO SUBMISSION OF BID. NO ADDITIONAL COMPENSATION WILL BE MADE FOR EXTRA EXPENSE INCURRED DUE TO FAILURE TO EXAMINE EXISTING SITE CONDITIONS.

1.10 SCHEDULE SERVICE INTERRUPTIONS IN WRITING WITH THE BUILDING OWNER AND OCCUPANTS ONE WEEK IN ADVANCE.

1.11 FURNISH SUBMITTALS FOR REVIEW ON ALL PROPOSED PLUMBING AND MATERIALS. SUBMITTALS SHALL BE MADE TO SHOW THAT ALL EQUIPMENT AND MATERIALS COMPLY WITH THE SPECIFICATIONS LISTED OR AS SHOWN ON THE DRAWINGS.

1.12 DRAWINGS ARE DIAGRAMMATIC IN CHARACTER AND DO NOT INDICATE EVERY REQUIRED PIPE, OFFSET, ETC. INCLUDE ITEMS NOT SPECIFICALLY MENTIONED IN THESE SPECIFICATIONS OR NOTED ON THE DRAWINGS, BUT WHICH ARE NECESSARY TO MAKE A COMPLETE AND OPERATIONAL WORKING INSTALLATION.

1.13 THE CONTRACTOR SHALL COORDINATE THE PLUMBING DRAWINGS AND THE SPECIFICATIONS WITH THE DRAWINGS AND SPECIFICATIONS OF OTHER TRADES, AND SHALL REPORT ANY DISCREPANCIES BETWEEN THEM TO THE ARCHITECT, AND OBTAIN FROM HIM WRITTEN INSTRUCTIONS FOR CHANGES NECESSARY IN THE PLUMBING WORK. ALL CHANGES REQUIRED IN THE WORK OF THE CONTRACTOR, CAUSED BY HIS NEGLECT TO DO SO, SHALL BE MADE BY HIM AT HIS OWN EXPENSE.

1.14 HANDLING OF MATERIALS/PRODUCTS: SHIP AND STORE ALL PRODUCTS AND MATERIALS IN A MANNER WHICH WILL PROTECT THEM FROM DAMAGE. DAMAGED ITEMS SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE.

1.15 GUARANTEE MATERIALS, WORKMANSHIP, AND OPERATION OF EQUIPMENT INSTALLED FOR PERIOD OF TWO YEARS FROM DATE OF ACCEPTANCE OF ENTIRE WORK. REPAIR OR REPLACE ANY PART OF WORK, WHICH SHOWS DEFECT DURING THAT TIME. WARRANTY SERVICE (LABOR AND MATERIAL) SHALL BE PROVIDED ON A 24 HOURS A DAY, 7 DAYS A WEEK BASIS. ANY DEFECTS OR FAULTY WORKMANSHIP SHALL BE THIS CONTRACTOR'S RESPONSIBILITY AND SHALL BE CORRECTED ENTIRELY AT HIS EXPENSE.

1.16 BE RESPONSIBLE FOR DAMAGE TO THE PROPERTY AND TO THE WORK OF OTHER CONTRACTORS DURING CONSTRUCTION AND GUARANTEE PERIOD.

1.17 MATERIAL AND EQUIPMENT USED SHALL BE EXACTLY AS SPECIFIED. SUBSTITUTIONS SHALL ONLY BE ALLOWED WHERE SPECIFICALLY INDICATED.

PART 2 PRODUCTS

2.1 ALL PRODUCTS AND MATERIALS SHALL BE NEW, FREE OF DEFECTS, CLEAN, AND FREE OF RUST.

2.2 MATERIALS: IF PRODUCTS AND/OR MATERIALS ARE NAMED FOR A SPECIFIC ITEM OR SYSTEM, USE THOSE PRODUCTS OR MATERIALS. IF ANY NECESSARY PRODUCTS OR MATERIALS ARE NOT NAMED, USE PRODUCTS AND MATERIALS AS PER LOCAL CODES AND/OR ORDINANCES.

A. DOMESTIC WATER: COPPER, TYPE L, HARD DRAWN.

B. DOMESTIC WATER, BURIED: COPPER, TYPE K, SOFT DRAWN.

2.4 PROVIDE SHUT–OFF VALVE AT CONNECTION TO EXISTING AND EACH BRANCH. BALL VALVE, FULL PORT.

2.5 SUPPORT, ANCHORS, AND HANGERS:

A. ACCEPTABLE MANUFACTURES: ANVIL, FEE, MASON, UNISTRUT, RELIABLE, GRINNELL; OR APPROVED EQUAL.

B. HANGERS AND SUPPORTS:

1. SUPPPORT PLUMBING PIPING IN ACCORDANCE WITH IPC. FIREPROOFING WHERE REQUIRED

C. HANGER RODS: 3/8" STEEL THREADED ROD.

2.6 PLUMBING FIXTURES:

P–1: SINK (S.S. SINGLE COMPARTMENT)
A. FIXTURE: JUST SL–2017–A–GR, 20"x17"x6"
B. FAUCET: ZURN MODEL Z6920–CP8, SENSOR, HYDROELECTRIC GEN., GOOSENECK, 8" CENTERS.
C. TRIM: ONE McGUIRE 151 DRAIN WITH 1–1/2" TAILPIECE. McGUIRE 2165 SUPPLIES WITH WHEEL HANDLE STOPS. ONE McGUIRE 8912 1–1/2"X1–1/2" SEMI–CAST BRASS P–TRAP.
D. MIXING VALVE: SYMMONS 5–210–CK

P–2: SINK (S.S. SINGLE COMPARTMENT)
A. FIXTURE: JUST SL–2017–A–GR, 20"X17"X6"
B. FAUCET: ZURN MODEL Z871B4, GOOSENECK, WRIST BLADE HANDLES, 8" CENTERS.
C. TRIM: ONE MCGUIRE 151 DRAIN WITH 1–1/2" TAILPIECE. MCGUIRE 2165 SUPPLIES WITH WHEEL HANDLE STOPS. ONE MCGUIRE 8912 1–1/2"X1–1/2" SEMI–CAST BRASS P–TRAP.

1 P–3: UTILITY SINK
A. FIXTURE: FLORESTONE MODEL FM WITH HEAVY DUTY LEGS, DRAIN PLUG.
B. FAUCET: T&S BRASS MODEL B–0667–POL WITH VACUUM BREAKER.
C. TRIM: ONE MCGUIRE 151 GRID DRAIN WITH 1½" TAILPIECE. ONE MCGUIRE 8912 1½" BY 1½" SEMI–CAST BRASS P–TRAP. ONE MCGUIRE 111 1½" CONTINUOUS WASTE.

P–4: EMERGENCY EYEWASH
A. FIXTURE: WATERSAVER MODEL EW898, WALL MOUNTED, 90 deg SWING DOWN, S.S.
B. MIXING VALVE: WATER SAVER MODEL TMV AP3600.

P–5: FAUCET
A. FAUCET: ZURN Z812A4, GOOSENECK, WRIST BLADE HANDLES, 4" CENTERS.
B. TRIM: MCGUIRE 2165 SUPPLIES WITH WHEEL HANDLE STOPS.

2.7 PLUMBING INSULATION: INSULATION, ADHESIVES, TAPES SHALL HAVE A FLAME SPREAD RATING OF 25 OR LESS AND SMOKE DEVELOPMENT OF 50 OR LESS IN ACCORDANCE WITH ASTM E–84 AND UL 723. MATERIALS SHALL MEET THE REQUIREMENTS OF NFPA 90–A.

A. FIBERGLASS PIPE INSULATION: ACCEPTABLE MANUFACTURERS – JOHNS–MANVILLE, CERTAIN TEED, OWENS CORNING, MIN. R VALUE OF 2.8.

1. DOMESTIC HOT WATER SUPPLY PIPING – 1" THICK
2. DOMESTIC COLD WATER SUPPLY PIPING –½" THICK

PART 3 EXECUTION

3.1 BEFORE ANY WORK IS INSTALLED, DETERMINE THAT EQUIPMENT WILL PROPERLY FIT IN THE SPACE, THAT REQUIRED CLEARANCES CAN BE MAINTAINED, AND THAT EQUIPMENT CAN BE INSTALLED WITHOUT INTERFERENCE BETWEEN SYSTEMS, WITH STRUCTURAL ELEMENTS, OR WITH THE WORK OF OTHER TRADES.

3.2 PROVIDE METALLIC SLEEVES IN ALL FLOOR AND WALL PENETRATIONS. SLEEVES AND CHASES ARE PROHIBITED IN ANY STRUCTURAL MEMBER EXCEPT WHERE APPROVED BY ARCHITECT.

3.3 DO NOT COVER UP OR ENCLOSE WORK UNTIL INSPECTED, TESTED, AND APPROVED. ANY WORK ENCLOSED OR COVERED UP BEFORE SUCH APPROVAL SHALL BE UNCOVERED, TESTED, AND APPROVED.

3.4 INSTALL ALL EQUIPMENT SO AS TO BE EASILY SERVICED WITH ADEQUATE CLEARANCE. PIPE CONNECTIONS SHALL BE BY FLANGES OR UNIONS. COMPLETE INSTALLATION SHALL FUNCTION SMOOTHLY AND NOISELESSLY.

3.5 INSTALL MATERIALS PER MANUFACTURER RECOMMENDATIONS AND LOCAL CODES OR REGULATIONS.

3.6 PIPING PREPARATION:

C. REAM PIPE AND TUBE ENDS, REMOVE BURRS, BEVEL PLAIN END FERROUS PIPE.

D. REMOVE SCALE AND DIRT ON INSIDE AND OUTSIDE BEFORE ASSEMBLY.

3.7 PIPING INSTALLATION

A. INSTALL PIPING TO ALLOW FOR EXPANSION AND CONTRACTION WITHOUT STRESSING PIPE, JOINTS, OR CONNECTED EQUIPMENT.

B. FLUSH PIPES FREE OF FOREIGN SUBSTANCES BEFORE INSTALLING VALVES OR MAKING FINAL CONNECTIONS.

3.8 SYSTEM CHECK–OUT: PRIOR TO STARTUP, THE ENTIRE SYSTEM SHALL BE COMPLETELY TESTED AND CHECKED OUT FOR PROPER INSTALLATION.

3.9 CLEANING: AT COMPLETION OF HIS WORK, THE CONTRACTOR SHALL GO OVER THE ENTIRE INSTALLATION, CLEAN ALL EQUIPMENT, AND REMOVE SURPLUS MATERIALS AND RUBBISH OF ANY DESCRIPTION INCIDENTAL TO HIS WORK, LEAVING THE ENTIRE INSTALLATION NEAT AND ORDERLY AND IN A COMPLETELY SATISFACTORY WORKING CONDITION.

3.10 CUT AND PATCH ALL OPENINGS IN WALLS AS REQUIRED FOR PIPING. PATCHING CONSISTS OF COMPLETING WORK TO MATCH AND BLEND IN WITH ADJOINING EXISTING WORK.

3.11 PROVIDE RECORD DRAWINGS TO THE CORPORATIONS CONSTRUCTION ADMINISTRATOR.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
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RSN: *848551*
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WOUND CARE CENTER

MEDICAL CENTER OF AURORA

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COLLEEN NORDHAUS REGISTERED 45671 10/28/13 PROFESSIONAL ENGINEER

PROJECT NO.: 13-07

DRAWN BY: RLS
CHECKED BY: LMN
SCALE: NO SCALE
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #01 10/28/2013

SHEET TITLE:
SPECIFICATIONS

SHEET NO.:
P0.1

MEDICAL GAS SPECIFICATIONS

MEDICAL GAS PIPING SYSTEMS

PART 1 – GENERAL

1.01 WORK INCLUDED

A. Furnish and test the following systems:
1. Oxygen (02).
2. Medical air. (MA)

B. Outlets, valve boxes, valves, alarm systems, and miscellaneous accessories for complete systems.

C. Pressure testing, cross connection testing and final testing, including purging, outlet flow and analyzing.

D. Electrical wiring for electrical accessories associated with the system shall be furnished and installed as follows:
1. Line voltage wiring by Division 26
2. Low voltage alarm wiring by Division 22

1.04 SUBMITTALS

A. Manufacturer's product data for all components indicating size, dimensions and configuration:
1. Operating instructions
2. Maintenance, service and repair data
3. Manufacturer's installation instructions

B. Brazer performance qualification test records for each brazer used on the installation. Brazers shall be qualified per N.I.T.C./ASSE 6010 with a minimum of 37 hours of training prior to installing any medical gas components.

C. Manufacturer certification to indicate that all tubes, valves, fittings, station outlets, and other piping components have been cleaned for oxygen service in accordance with CGA G–4.1.

D. Project record drawings and lists recording actual locations of piping, valving and outlets.

E. Independent "System Verification" testing report and certification including (1) a one–page management certification summary, (2) fully documented test data and analysis and (3) a test instrument quality assurance and calibration summary. "System Verification" report must document that each component in each individual system is complete and is functioning in accordance with NFPA 99.

F. Submit proof of supplying pre–cleaned copper piping. Submit bills from supplies.

1.05 CODE COMPLIANCE/QUALITY ASSURANCE

A. Install in compliance NFPA 99 as required and enforced by authority having jurisdiction.

B. Comply with local, state and federal codes applicable in this jurisdiction.

C. Employ only qualified journeymen for this work. Employ a competent qualified mechanic/piping foreman, who has satisfactorily completed at least five other similar installations, for this work. Qualification of brazers shall meet the installation requirements per NFPA 99.

D. All individuals engaged in installing medical gas piping systems shall have a medical gas certification card issued by either N.I.T.C. or ASSE 6000 Series. A current certification card shall be carried on their person while installing any medical gas system components during construction.

1.06 COORDINATION

A. Coordinate with other trades to assure timely installations and to avoid conflicts and interference.

B. Work closely with the metal stud partition installer and/or mason to assure that anchors, sleeves and similar items are provided in sufficient time to avoid delays; chases and openings are properly sized and prepared.

1.07 MEDICAL GAS ALARM SYSTEM

A. Area alarm panels shall have a separate visual indicator for each condition monitored. Each alarm panel shall have a cancelable audible indicator that produces a minimum of 80 dBA measured at 3 feet from panel.

B. Alarm panels shall indicate visually and audible if the wiring to the sensor or switch is disconnected or the monitored condition occurs.

C. The area alarm panels shall be powered from the life safety branch of the emergency system.

PART 2 – PRODUCTS

2.01 ACCEPTABLE MANUFACTURERS

A. Piping System Components:
1. Beacon/Medaes.
2. Allied Health Products, Chemetron Division.
3. Ohio Medical (Square Cogswell)
4. Amico.
5. Manufacturer's model numbers are used to establish product quality and scope, not to limit competition.

2.02 QUALIFICATION OF MANUFACTURER

A. Pipeline System Components:
1. One manufacturer shall supply the medical gas piping system components to include outlets, valves and gauges, valve boxes, alarm boxes, medical air manifold system. Outlets and devices shall be Chemetron type.
2. Component manufacturer shall have a pipeline system engineer or product specialist available to periodically check with the Contractor during installation of pipeline system equipment and provide a service organization to certify the system in accordance with NFPA 99.
3. Provide ongoing service support to the Owner's Representative after acceptance of system.

2.03 PIPING MATERIALS

A. Positive Pressure Piping: Seamless Type K or L (ASTM B819) copper tubing, in accordance with NFPA 99. Piping shall be precleaned and plugged by supplier before shipment to jobsite. Piping on–site cleaning shall not be permitted. Manufacturer pipe material markings shall not be defaced. Pipe markings shall be one or more of the following:
1. OXY required by NFPA 99.

B. Fittings: Wrought copper, brass or bronze designed expressly for brazed connection. Fittings shall be precleaned and sealed by the manufacturer prior to shipping to job site. On site cleaning shall not be permitted. Cast fittings shall not be used for brazed joints. Flared and compression–type connections shall be prohibited throughout the piping system.

D. Silver brazing material: Stay–Silv–15, Silvaloy–15, Aircosil No. 15, or Phos–Silver–15.
1. Silver brazing alloy composition: 15% silver, 80% copper, and 5% phosphorus, no cadmium.
2. Minimum of 1000 degrees F liquid melting point with ASTM rating of "BCuP5".
3. The use of flux is prohibited for the making of joints between copper to copper pipes and fittings. Appropriate flux similar to "Stay–Silv–Black Flux" or "Stay–Silv–White Flux" is required between dissimilar metals such as copper to brass or bronze material, when parts are heated over a prolonged period. Use flux sparingly. Apply only a thin coat of flux to minimize possibility of flux continuous piping system.

E. Flux: Do not use for copper–to–copper joints. Use flux for joining copper to brass or bronze. In those cases where flux is used, exercise particular care in applying the flux to avoid leaving any excess inside the completed joints.

F. Isolation of copper tubing from dissimilar metal shall be accomplished through use of PHD Manufacturing, model #2506 Unistrut clamps with PVC inserts or PHD model no. 153 PVC coated tear drop hangers.

2.06 MEDICAL GAS VALVING

A. Main, source, base of riser and service shutoff valves (Valves Not in Boxes)
1. Valves and tubing shall be specially prepared for oxygen service and shall conform in all particulars to NFPA 99.
2. Valves shall be quarter–turn ball–type, with extensions for brazing, Teflon seats and adjustable stem packing gland with Teflon stem seal, through 2". 2–1/2" to 3" valves shall have Teflon seats and double Teflon stem seal. 4–inch valves shall have Buna–N ball seats. Valves shall be three piece type with full ports.
3. Ball valves shall be rated at 400 psig, actuate from full "ON" to full "OFF" by 90 degrees turn of vinyl gripped valve handle. Factory installed copper tubing shall be extended sufficiently to help prevent valve seat damage during soldering. Threaded joints are not acceptable for medical gas valves.
4. Valves manufacturer:
a. Amico Alert 1 Series.
5. Service shutoff valves shall have lockable handles (locks provided by owner) and tagged to prevent accidental opening and closing.
6. Main valve shall be located to permit access by authorized personnel only. The main valve shall be located outside the source room. When the source valve is accessible from within the building a main valve shall not be required.
7. Provide ball valves with gauge ports and plugs.

B. Zone Valves (Valves in Boxes)
1. Zone valve boxes shall be constructed of extruded aluminum or 18 gauge sheet steel with air dried lacquer finish. The cover frame shall be made of an anodized aluminum and attached to the box by concealed screws. The finished assembly shall be substantially dust–tight. The frame assembly shall be capable of adjusting for variances in wall thickness up to one inch. The frame assembly shall contain an easily removable smoked cover window with pull ring. The window shall conceal exposed piping and valves within the box and shall be labeled "Caution – Medical Gas Control Valves – Close Only in Emergency". Tinted transparent window shall be provided to display the gas service, the area controlled by the valve, and pressure gauges on units so equipped.
2. Zone valve boxes shall have uniform width for balanced appearance. Manufacturer shall provide color–coded self–adhesive gas service labels for compliance with NFPA 99 labeling requirements. Apply labels to each valve within the assembly for proper gas service identification according to the manufacturer's instructions.
3. Placement of the valve within the zone valve box shall be such that the removable window cannot be replaced when any valve is closed. Factory installed Type K copper pipe extensions shall extend three (3) inches outside the valve box. Design of the valve box shall be such that valves may be removed prior to brazing, without disassembly of the box, to permit field rearrangement of valves if necessary. Valves shall be ball type, cleaned for oxygen service, supplied with capped ends, and shall operate full open to closed position with 90 degree handle rotation. Wall depth to ream in the same (3–7/8") with all valves boxes.
4. Valve boxes shall include 1–1/2" pressure gauges reading 0–100 psig for oxygen, nitrous oxide and air; 0–300 psi for nitrogen, and 0–30" Hg for vacuum or evacuation vacuum. The gauge port shall be equipped with removable plug for pressure testing prior to final assembly of gauge.
5. Gauge model zone valve box assemblies shall read pressure downstream of the valve per NFPA 99.
6. Valve boxes:
a. Amico Alert 1 Series, VBU–MX.
7. Provide individual medical gas valve identification as follows:
8. Installer shall provide identification for valves in box to identify room name and room numbers per graphic and/or signage package.

PART 3 – EXECUTION

3.01 IDENTIFICATION

A. Piping shall be marked, labeled as it is being installed per NFPA 99 requirements.

3.02 INSTALLATION

A. Joints in the piping, except those at equipment requiring screwed connections, shall be made with silver brazing alloy or similar high melting point (above 1000 degrees F) brazing metal.

B. Contractor shall provide a copy of the installers brazing certificate to the engineer of record and owner's representative prior to any installation. Certification and training shall be in accordance with ASME Section 9 or AWS B2.2 and to assure that the pipeline certification report and installation complies with all Chapters of NFPA 99.

C. During the brazing of pipe connections, the interior of the pipe shall be purged continuously with 5 SCFH of oil free nitrogen (NF) to prevent the formation of copper oxide inside the joint. Contractors shall use oxygen analyzer and purge regulator alarm as required by NFPA 99 requirements. The flow of purge gas shall be maintained until the joint is cool to the touch. Hold pipe full of nitrogen at night during erection of a pipe system. The outside of the tube and fittings shall be cleaned by washing with hot water after brazing the assembly, and prior to inspection of joints and pressure testing.

D. Threaded joints in piping systems shall be made up with polytetrafluorethylene (such as Teflon) tape or other thread sealants suitable for oxygen service. Apply sealants to the male threads only.

E. During erection of the piping systems, the systems shall be free from induction of gaseous hydrocarbons. During brazing, use medical gas equipment shipment plugs or black electrical tape to sealing off purged piping. At the most remote point from the pipe being brazed, provide a small opening in the plug or tape to allow purge gas to escape during the brazing process.
1. The use of duct tape or masking tape for sealing the purged piping systems is strictly prohibited.

F. Sand cloth/sand paper type abrasive cleaning material shall not be allowed. Joints shall be cleaned with scotch brite pads. Prior to brazing.

G. All installation tools shall be cleaned and oil free before installation of piping. Tools shall remain clean during all medical gas system piping installation.

H. All piping, valves and components shall be inspected prior to erection. If found to be contaminated, do not install the piping, valves or other components in the medical gas piping system.

I. All pipe ends shall be cut square, and deburred with a sharp clean deburring tool. Care shall be taken to prevent chips from entering the tube or pipe.

J. Support medical gas piping at distances listed per NFPA–99. Piping shall not be supported from other piping. Unistrut type trapeze hangers shall contain plastic inserts to isolate medical gas piping from dissimilar metals and straps.
1. Isolate copper piping from dissimilar metals. Do not use duct tape as an isolation material. Where medical gas piping is in contact with construction materials. Wrap the exposed medical gas piping with 10 mil thick adhesive polyken brand protective wrap. Wrap shall extend 6" either side of contact point.

K. After installation of the piping, but before installation of the outlet valves, blow lines clear by means of oil–free, dry nitrogen (NF).

L. The qualified brazer/certifier shall inspect the piping system for:
1. Flux or flux residue.
2. Excessive oxidation of all joints.
3. Presence of unmelted filler metal.
4. Failure of the filler metal to be clearly visible all around the joint at interface between the socket and the tube.
5. Cracks in the tube or component.
6. Cracks in the braze filler metal.
7. Failure of the joint to hold the test pressure per NFPA 99 standing pressure test.

M. Piping protection:
1. Piping shall be protected against freezing, corrosion, and physical damage.
2. Piping exposed to physical damage shall be adequately protected.
3. Medical gas piping shall be protected from contact with concrete floor slabs and other building materials. For protection from concrete floor slabs, acceptable means shall be PVC encasement sleeves or Polyken brand 10 mil thick adhesive wrap. For dissimilar metal contact, provide 10 mil thick adhesive wrap, extending 6" either side of contact surfaces.

N. Contractor shall instruct Owner's Representative to obtain certificate from oxygen supplier that the supplier's piping has been installed per brazing and purging requirements per NFPA 99. Oxygen supplier shall clean piping and equipment per pamphlet CGAG–4.1 before connection to certified pipeline system supplied by Contractor. Contractor shall verify cleaning of oxygen supplier piping from bulk system before making final connection to house system.

3.03 INSTALLER PERFORMANCE TESTING

A. After installation of the piping and valves, but before installation of the service outlets, alarm actuating switches and gauges, and before piping and valves are concealed in walls or ceiling the line shall be blown clear by means of oil–free, dry air or nitrogen.

B. Next, with station outlets with test caps in place each section of the piping system shall be subjected to a test pressure of one and one–half (1–1/2) times the maximum working pressure, but not less than 150 psig, with oil–free, dry nitrogen (NF). At no time shall any two medical gas pipelines be interconnected for testing such as a piping manifold. Maintain test pressure for at least 24 hours. Then each joint shall be examined for leakage by means of soapy water or other effective means of leak detection safe for use with oxygen.

C. Repair leaks and retest the section.

D. After completing the testing of each individual piping system, all of the medical gas systems shall be subjected to a pressure test at one and one–half (1–1/2) times the maximum working pressure, but not less than 150 psig. The test gas shall be oil–free, dry air or nitrogen. The main line shut–off valve shall be closed during the test.

E. After completion of the above test procedure the finishing assemblies of alarms, and all components (e.g. pressure switches, gauges, relief valves, etc.) shall be installed and all medical gas piping systems shall be subjected to a 24 hour standing pressure test at 20% above the normal operating line pressure. The main line shut–off valve shall be closed during this test.

F. Leaks, if any, shall be located, repaired, and the system retested.

G. Purge testing of each medical gas outlet at a minimum rate of 225 LPM shall be performed with a white cloth loosely held over the adaptor until purge produces no discoloration of the white cloth.

H. Purge testing of each medical gas outlet at a minimum rate of 225 LPM shall be performed with a white cloth loosely held over the adaptor until purge produces no discoloration of the white cloth.

I. To determine that no cross connection to other pipeline systems exists, reduce all systems to atmospheric pressure. Disconnect all sources to test gas from all of the systems with the exception of the one system to be checked. Pressure this system with oil–free, dry nitrogen (NF) to a pressure of 50 psig. With appropriate adapters matching outlet labels, check each individual station outlet of all systems installed to determine that test gas is being dispensed from only the outlets of this system.

MEDICAL GAS SYSTEMS – STARTUP AND CERTIFICATION

PART 1 – GENERAL

1.01 SCOPE OF WORK

C. Test, certify and startup the medical gas equipment and pipeline systems.

D. The Certification of the medical gas pipeline system must be performed by a certifier technically competent and experienced in the field of medical gas pipeline testing. Certifiers shall be licensed to ASSE (American Society of Sanitary Engineering) Series #6030 (N.I.T.C. Level M–4 or equivalent). Testing shall be performed by a party other than the installing contractor.

E. The air compressor and vacuum pump supplier shall be present at site for system startup to verify equipment is installed and operating properly as required by NFPA 99.

F. When new piping is "cut–in" to previously installed piping, it is possible that previously installed piping could be contaminated or even cross–connected. In conjunction with and in addition to inspection and certification of the new medical gases system pipelines, it is imperative that previously installed systems be inspected for crossed–connections in the piping systems and purity tested prior to connection of new system.

1.02 RELATED WORK

A. Section 22 60 00: Medical Piping and Pipeline Components

B. Section 22 61 19: Medical Air Compressor

C. Division 26: Electrical
1. Under Division 26, provide wiring for vacuum pumps and air compressors
2. Under Division 22, provide local and remote wiring to alarm panels in accordance with NFPA 99. Provide conductors and raceways as specified in Division 26.

PART 2 – PRODUCTS

2.01 Not applicable

PART 3 – EXECUTION

3.01 CERTIFICATION PROCEDURE

A. Perform mechanical check of all medical gas outlets prior to the certification inspection. Any necessary repairs or rework shall be done prior to system certification inspection. Check to include:
1. Installation complete
2. Appropriate adapters fit and securely lock in place

B. The Owner is responsible for ensuring that cylinder supplies are installed, connected, and filled (or partially filled) prior to system certification inspection.

C. Medical gas system suppliers and/or certification company and Plumbing Contractor sign Medical Gas Pipeline Inspection Agreement describing service to be performed by the medical gas system supplier, services not performed by the medical gas system supplier, price quotation, and exceptions affecting quoted price.

D. The Contractor shall provide a qualified certifier to perform pipeline certification inspection and to provide report and certification in accordance with previously signed agreement.
1. Any discrepancies discovered during the inspection shall be noted, corrected, and any and all portions of the system affected by corrective action shall be retested and findings recorded after retest.

E. Provide representative who shall serve as customer contact person and who shall witness the certification inspection and certify that all outlets have been checked and are in accordance with inspection procedure and findings as witnessed.

F. Hospital Maintenance Department to provide representative who shall witness the certification and certify that all spaces and the outlets have been checked in accordance with inspection procedure.

G. Each medical gas outlet shall be purge tested to verify that a minimum of 35 cubic feet of oil free dry nitrogen shall be filtered through a clean white 0.45 micron filter at a minimum flow of 3.5 SCFM. Filter shall not accrue more than 0.1 mg of matter. This test shall be performed at twenty–five percent of the zones for each gas type. Samples taken within each zone shall be taken at the outlet furthest from the zone valve.

H. The valves shall be tested to verify proper operation and rooms or areas of control. Each valve shall be labeled for the rooms or area they control. Verify room names with owner's representative, prior to labeling valves.

I. The alarm panels wiring shall be tested to ensure that all components are functioning properly. The alarm panels shall be tested per NFPA 99.

J. The certifier shall furnish copies of Medical Gas Pipeline Inspection Report and Medical Gas Pipeline Certification. Transmit a copy of the report and certification to each of the following parties:
1. Contractor
2. Owner's Construction Manager
3. Architect
4. Consulting Engineer
5. Hospital

K. The presence of the desired gas shall be confirmed with the combined use of an analyzer designed to measure the specific gas dispensed, and a pressure gauge attached to an appropriate adaptor with results tabulated below:
1. Oxygen: 99–100% Oxygen, Pressure: 50 psi, +/– 5 psi

3.02 CROSS CONNECTION TESTING AND CERTIFICATION

A. Cross connection testing and certification of the medical gas system must be performed by party technically competent and experienced in the field of medical gas pipeline testing.

B. Medical gas system shall be tested in accordance with NFPA 99 and Section 22 60 00 of these specifications.

C. In addition to cross connection testing, this specification shall require the technical certifier to test each individual pipeline systems component for performance to design specifications and make any necessary adjustments to ensure a complete and working system.

D. The system shall be tested for cross connection in one of the following methods:
1. Test one pipeline system at a time at 50 psi while the others are at atmospheric pressure including the vacuum system.
2. Reduce the pressure in all medical gas systems to atmospheric pressure. Increase the test pressure to the piping to the following pressures:
d. Oxygen: 50 psi
E. Obtain and present to the Owner a complete bond report of pipeline certification from the equipment manufacturer. This letter of certification shall indicate:
1. That the system is free of crossed connections.

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*

DWG FILENAME:

The Medical Center of Aurora
HealthONE

WOUND CARE CENTER

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10/28/13
PROFESSIONAL ENGINEER

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MEDICAL GAS SPECIFICATIONS

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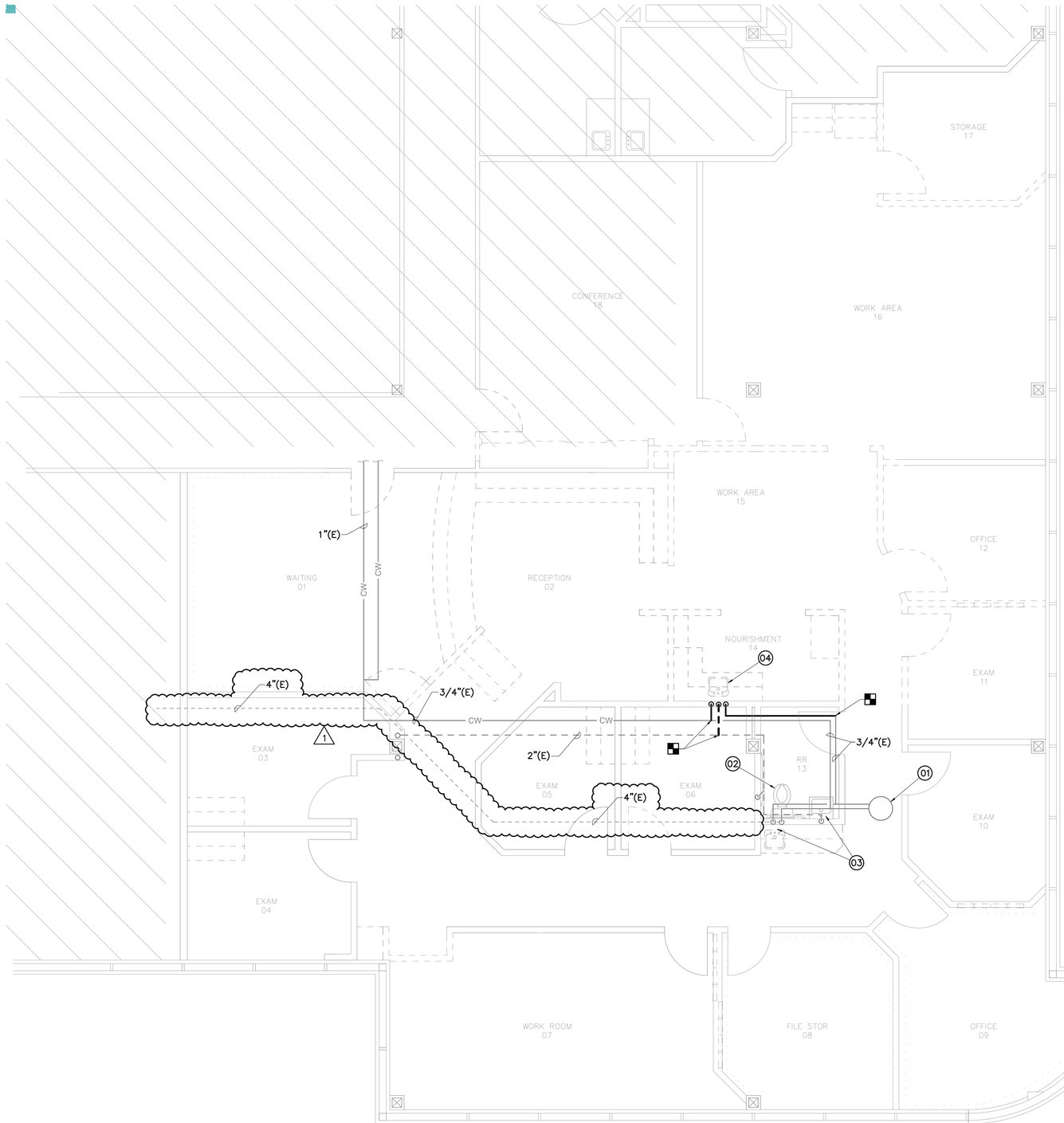

EXISTING FIRE DEPT. SIAMEZE CONNECTION

PLUMBING DEMOLITION PLAN

1/4" = 1'

PLAN KEYED NOTES

01 EXISTING WATER HEATER TO REMAIN.

02 EXISTING PLUMBING FIXTURES AND ASSOCIATED PIPING TO REMAIN.

03 EXISTING PLUMBING FIXTURE TO REMAIN. REMOVE EXISTING FAUCET AND SUPPLIES.

04 REMOVE EXISTING PLUMBING FIXTURE AND RETURN TO OWNER. CAP EXISTING WASTE BELOW SLAB, VENT, HOT AND COLD WATER ABOVE CEILING TO POINT OF DISCONNECT.

GENERAL NOTES:

1. EXISTING PLUMBING PIPING SHOWN IS FOR REFERENCE. CONTRACTOR TO VERIFY EXACT LOCATION AND SIZES OF ALL EXISTING PLUMBING PIPING PRIOR TO START OF CONSTRUCTION.
2. ALL EXISTING SINKS, FAUCETS AND WATER CLOSETS THAT ARE TO REMAIN SHALL BE INSPECTED BY CONTRACTOR PRIOR TO START OF CONSTRUCTION. IF FIXTURES CONDITION IS SUCH THAT IT REQUIRES REPLACEMENT, CONTRACTOR SHALL CONTACT OWNER AND ARCHITECT PRIOR TO REPLACING FIXTURE.

DEMOLITION LEGEND

SYMBOL	DESCRIPTION
———	EXISTING TO REMAIN
———	EXISTING TO BE REMOVED
■	DEMO TO THIS POINT

RSN: *848551*
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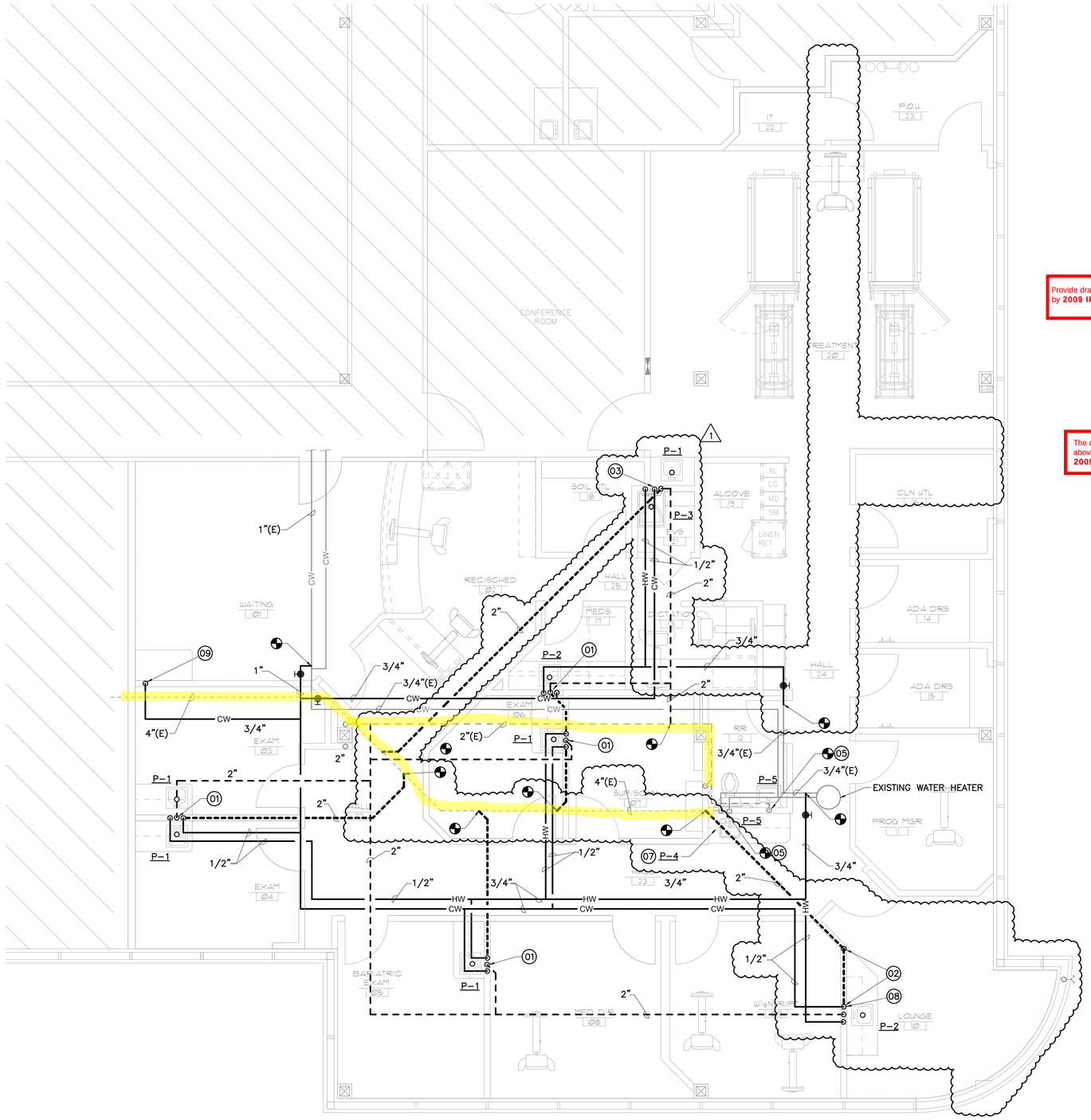
1 PR #01 10/28/2013

SHEET TITLE:

DEMOLITION FLOOR PLAN

SHEET NO.:

P1.0



PLUMBING PLAN

1/4" = 1'

Provide drains no smaller than allowed by **2009 IPC Table 709.1 and 710.1(1)**

The dry vent must rise 6" vertically above the flood level rim of the trap **2009 IPC 905.4**

PLAN KEYED NOTES

01 2" SANITARY WASTE DOWN W/CO, 1½" VENT UP, ½' HOT AND COLD WATER DOWN. ROUGH-IN AND CONNECT TO PLUMBING FIXTURE. 1

02 2" SANITARY WASTE DOWN W/CO, 1½" VENT UP, ½" HOT AND COLD WATER DOWN. ROUGH-IN AND CONNECT TO PLUMBING FIXTURE. EXTEND SANITARY WASTE IN WALL AS SHOWN AND DOWN TO BELOW FLOOR SLAB.

03 2" SANITARY WASTE DOWN W/CO, 1½" VENT UP, ½" HOT AND COLD WATER DOWN. TEE ½" HOT AND COLD WATER AND ROUGH-IN AND CONNECT TO EACH PLUMBING FIXTURE (2).

04 -DELETED-

05 PROVIDE NEW FAUCET AND SUPPLIES TO EXISTING PLUMBING FIXTURE. CONNECT NEW SUPPLIES TO EXISTING HOT AND COLD WATER CONNECTIONS IN WALL. 1

06 -DELETED-

07 TEE ½" COLD WATER, ROUTE IN WALL AND CONNECT TO EMERGENCY EYEWASH.

08 TEE ½' COLD WATER, ROUTE IN WALL TO ICE MAKER SUPPLY BOX. PROVIDE IPS GUY GREY #SSIB1 TYPE 304, WITH QUARTER TURN VALVE, OR EQUAL.

09 ½" COLD WATER DOWN TO WATER SUPPLY BOX. PROVIDE IPS GUY GREY #SSIB1 TYPE 304, WITH QUARTER TURN VALVE, OR EQUAL.

GENERAL NOTES:

1. EXISTING PLUMBING PIPING SHOWN IS FOR REFERENCE. CONTRACTOR TO VERIFY EXACT LOCATION AND SIZES OF ALL EXISTING PLUMBING PIPING PRIOR TO START OF CONSTRUCTION.
2. SAW CUT EXISTING SLAB AS NECESSARY FOR NEW SANITARY WASTE. VERIFY LOCATION OF EXISTING REBAR PRIOR TO SAW CUTTING.

RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN
⊕	CONNECT TO EXISTING AT THIS POINT

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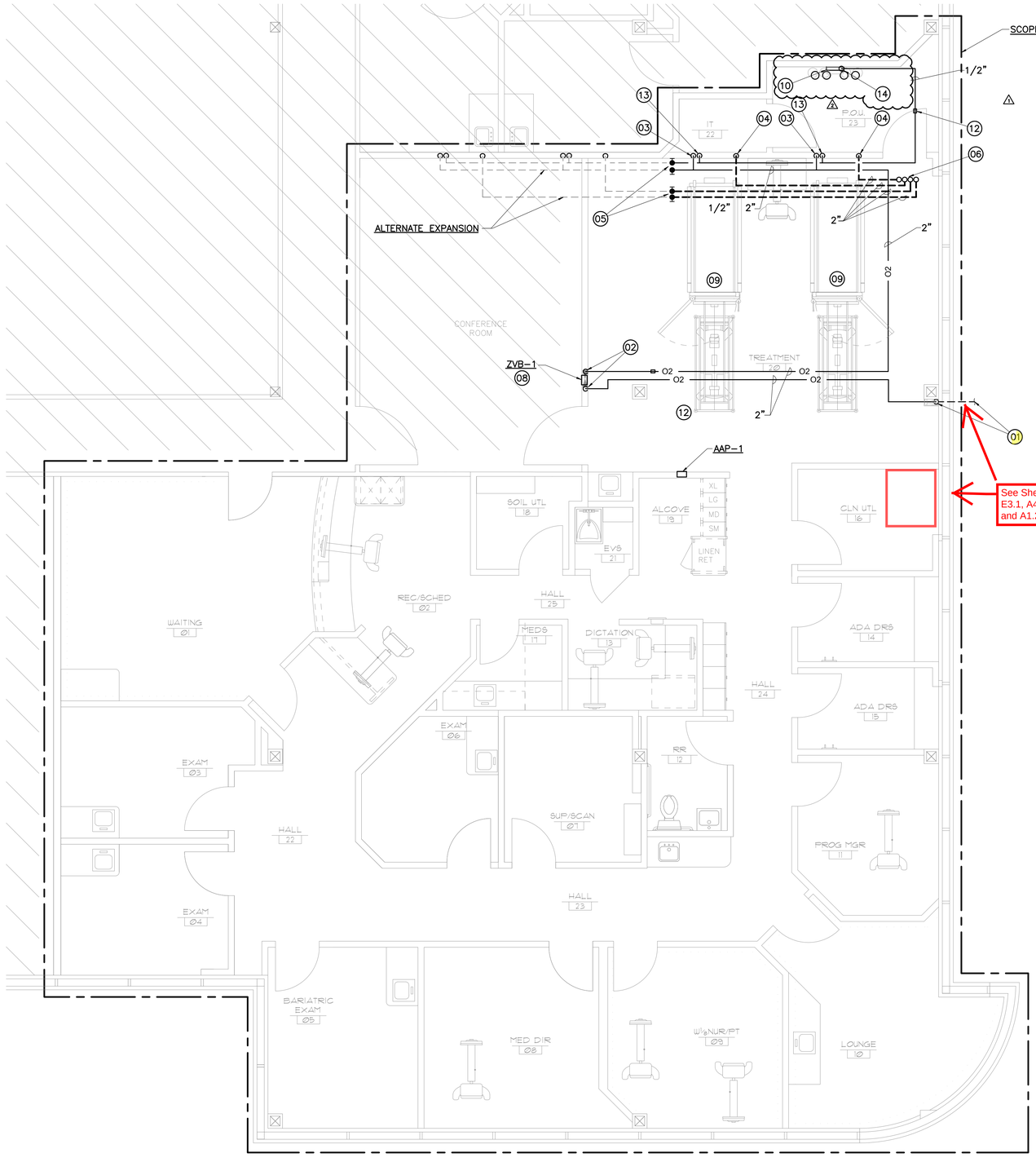
STATE OF COLORADO · LEE M. NORDHAM · 45671 · 10/28/13 · PROFESSIONAL ENGINEER

PROJECT NO.: 13-07

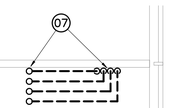
DRAWN BY: RLS
CHECKED BY: LMN
SCALE: 1/4" = 1'
DATE: 10/28/2013
ISSUED FOR: PLAN REVISION SET
REVISIONS:
1 PR #01 10/28/2013

SHEET TITLE:
PLUMBING PLAN

SHEET NO.:
P1.1



MEDICAL GAS PLAN
1/4" = 1'



PARTIAL 2nd LEVEL MEDICAL GAS PLAN
1/4" = 1'

PLAN KEYED NOTES

01 2" OXYGEN SUPPLY PIPE UP FROM BELOW SLAB. PROVIDE SHUT-OFF VALVE ON RISE. REFER TO ARCH. SITE PLAN FOR CONTINUATION TO OXYGEN TANK FARM. OXYGEN PIPING TO BE SPECIFIED BY BULK OXYGEN PROVIDER AND PROVIDED BY CONTRACTOR.

02 2" OXYGEN SUPPLY PIPE DOWN TO AND UP FROM ZONE VALVE BOX.

03 ¾" OXYGEN SUPPLY PIPE DOWN IN WALL. REFER TO DETAIL 4/P0.0.

04 2" EXHAUST VENT PIPE DOWN IN WALL. REFER TO DETAIL 3/P0.0.

05 CAP FOR FUTURE EXPANSION.

06 2" EXHAUST VENT (4) UP TO 2nd LEVEL ABOVE. REFER TO PARTIAL PLAN THIS SHEET.

07 2" EXHAUST VENT PIPE (4) FROM BELOW, OFFSET IN CEILING AND UP THRU ROOF. REFER TO DETAIL 2/P0.0. ARCH. TO PROVIDE FUR OUT FOR VERTICAL PIPING.

08 MOUNT ZVB-1 & AAP-1 66" TO TOP OF BOX.

09 REFER TO MANUFACTURERS RECOMMENDATIONS FOR INSTALLATION OF EXHAUST VENT, OXYGEN AND MEDICAL AIR SUPPLY PIPE TO EQUIPMENT. 1

10 2x2 MEDICAL AIR MANIFOLD SYSTEM FOR THE AIR BREAK PROCEDURE. REFER TO DETAIL 5/P0.0.

11 THE REMODLED AREA TO BE FULLY SPRINKLED. SYSTEM SHALL BE DESIGNED IN FULL ACCORDANCE WITH NFPA 13 AND LOCAL CODES AND REQULATIONS. CONTRACTOR SHALL MATCH EXISTING PIPING MATERIAL AND SPRINKLER HEADS.

12 AREA ALARM TRANSDUCERS. 1

13 ½" MEDICAL AIR DOWN IN WALL. REFER TO DETAIL 5/P0.0.

14 ½" MEDICAL AIR UP TO ABOVE FINISHED CEILING. REFER TO DETAIL 5/P0.0.

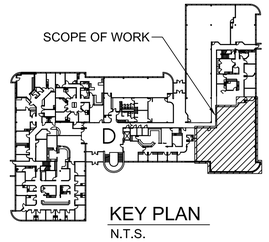
RENOVATION LEGEND

SYMBOL	DESCRIPTION
———	NEW CONSTRUCTION
———	EXISTING TO REMAIN

Provide for thermal expansion on hot-water supply system as required by **2009 IPC 607.3 or IRC 2903.4**

City of Aurora Building Division
Reviewed for Code Compliance
Approved as Noted: *J Eckert*
Date: *Oct 30, 2013*
2009 INTERNATIONAL CODES & 2011 NEC

RSN: *848551*
Permit #: *2013-794562*



KEY PLAN
N.T.S.

The Medical Center of Aurora
Health ONE

WOUND CARE CENTER

MEDICAL CENTER OF AURORA

1400 S. POTOMAC ST. #110
AURORA, COLORADO 80012

TOM THOMPSON ARCHITECT
2510 SOUTH OSCEOLA STREET
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720.989.6084
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SSR #13530170

DESIGN LOT
dpteam@thedesignplot.com
(303) 565-7282

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COLORADO REGISTERED LEE M. NORDHAM 45671 PROFESSIONAL ENGINEER 10/28/13

PROJECT NO.: 13-07

DRAWN BY:	RLS
CHECKED BY:	LMN
SCALE:	1/4" = 1'
DATE:	10/28/2013
ISSUED FOR:	PLAN REVISION SET

REVISIONS:
1 ADDENDUM #1 09/26/2013
2 PR #01 10/28/2013

SHEET TITLE:
MEDICAL GAS PLAN

SHEET NO.:
P1.2

COMcheck Software Version 3.9.2

Interior Lighting Compliance Certificate

2009 IECC

Section 1: Project Information

Project Type: **Alteration**
Project Title : MCA Wound Care Clinic

Construction Site:
1400 S. Potomac Street
Suite 110
Aurora, CO 80012

Owner/Agent:

Designer/Contractor:
Todd Harvey
Smith Seckman Reid
6995 E. Prentice Ave
Suite 104E
Greenwood Village, CO 80111
303-779-1222
tharvey@ssr-inc.com

Section 2: Interior Lighting and Power Calculation

A Area Category	B Floor Area (ft2)	C Allowed Watts / ft2	D Allowed Watts (B x C)
Clinic (Healthcare-Clinic): Exempt			
		Total Allowed Watts =	N/A

Area Category Exemption Qualifications

Activity Area	Total Wattage Pre-Alt.	Total Wattage Post-Alt.	Total Pre-Alt. Fixtures	# Fixtures Repl./Added
Clinic (Healthcare-Clinic 3732 sq.ft.): Exemption: Less than 50% fixture replacement.	6980	5496	76	20

Section 3: Interior Lighting Fixture Schedule

A Fixture ID : Description / Lamp / Wattage Per Lamp / Ballast	B Lamps/ Fixture	C # of Fixtures	D Fixture Watt.	E (C X D)
Clinic (Healthcare-Clinic 3732 sq.ft.): Exempt				
			Total Proposed Watts =	N/A

Exempt less than 50%

Section 4: Requirements Checklist

Interior Lighting PASSES

Lighting Wattage:

❑ 1. Total proposed watts must be less than or equal to total allowed watts.

Allowed Watts	Proposed Watts	Complies
N/A	N/A	Passes

Controls, Switching, and Wiring:

❑ 2. Daylight zones under skylights more than 15 feet from the perimeter have lighting controls separate from daylight zones adjacent to vertical fenestration.

❑ 3. Daylight zones have individual lighting controls independent from that of the general area lighting.

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Exceptions:

- ❑ Contiguous daylight zones spanning no more than two orientations are allowed to be controlled by a single controlling device.
- ❑ Daylight spaces enclosed by walls or ceiling height partitions and containing two or fewer light fixtures are not required to have a separate switch for general area lighting.

❑ 4. Independent controls for each space (switch/occupancy sensor).

Exceptions:

- ❑ Areas designated as security or emergency areas that must be continuously illuminated.
- ❑ Lighting in stairways or corridors that are elements of the means of egress.

❑ 5. Master switch at entry to hotel/motel guest room.

❑ 6. Individual dwelling units separately metered.

❑ 7. Medical task lighting or art/history display lighting claimed to be exempt from compliance has a control device independent of the control of the nonexempt lighting.

❑ 8. Each space required to have a manual control also allows for reducing the connected lighting load by at least 50 percent by either controlling all luminaires, dual switching of alternate rows of luminaires, alternate luminaires, or alternate lamps, switching the middle lamp luminaires independently of other lamps, or switching each luminaire or each lamp.

Exceptions:

- ❑ Only one luminaire in space.
- ❑ An occupant-sensing device controls the area.
- ❑ The area is a corridor, storeroom, restroom, public lobby or sleeping unit.
- ❑ Areas that use less than 0.6 Watts/sq.ft.

❑ 9. Automatic lighting shutoff control in buildings larger than 5,000 sq.ft.

Exceptions:

- ❑ Sleeping units, patient care areas; and spaces where automatic shutoff would endanger safety or security.

❑ 10. Photocell/astronomical time switch on exterior lights.

Exceptions:

- ❑ Lighting intended for 24 hour use.

❑ 11. Tandem wired one-lamp and three-lamp ballasted luminaires (No single-lamp ballasts).

Exceptions:

- ❑ Electronic high-frequency ballasts; Luminaires on emergency circuits or with no available pair.

Section 5: Compliance Statement

Compliance Statement: The proposed lighting alteration project represented in this document is consistent with the building plans, specifications and other calculations submitted with this permit application. The proposed lighting alteration project has been designed to meet the 2009 IECC, Chapter 8, requirements in COM*check* Version 3.9.2 and to comply with the mandatory requirements in the Requirements Checklist.

Todd Harvey - Electrical Designer		10/11/2013
Name - Title	Signature	Date

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Permit #: ***2013-794562***

Sechrist Monoplace Hyperbaric Chambers H-Series

FEATURE OVERVIEW



Oxygen administered under increased atmospheric pressure is a powerful modality and must be administered with care and precision. That is why Sechrist controls every step of design, engineering, manufacture and service of its monoplace hyperbaric chambers – including the acrylic pressure chamber – to assure an unmatched level of quality, performance, safety and patient comfort. Sechrist can also customize the chamber to any healthcare facility – even including a choice of colors.



First In Patient Comfort

- Available in three spacious interior diameters - 33", 36" and 41". All Sechrist hyperbaric chambers provide the ability for the patient to rest in a reclined or angled position making patients comfortable and anxiety free.
- The 4100H model is the world's largest monoplace hyperbaric chamber which offers the maximum in patient comfort.
- A fully integrated entertainment system allows the patient to watch television and movies and listen to their favorite music on their MP3 player. All Sechrist monoplace hyperbaric chambers are equipped with dual speakers to provide optimal listening pleasure.
- Bariatric patients up to 700 lbs can be comfortably treated
- The chamber hydraulic gurney provides for easy loading of the patient into the chamber without additional transfers.

Supporting Critical Care

- Sechrist chambers provide for respiratory support that automatically compensates for the pressure changes in the chamber using the only hyperbaric ventilator – designed and manufactured by Sechrist.
- Chambers also accommodate:
  - Multiple intravenous transfusion lines
  - Electrical monitoring including EKG, temperature and blood pressure
  - Transcutaneous oxygen monitoring
  - Patient air-break breathing system

Assuring Safety

- Sechrist provides the only monoplace hyperbaric systems with two emergency vent modes. This unique safety feature allows for maximum flexibility and reaction time to accommodate various emergency situations.
- The Standard Emergency Vent system decompresses within 119 seconds. The hyperbaric technician monitors and controls the descent to optimize patient comfort.
- An Emergency Shut-off and Automatic Vent system allows decompression within 119 seconds without the need for the hyperbaric technician to attend, monitor and control the emergency ascent providing flexibility in the case of an extreme emergency.

Increasing Efficiency

- Sechrist chambers are all equipped with the necessary monitors and controls to accept electronic data collection modules.
- Precision controls and display allow for easy viewing and adjustment by the technician.
- The easily accessible ventilation control allows for adjustment of the gas flow through the chamber to allow for Oxygen Conservation. The adjustment of gas flow to the chamber is easily achieved through the convenient and accessible ventilation control on the front panel.

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Permit #: *2013-794562*

Sechrist Monoplace Hyperbaric Chambers

H-SERIES CHAMBER SPECIFICATIONS

Codes And Standards

Sechrist Industries' design, manufacturing services and installation systems are certified to ISO 13485 Quality Assurance Standard for Medical Devices. In addition, Sechrist's monoplace hyperbaric chambers are designed, fabricated, assembled, tested, and installed in accordance with the following codes and standards, current editions:

- ASME PVHO-1, Safety Standards for Pressure Vessels for Human Occupancy
- ASME Boiler and Pressure Vessel Codes, Section VIII, Division I, Pressure Vessels
- NFPA 99 Health Care Facilities
- Registered with the National Board of Boiler and Pressure Vessel Inspectors
- U.S. FDA Requirement, 21 Code of Federal Regulations, Part 820
- ISO 13485: 2003 Quality Assurance Standard for Medical Devices
- CMDCAS – Canadian Medical Conformity Assessment System
- CAN/CSA Std. 22.2, No. 601.1
- IEC 60601-1



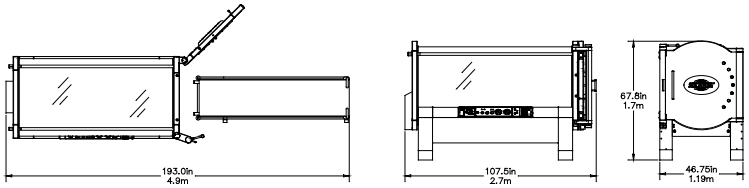
TECHNICAL SPECIFICATIONS BY MODEL

	Model 3300H	Model 3600H	Model 4100H
Internal Diameter	32.50 in (83 cm)	35.50 in (90 cm)	41.00 in (104 cm)
Internal Length	90 in (226 cm)	90 in (226 cm)	90 in (226 cm)
External Length	105.50 in (268 cm)	106 in (269 cm)	107.50 in (273 cm)
External Height	57.50 in (146 cm)	61.0 in (155 cm)	67.75 in (172 cm)
External Width	42.25 in	44.50 in	46.75 in
Chamber Weight	2,030 lbs (923 kg)	2,220 lbs (1009 kg)	3,500 lbs (1591 kg)
Supported Patient Weight	500 lbs standard (227 kg); 700 lbs optional (318 kg)	700 lbs standard (318 kg)	700 lbs standard (318 kg)

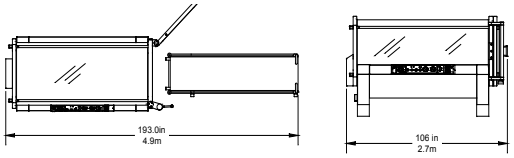
TECHNICAL SPECIFICATIONS ALL MODELS

Maximum Operating Pressure	30.0 pounds per square inch gauge (psig) 3.0 atmospheres absolute (ATA) 2.1 kilograms per centimeter squared (kg/cm2) 206.9 kilopascal (kPa)
Operating Temperature Range	50° - 100° F (10° – 38° C)
Operating Humidity Range	30 to 90% at 77° F
Supply Pressure	50.0 to 70.0 psi (3.5 to 4.9 kg/cm2, 344.8 to 482.7 kPa)
Purge Rate	80 to 400 liters per minute (lpm) (with the chamber pressure set at 15 psi)
Emergency Vent Rate	30 psig to 0 psig in 119 seconds max
Relief Valves	Model 3300H/HR: Two, set at 35.00 psi Model 3600H/HR and 4100H/HR: Two, set at 36.00 psi (2.5 kg/cm 2; 241.30 kPa)
Allowable Storage and Transportation Environmental Conditions:	Temperature: 32° to 113° F (0 TO 45° C) Atmospheric Pressure: 7.3 TO 15.4 PSI (500 TO 1060 HPA) Relative Humidity: 10 TO 100% including condensation

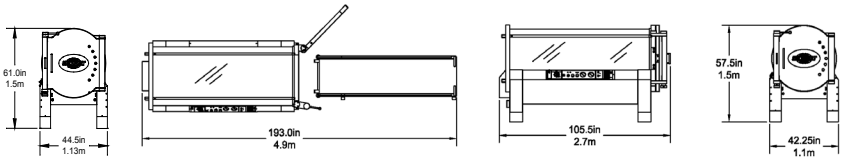
SECHRIST MODEL 4100H/HR



SECHRIST MODEL 3600H/HR



SECHRIST MODEL 3300H/HR



RSN: *848551*
Permit #: *2013-794562*

P/N 100403 REV 0

Installation Requirements
and
Technical Instruction Guide

MONOPLACE
HYPERBARIC CHAMBER

Models 3300H/HR, 3600H/HR and 4100H/HR

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p/n 100384 Rev 0

RSN: ***848551***
Permit #: ***2013-794562***

SECHRIST INDUSTRIES, INC.
MONOPLACE HYPERBARIC CHAMBER
MODELS 3300H/HR, 3600H/HR AND 4100H/HR
Installation Requirements and Technical Instruction Guide

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Chapter 1 – Introduction

1

OWNER/USER RESPONSIBILITIES

Contact Sechrist Industries' Hyperbaric Service Department before implementing the instructions contained in this manual.

WARNING
Caution: U.S Federal law restricts the device to sale by or on the order of a physician.

WARNING
Sechrist Model 4100H/HR Monoplace Hyperbaric Chambers are sophisticated medical devices designed for use only by qualified personnel under the direction of a qualified physician.

Sechrist Industries designs, manufactures and tests Models 3300H/HR, 3600H/HR and 4100H/HR Monoplace Hyperbaric Systems, in accordance with the requirements of the American Society of Mechanical Engineers (ASME), Section VIII, Division 1, and Pressure Vessels for Human Occupancy (ASME/ANSI, PVHO-1), NFPA 99 Documentation, in the form of "Data Reports," which substantiates compliance with these codes, is enclosed with the Operational Instructions provided to each customer at the time of installation.

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Sechrist monoplace hyperbaric chambers are available in two configurations:

- Model 3300H, 3600H, and 4100H: Has control panel on left side of door; door opens left to right
- Models 3300HR, 3600HR and 4100HR (reverse): Has control panel on right side of door; door opens right to left

The requirements in this manual are necessary for the safe, efficient operation of each chamber, the facility housing the chamber(s), and the ancillary equipment interfacing with the chamber(s). **Please follow these guidelines carefully and completely. It is highly recommended to review the requirements with Sechrist early in the process.** An early review will help identify important considerations so that unnecessary changes may be avoided or minimized.

Contact Sechrist before implementing these requirements. Maintain communication during the building or renovating of the Hyperbaric Facility, and go through the "Final Installation Checklist" with a Sechrist representative before requesting the physical installation of a Sechrist Hyperbaric System. Please provide Sechrist with at least **three to four weeks (domestic)** & **two months (international)** notice when scheduling the installation of the equipment.

Sechrist will provide all necessary hoses to connect the chamber(s) to the required utility connections. Sechrist will install the chamber(s) to the provided utility connections and thoroughly test the equipment. In-servicing for the mechanical use of each chamber is provided to all necessary personnel.

Advice or recommendations for the medical application or use of the chamber(s) are not included in the installation and in-servicing of the equipment, and Sechrist makes no claims as to the medical efficacy of any treatment provided by this system.

PRESSURE CHAMBER DESCRIPTION

Sechrist monoplace oxygen hyperbaric chambers are designed to administer 100% oxygen concentration or air at up to 3 atmospheres absolute (ATA) of pressure.

The pressure chambers are built in accordance with the American Society of Mechanical Engineers (ASME) Codes. They consist of the following components:

- Seamless Acrylic Pressure Cylinder.
- Anodized Aluminum Door Assembly and End Cover.
- Stainless Steel Tie Rods.
- Gaskets for Cylinder and Door Sealing.
- Door Locking Mechanism and Interlock Safety Device.

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PNEUMATIC PRESSURE CONTROL SYSTEM

Models 3300H/HR, 3600H/HR and 4100H/HR systems consist of a pressure chamber with quick opening door, a pneumatic pressure control system, and an intercommunication system. The pneumatic pressure control system is non-electrical and operates from the supply gas pressure. These models incorporate the following assemblies:

- Control panel for operation of the Hyperbaric System
- Ventilation control and emergency vent system
- Main pressure regulator assembly
- Gas silencing assembly
- Two over-pressure relief valves
- Associated headers, tubing and fittings

The Sechrist Hyperbaric Patient Ventilator, Model 500A, and the Air Break Breathing Assembly, P/N 20087, will be discussed later in this manual as they pertain to installation and interfacing with the Sechrist Monoplace Hyperbaric Chamber(s) and the chamber facility.

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Chapter 2 – Hyperbaric Facility Requirements

2

WARNING: Contact Sechrist Industries Technical Services Department before implementing these instructions.

This manual contains recommended guidelines. However, local standards or requirements may exceed or supersede these guidelines and must be addressed in the design process. Currently, guidelines for Hyperbaric Facilities are published by the AIA (The American Institute of Architects), the UHMS (Undersea Hyperbaric Medical Society), and the NFPA (National Fire Protection Association).

HYPERBARIC CHAMBER FACILITY REQUIREMENTS

Chamber Transport and Access to the Treatment Room

1. The transportation pathway from the loading dock to the hyperbaric unit must provide sufficient space for maneuvering the chamber.
2. If it is necessary to use an elevator to transport the Chamber to its facility, the elevator should be at least **108 inches** (275 centimeters) **long** and its door opening should be at least **48 inches** (122 centimeters) **wide** and have a carrying capacity of at least 3,500 lbs. to accommodate the weight of the chamber model being installed..
    - **Please contact Sechrist should the elevator not meet the above dimensions.**
3. The doorway clearance to the hyperbaric facility must also be at least **48 inches** (122 centimeters) wide. Should the doorway clearance not meet these recommendations, the door will need to be removed to allow the chamber to pass through. If the Model 4100H/HR is being installed, it is recommended that a double door be utilized (**72 inches (183 cm) clearance minimum**). The hallway width at the intersection of the doorway must be a minimum of **8 feet** (2.4 meters).

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Recommended Room Size and Attributes

1. Recommended room length is 24 feet (7.3 meters). Minimum length for a room housing chambers only (without bathroom and changing areas) is 21 feet (6.4 meters). **Minimum** width is:

    - One chamber – 10 feet (3.0 meters)
    - Two chambers – 16 feet (4.9 meters)
    - Three chambers – 24 feet (7.3 meters)
    - Four chambers – 32 feet (9.8 meters

    Note: **The above dimensions are NOT optimal.** When designing a hyperbaric room, space consideration should be given to placement of a bathroom, changing, and storage area(s). Storage may include medical gas cylinders, supplies, ancillary medical equipment, linens, chamber gurneys, etc. Sufficient space to perform emergency procedures (if necessary) should also be considered.

    When placing two chambers in a location, it is recommended to have the chambers parallel to one another. This will allow one attendant to simultaneously view the patient in each chamber.

2. Chamber distance from the headwall (utility connections to chamber) should be a minimum of 14 inches (36 cm).
3. Distance between parallel chambers should be a minimum of 48 inches (122 cm).
4. Distance between chamber and side walls should be a minimum of 18 inches (45.7 cm).
5. The room housing the Chamber should be used exclusively as a Hyperbaric Oxygen Therapy treatment facility.
6. Room construction should meet National Fire Protection Association (NFPA) Code 99, Chapter 20, "Standard for Health Care Facilities. Construction should also meet the requirements of local codes that govern the housing of Class "B" Hyperbaric Chambers (refer to NFPA Code 99 and all other applicable local codes and requirements).

NOTE: International regulations or codes may be applicable, and/or may supersede the above listed regulations

7. The room should be posted as a "NO SMOKING AREA – OXYGEN PRESENT".
8. The hyperbaric chamber must not be installed close to any heat sources.
9. Stringent fire precautions must be taken.
10. Fire extinguishers should be installed in accordance with local codes.
11. All electrical equipment in the treatment facility must be properly grounded and in optimum working condition.

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12. Temperature in the room should be maintained in the range of 68° -74° F (20°-23° C) for patient comfort.
13. Chamber room must be equipped with a sprinkler system.
14. The floor should be tile or hard surface. Heavy waxing is not recommended. It is not mandated to install conductive flooring. Carpeting is unacceptable, as it may generate static electricity.
15. Windows should be covered with drapes or blinds to shield the Hyperbaric Chamber acrylic cylinder from direct sunlight.
16. Fluorescent lighting is not recommended, however, if present, should be **turned off** during treatments (use an alternate room light source). Fluorescent lights can have a detrimental strobe effect on some patients during treatment. Incandescent lighting on dimmers/rheostats is recommended. Lighting fixtures should not be placed center-line above the area of the patient's head for patient comfort reasons.

Oxygen Requirements

The peak flow requirement of Sechrist monoplace hyperbaric chambers is as follows:

Model 3300 H/HR – 32 SCFM (standard cubic feet per minute)
Model 3600 H/HR – 34 SCFM (standard cubic feet per minute)
Model 4100 H/HR – 42 SCFM (standard cubic feet per minute)

Monoplace chambers are typically compressed with 100% oxygen, which is used as a source for the patient's respiratory needs, ventilation (environmental climate control), and carbon dioxide (CO_2) removal. Monoplace hyperbaric chambers use high continuous flow rates (purge flow), which are many times greater than other typical hospital devices. Because of the high continuous flows, with greatest flow demand during the actual compression phase of the treatment, the typical hospital oxygen piping system is not capable of maintaining the desired minimum oxygen pressure and flow requirements. This is especially true when multiple chambers are to be installed.

Ideally, the chamber(s) should be supplied by a dedicated oxygen supply line (typically 1½ -2 inch diameter, however, the diameter is dependent on the quantity of chambers being served) from the Bulk Liquid Oxygen System and controlled by an independent pressure regulator system. It is prudent to consult with the oxygen supplier regarding the appropriateness of the sizing of regulators, evaporators, and interconnecting lines to meet the flow requirements. It is not uncommon to find large dedicated lines connected to undersized bulk oxygen evaporator/regulator systems.

Occasionally, Sechrist is asked about the possibility of operating a chamber from a gaseous (H cylinder) supply system. Although this is possible, the constant changing of cylinders is impractical and expensive. The same holds true to some degree of the use of portable liquid oxygen tanks (approx. 40 gallons of LOX). Although these tanks will supply approximately 4 treatments, the size and weight of these tanks make the constant changing inconvenient and not recommended.

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When evaluating oxygen consumption, several variables need to be considered:

- During the compression phase of the treatment, the hyperbaric system is filling its cylindrical vessel with 100% oxygen, during which the oxygen supply flow rate necessary is greater than the continuous purge flow.
- Once the chamber pressure has reached the treatment pressure, the oxygen supply flow rate will become the same as the purge flow setting for the remainder of the treatment.
- Both the higher flows during the compression when sizing the supply lines, and the total consumption, must be considered when identifying the size of evaporators and LOX vessels.
- If future expansion of the hyperbaric facility is a possibility, the piping sizes and connections/valves should be considered and prepared for during the initial construction.
- Estimated Oxygen Consumption at Pressure (assuming average purge flow of 320 LPM, time inside a chamber of 120 minutes, normal work day of eight hours, five days a week):
    - Per Typical Treatment: (120 minutes @ 11.3 cubic feet/minute) 120 x 11.3= 1356 cubic feet/treatment
    - Per Day: (Three 120 minute treatments/day) 3 x 1356 = 4,068 cubic feet/day
    - Per Week: (Five days/week @ three treatments/day) 5 x 4,068 = 20,340 cubic feet/week
    - Per Month: (22 days@ three treatments /day) 22 x 4,068 = 89,496 cubic feet/month
- Estimated Oxygen Consumption as Liquid Oxygen (one gallon of liquid oxygen = 115 cubic feet):
    - Per 120 minute treatment = 11.8 gallons/treatment
    - Three treatments/day @ 120 minute/treatment = 35.4 gallons/day
    - Five days/week @ three treatments/day = 177 gallons/week
    - 22 days @ three treatments/day = 779 gallons/month

Medical Compressed Air (OPTIONAL)

Although Sechrist monoplace hyperbaric chambers may be pressurized by either oxygen or compressed air, very few chambers (less than 1%) are piped for medical compressed air. If medical compressed air is to be used to pressurize the chamber, special attention must be given to the

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cleanliness and dryness of the air source. The medical compressed air must be CGA grade D or better. The supply flow requirements are the same as for oxygen (discussed previously).

Utility Connections

Sechrist provides all necessary hoses to connect the Hyperbaric Chamber to the required utility connections.

1. **Connection locations:**

   All connections must be within 4 feet (1.2 meters) of the rear of the Hyperbaric Chamber. Refer to **Figure 1, Headwall Detail**, in Chapter 3, Installation Diagrams, for supply wall detail.

2. **Zone valve:**

   A dedicated zone valve capable of turning off the supply gas to the chamber treatment room must be installed outside of and closely adjacent to the door to the room.

3. **Supply line(s):**

   - Medical grade oxygen must be used.
   - Should medical breathing air also be used to compress the chamber, it must be Compressed Gas Association Grade D or better. **Note: Use of medical breathing air to operate the chamber is optional.**
   - The oxygen supply line must be capable of maintaining a minimum pressure of 50 psi (3.5 kg/cm^2, 0.3 MPa) and must not exceed 70.0 psi (4.9 kg/cm^2, 0.5 MPa).
     a. The flow rate must be the following based on model installed Model 3300H/HR – 32 SCFM (standard cubic feet per minute)
     b. Model 3600 H/HR – 34 SCFM (standard cubic feet per minute)
     c. Model 4100 H/HR – 42 SCFM (standard cubic feet per minute)
   - Oxygen and air supply lines must terminate with a female ½ (0.5) inch national standard pipe thread (NPT).
   - A shut off valve should be installed in each chamber supply line. See **Figure 2, Oxygen Supply Line**, in Chapter 3, Installation Diagrams.
   - A high and low-pressure alarm should be installed.

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4. **Vent line:**

- A minimum 1½ inch O.D. copper vent line must be provided. If the length of run exceeds 40 feet (15.2 meters), or the number of turns exceeds three, the vent line diameter should be enlarged accordingly by a certified, medical gas piping contractor. If the vent line diameter is increased, then the stub in the room should still be 1½ inch in diameter. See **Figure 3, Interior View of Exhaust Vent Detail**, in Chapter 3, Installation Diagrams.

- The vent line should terminate inside the room with a 3 inch (7.6 centimeter) long, 1 ½ inch diameter stub, approximately 18 inches (30.5 to 45.7 cm) above the floor terminating with a 1 ½ inch female NPT fitting..

- The vent line should run to the building exterior and to a point at least 8 feet (2.4 meters) away from the ground level and any hazardous sources. The point of exhaust should be located either above the building height or protected by a grille or fence of at least 2 feet (0.6 m) radius from the exhaust port.

- The point of the exhaust shall not create a hazard or allow reentry of the gases into the building, in accordance with ALL applicable codes.

- The exterior end should have an 90 degree elbow turn such that the vent line is facing downward so that moisture cannot enter the line. See **Figure 4, Exterior View of Exhaust Vent Detail**, in Chapter 3, Installation Diagrams.
- The external open end should have a large gauge, mesh wire screen (NO less than 0.5 inches) installed to keep animals and/or debris from entering the line.
- Label the external end of the vent line, designating the line as "**100% O_2 Purging Under Pressure**".
- When piping for multiple chambers, provide a separate vent line for each Chamber. **DO NOT CONNECT VENT LINES TOGETHER.**

WARNING
Do not "Tee" the vent lines together. This may cause the contaminated gases to flow into the other Chambers sharing the vent line.

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5. **Electrical Ground:**

- A grounding system must be provided. This ground must be common (same as) to the ground supplying the electrical circuits for the chamber. **DO NOT USE A DRIVEN GROUND ROD**.
- The grounding system must terminate in the room with a 3/8 inch #16 (UNC) stud. See **Figure 5, Grounding Plate**, in Chapter 3, Installation Diagrams.
- The grounding system must conform to local electrical codes as a minimum.
- The ground plate should be placed approximately 12 to 18 inches (30.5 to 45.7 cm) above the floor.

6. Electrical Service:

The chamber (intercom) is equipped with a battery back-up system that is used in case of a power failure. The electrical service is only necessary to power the intercom system and will continue normal operation of the intercom for a minimum of 30 minutes.

- A 100-240V, 50/60Hz, 60 Hz, 15 amp wall socket must be provided. Place the wall socket at least 36 inches (39.5 centimeters) above the floor.
- The chamber is supplied with a universal power supply using input voltages of 100-240 V~, 50/60 Hz.

7. Auxiliary Audio Input:

- Two (2) speakers are provided within the chamber for an auxiliary audio program source (e.g. television sound or music). Connections to the speaker are made through the auxiliary input connectors (standard RCA jack) located at the end of the chamber.
- The auxiliary audio source must be un-grounded or its grounded conductor must be connected to the outer contact of the auxiliary input connector. The outer contact of the auxiliary input connector is grounded.

WARNING: Only equipment designed to drive an external speaker should be connected to the auxiliary input (e.g. modifying a television set for use as an audio program source may expose dangerous voltages at the connections for the external speaker).

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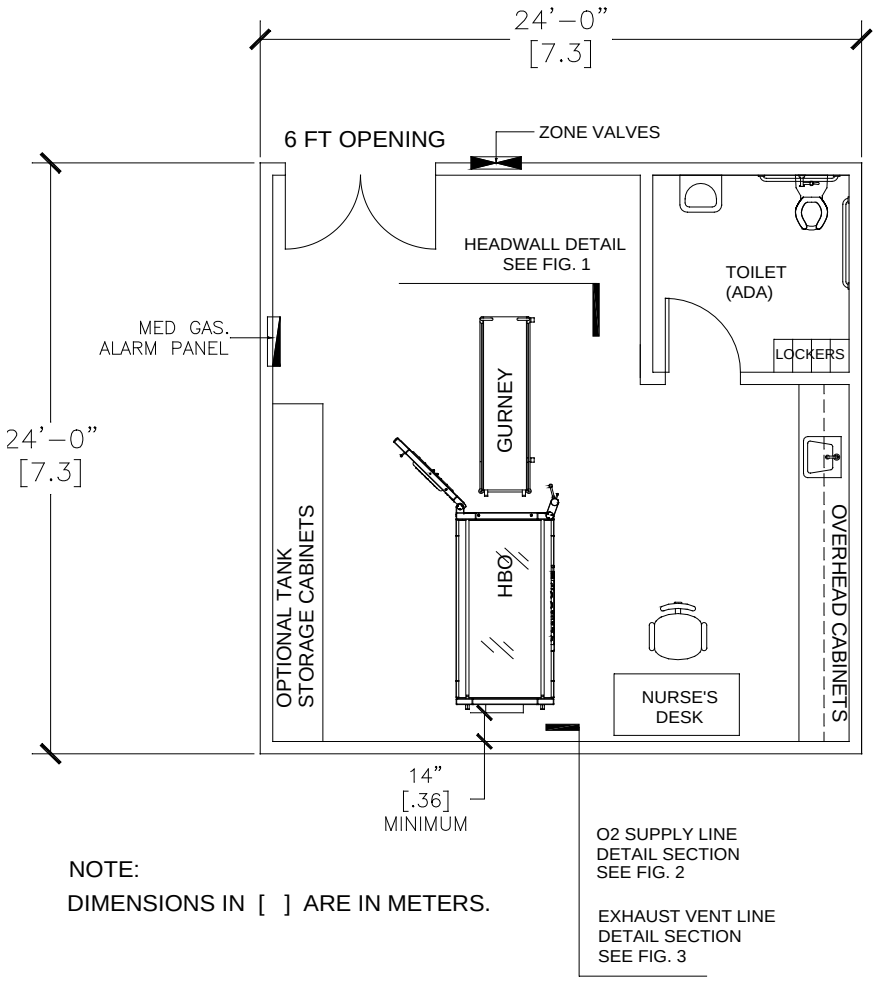
Chapter 3 – Installation Diagrams

3

ONE CHAMBER FACILITY

(diagram shows preferred room size for a single chamber facility)



Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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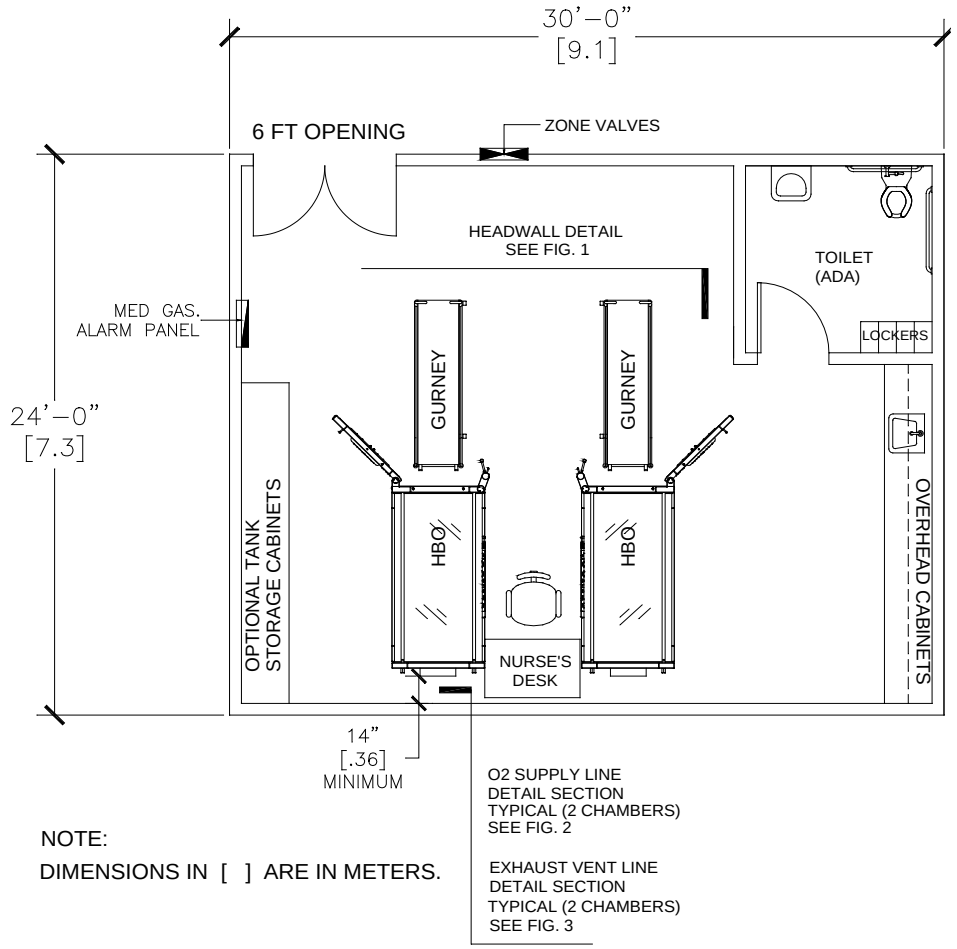
TWO CHAMBER FACILITY

(diagram shows preferred room size for two chambers)



Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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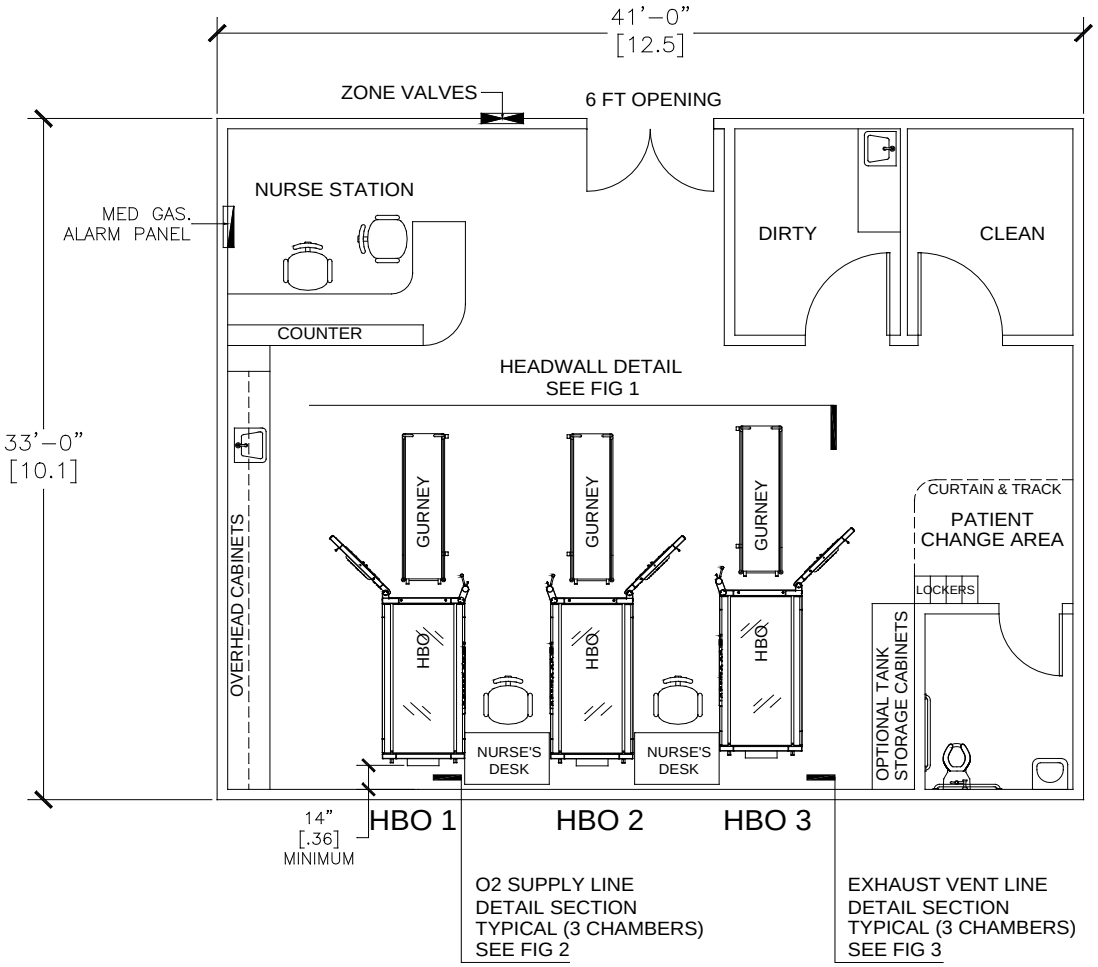
THREE CHAMBER FACILITY

(diagram shows preferred room size for three chambers)



NOTE:
DIMENSIONS IN [ ] ARE IN METERS.

Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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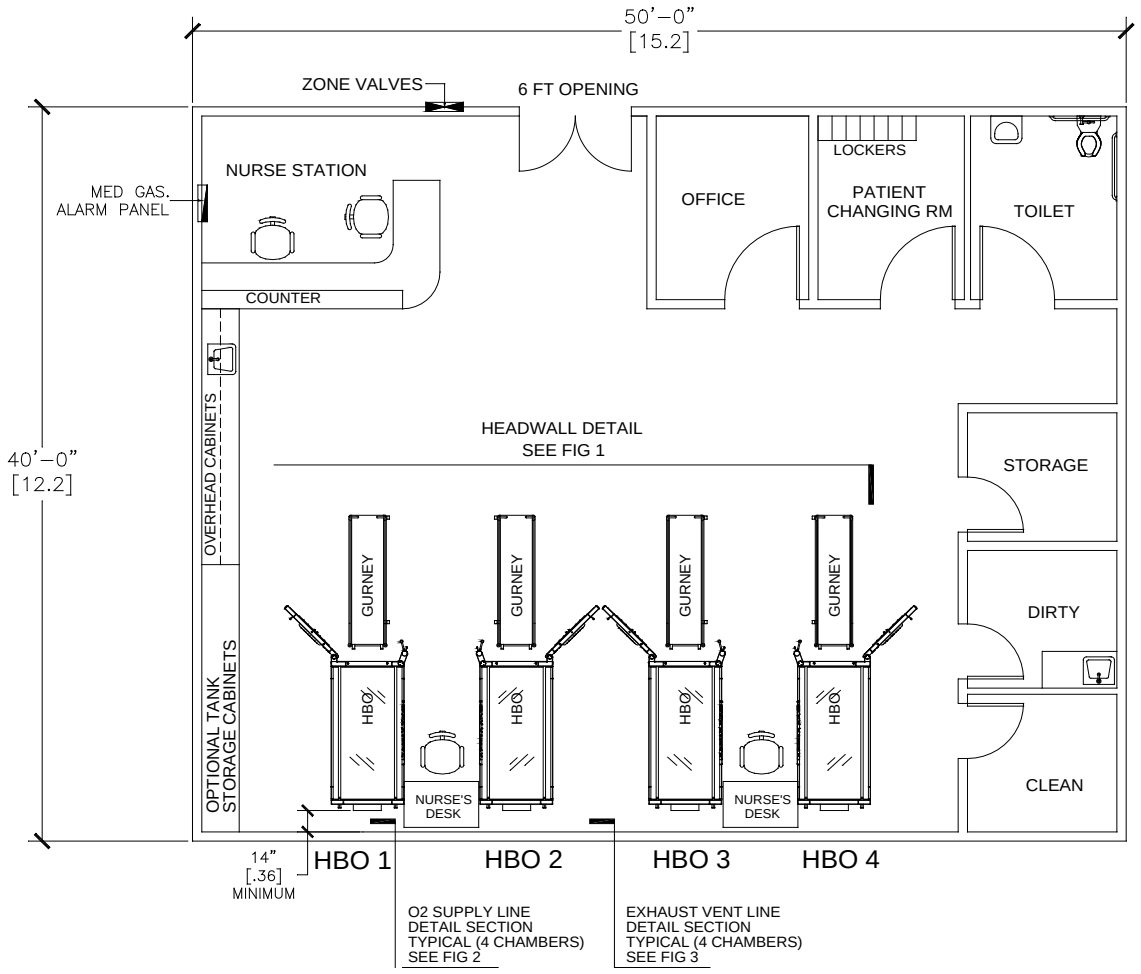
FOUR CHAMBER FACILITY

(Diagram shows preferred room size for four chambers)



NOTE:
DIMENSIONS IN [ ] ARE IN METERS.

Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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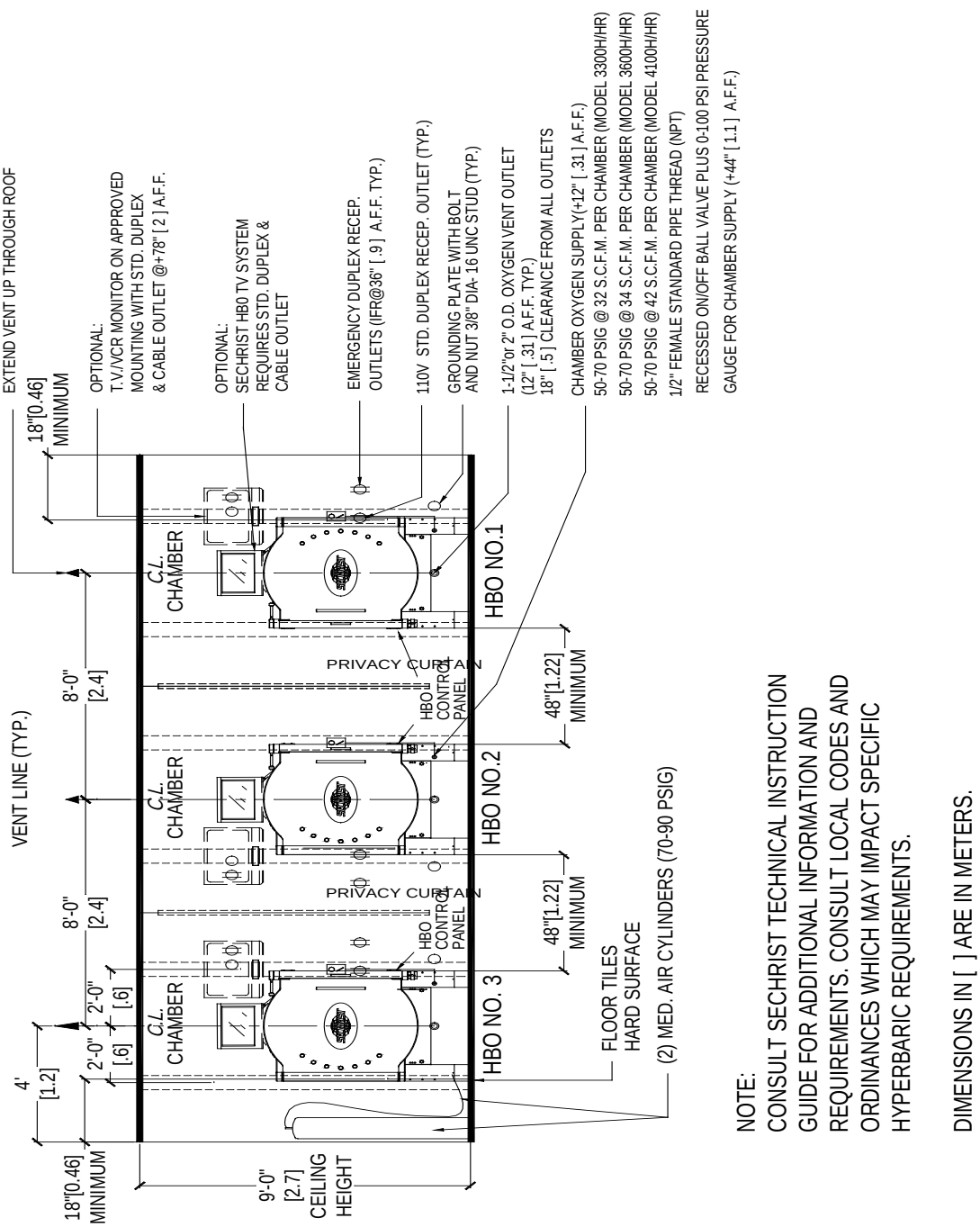
FIGURE 1: HEADWALL DETAIL



Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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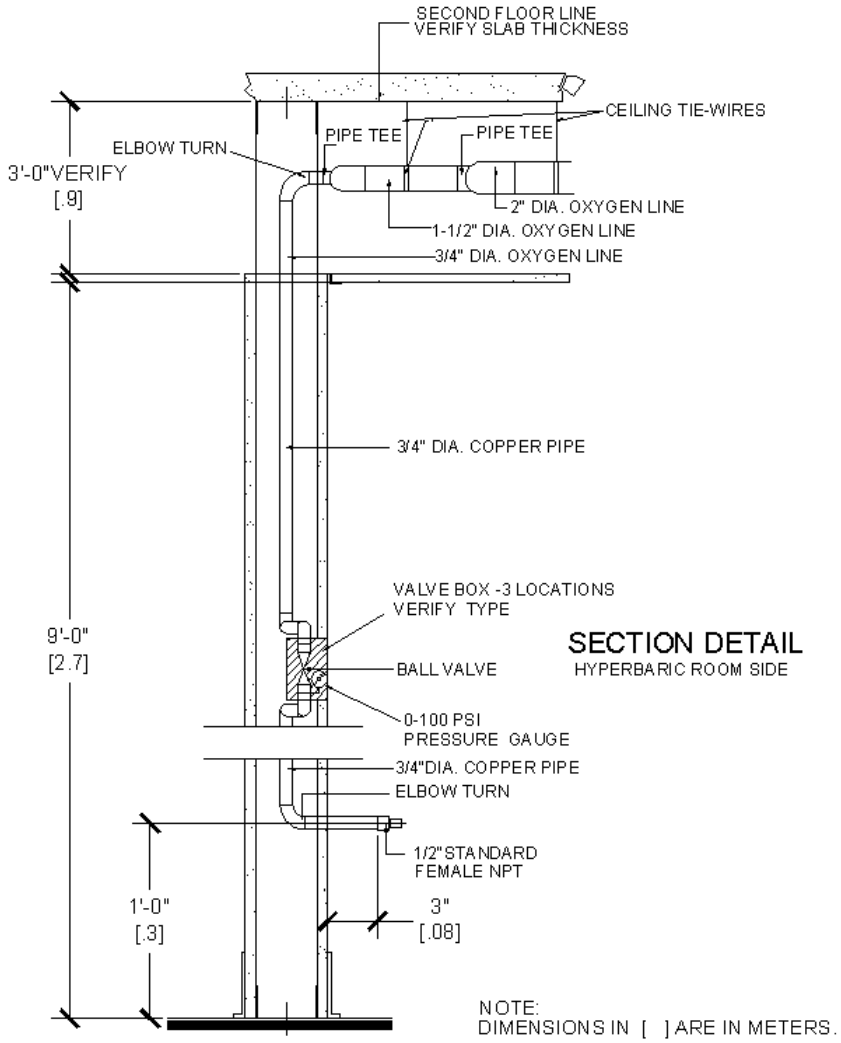
FIGURE 2: OXYGEN SUPPLY LINE DETAIL



Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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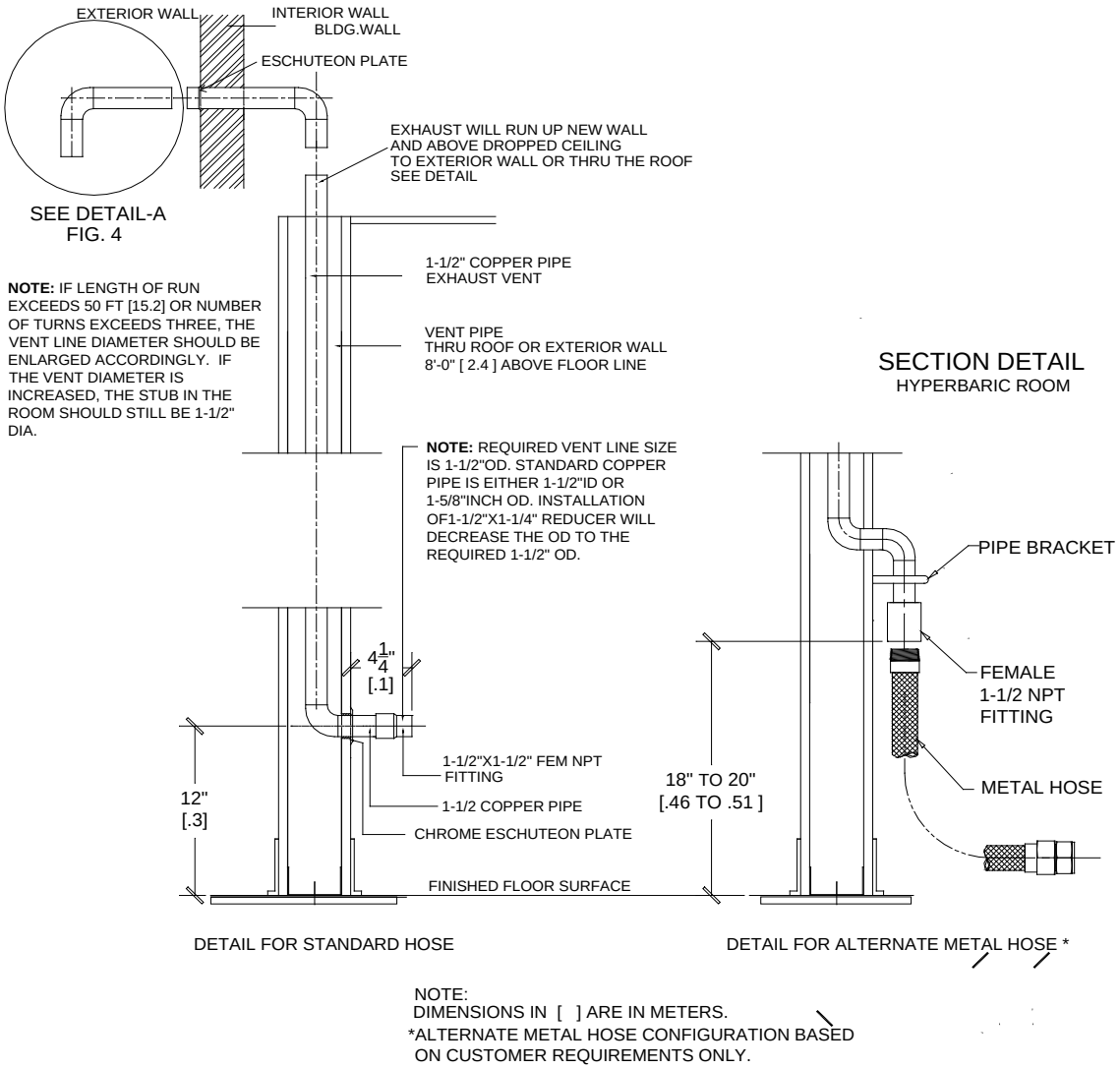
FIGURE 3: INTERIOR VIEW OF EXHAUST VENT DETAIL



Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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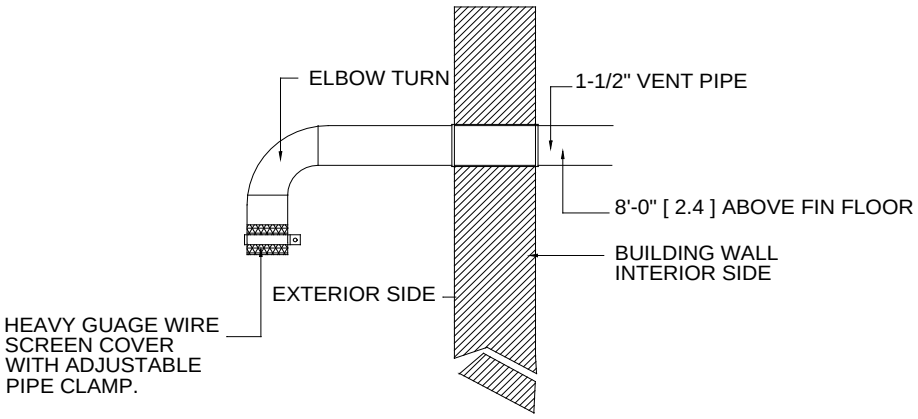
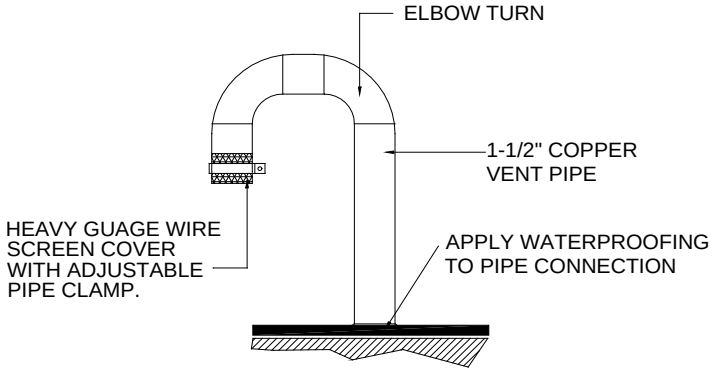
FIGURE 4: EXTERIOR VIEW OF EXHAUST VENT DETAIL



DETAIL-A
EXHAUST VENT
BUILDING WALL PENETRATION
8'-0" [2.4] ABOVE FINISHED FLOOR



DETAIL-B
EXHAUST VENT
ABOVE THE ROOF

NOTE: IF LENGTH OF RUN EXCEEDS 50 FT [15.2] OR NUMBER OF TURNS EXCEEDS THREE, THE VENT LINE DIAMETER SHOULD BE ENLARGED ACCORDINGLY. IF VENT DIAMETER IS INCREASED, THE STUB IN THE ROOM SHOULD STILL BE 1-1/2"DIA.

DIMENSIONS IN [ ] ARE IN METERS.

Note: Installation diagrams are for reference only and are not intended for use as construction diagrams. Measurements are not exactly to scale.

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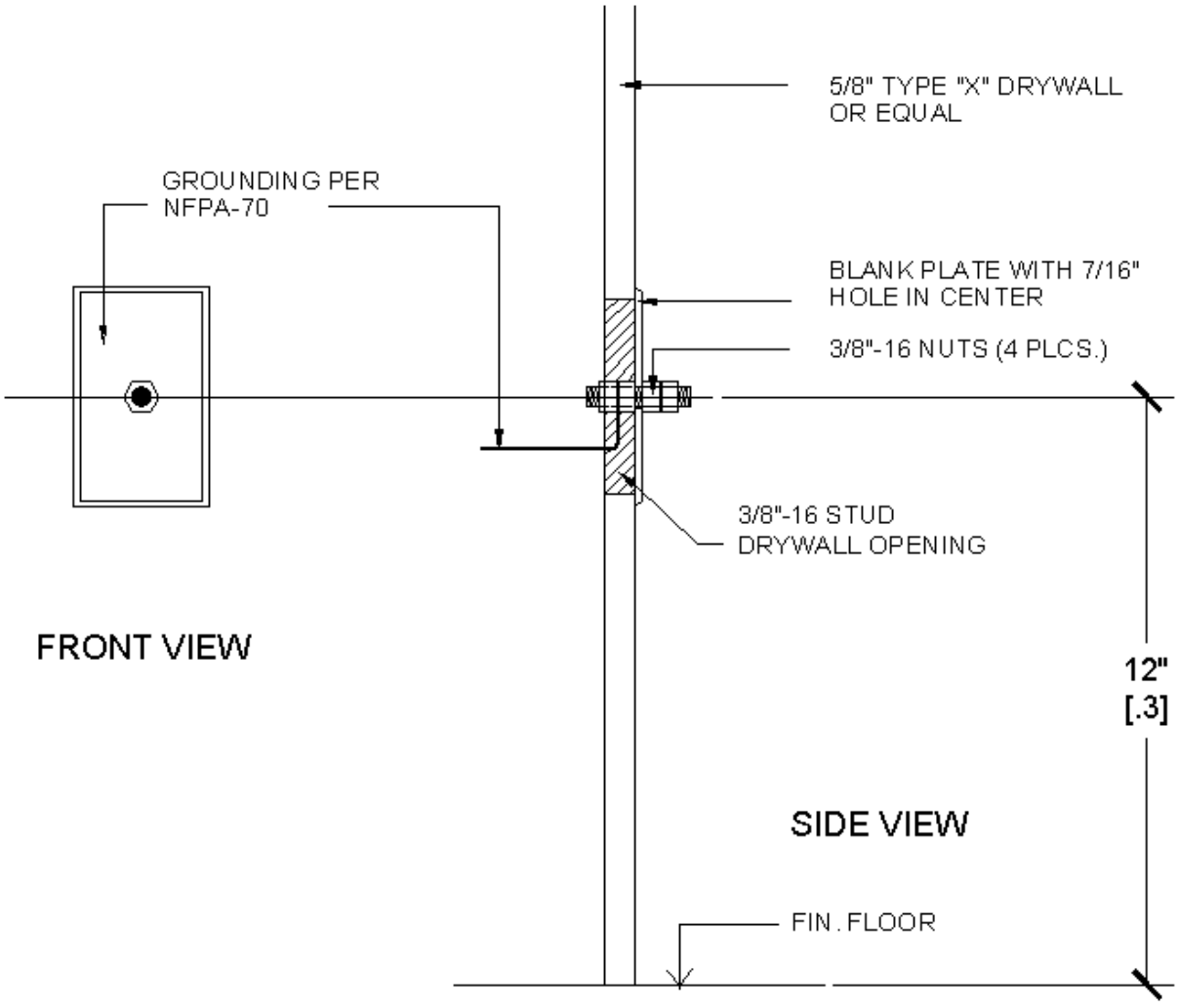
FIGURE 5: GROUNDING PLATE



NOTE:
DIMENSIONS IN [ ] ARE IN METERS.

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Chapter 4 – Equipment Specifications

4

CHAMBER SPECIFICATIONS BY SPECIFIC MODEL

MODEL:	3300H/HR	3600H/HR	4100H/HR
Internal Diameter	32.50 inches *(83 cm)*	35.50 inches *(90 cm)*	41.00 inches *(104 cm)*
Internal Length	90.00 *(226 cm)*	90.00 *(226 cm)*	90.00" *(229 cm)*
External Length	105.50 inches *(268 cm)*	106.00 inches *(269 cm)*	107.50 inches *(273 cm)*
External Height	57.50 inches *(146 cm)*	61.00 inches *(155 cm)*	67.80 inches *(172 cm)*
External Width	42.25 inches *(107 cm)*	44.50 inches *(113 cm)*	46.75 inches *(119 cm)*
Weight	2,030 pounds *(923 kg)*	2,220 pounds *(1009 kg)*	3,500 pounds *(1591 kg)*
Patient Weight	500 pounds standard *(227 kg)*, 700 pounds optional *(318 kg)*	700 pounds standard *(318 kg)*	700 pounds standard *(318 kg)*

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CHAMBER SPECIFICATIONS ALL MODELS

Maximum Operating Pressure	30.00 pounds per square inch gauge (psig) 3.00 atmospheres absolute (ATA) 2.10 kilograms per centimeter squared (kg/cm^2) 206.90 kilopascal (kPa)
Temperature Range	50° - 100° F (10° – 38° C)
Operating Humidity Range	30 to 90% at 77° F
Supply Pressure	50.00 to 70.00 psi (3.50 to 4.90 kg/cm^2, 344.80 to 482.70 kPa)
Purge Rate	80 to 400 liters per minute (lpm) minimum (with the chamber pressure set at 15 psi)
Emergency Vent Rate	30 psig to 0 psig in 119 seconds max
Relief Valves	Model 3300H/HR: Two, set at 35.00 psi Models 3600H/HR and 4100H/HR: Two, set at 36.00 psi

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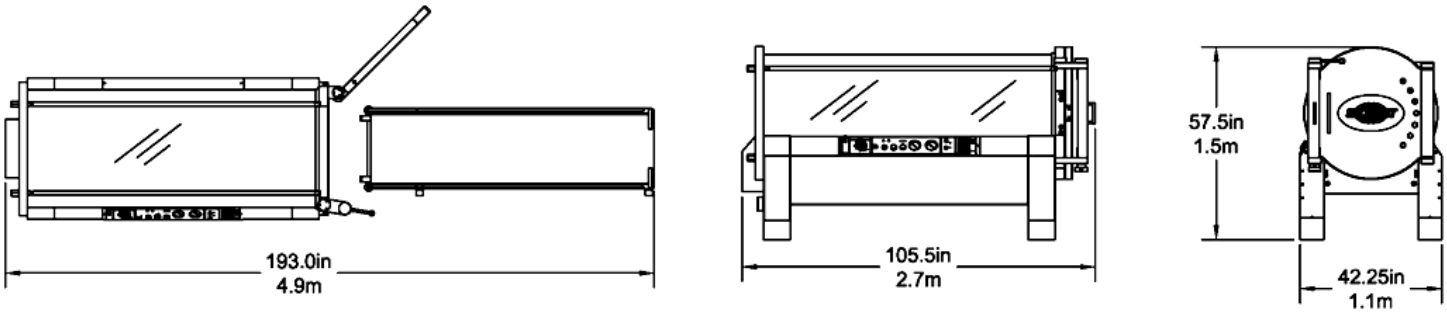
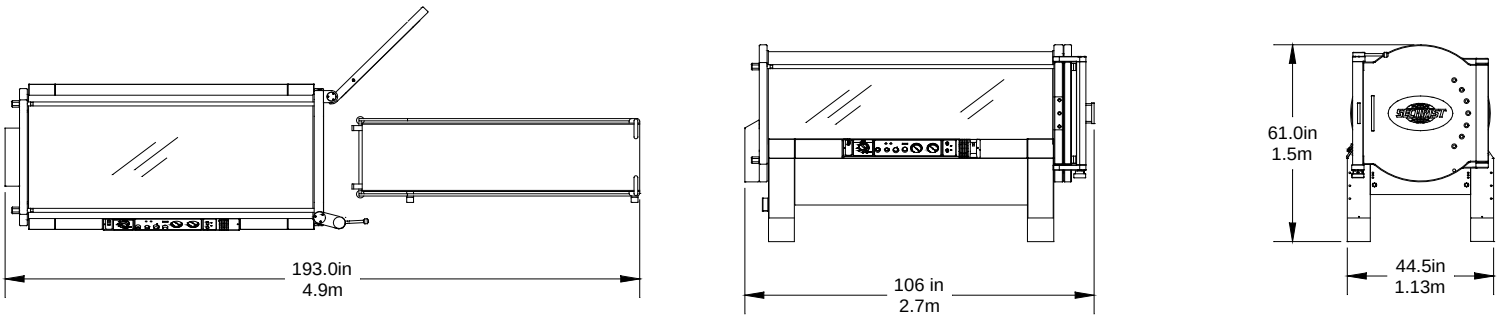
FIGURE 6: 3300H/HR, 3600H/HR AND 4100H/HR CHAMBER DIMENSIONS

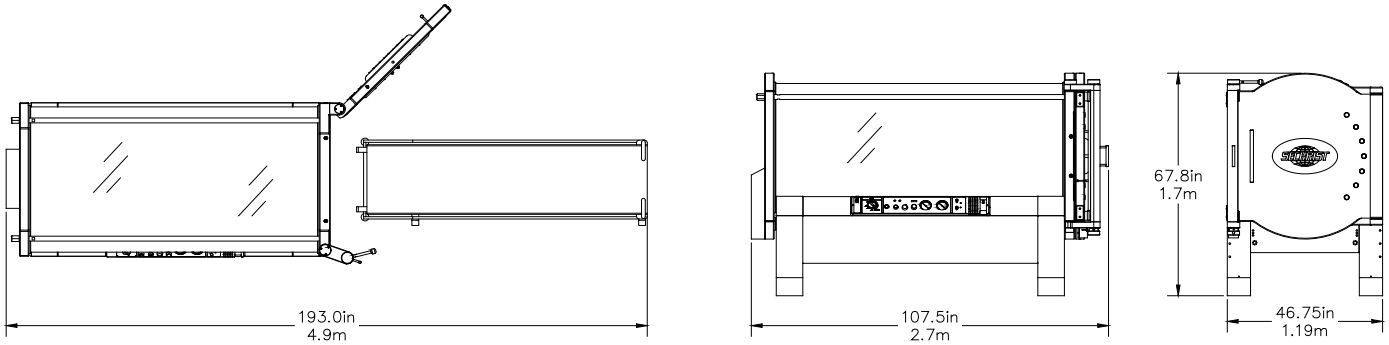
SECHRIST MODEL 3300H/HR



SECHRIST MODEL 3600H/HR



SECHRIST MODEL 4100H/HR



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Chapter 5 –Optional Equipment Specifications

5

SECHRIST HYPERBARIC VENTILATOR, MODEL 500A

Recommended Application:	Controlled, mechanical ventilation of an adult/pediatric patient (minimum tidal volume approx. 200 ml) receiving hyperbaric therapy in a Sechrist Monoplace Hyperbaric Chamber.
Medical Gas Supply Pressure:	70.00 to 90.00 psi medical grade oxygen 4.90 to 6.30 kg/cm^2 medical grade oxygen 0.50 to 0.60 MPa medical grade oxygen ***NOTE:*** **Pressure must be maintained throughout all phases of operation.**
Oxygen Consumption:	26 LPM (maximum) during inspiratory phase
Average Oxygen Consumption:	14 LPM

NOTE: **If the supply pressure to the Chamber is not sufficient to operate the Hyperbaric Ventilator, Sechrist recommends the use of two H cylinders of medical grade oxygen, using a step down regulator as the power source.**

Additional information and specifications are included in the Operational Instructions Manual for the Sechrist Hyperbaric Patient Ventilator, Model 500A.

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AIR BREAK BREATHING ASSEMBLY, P/N 20087

This is an optional ancillary component.

Although it is uncommon to pressurize the chamber with air, medical compressed air is commonly used for delivery through a demand system to perform Air Break procedures. Because of the higher (70 - 90 psi) operating pressures required for air break procedures, typical hospital medical air systems are not sufficient to effectively operate the demand valve assemblies.

Medical compressed air is usually supplied from H-cylinders. Cylinders and regulators are either individually secured to the wall near the chamber at the head wall or multiple cylinders are manifolded together (automatic cross-over systems) in adjacent closet space. If medical air is piped into the head wall, shut-off valves should be installed. The configuration choice is up to the customer.

Recommended Application:	Patient initiated demand system to deliver medical grade breathing gas to an adult patient receiving hyperbaric therapy.
Power Source:	100% Medical grade breathing air, Compressed Gas Association (CGA), Grade D or better.
Medical Gas Supply Pressure (medical grade air only):	70 – 90 psi 4.90 – 6.30 kg/cm2 0.50 – 0.60 MPa

NOTE: If the hospital supply pressure is not sufficient to operate the air break demand valve, Sechrist recommends the use of H cylinder(s) of medical grade air, using a 0-100 psi adjustable pressure regulator with DISS air fittings as the power source.

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Chapter 6 – Final Checklist for Installation

6

Directions:

The following checklist must be completed and returned to Sechrist **three weeks** prior to the installation of a Sechrist Monoplace Hyperbaric Chamber.

- Check only the items that have been completed.
- If an item has not been completed, please provide anticipated date of completion.
- Please forward the **completed** checklist and any questions to:

Attn: Hyperbaric Customer Service
Sechrist Industries, Inc.
4225 E. La Palma Ave.
Anaheim, CA 92807
Telephone: 1-800-Sechrist (732-4747)
Fax: 714-579-0814

Sechrist will not confirm an installation date if:

- the checklist is not returned in a timely fashion; **or**
- there are uncompleted items on the checklist deemed critical to the installation.

Should it be found upon the arrival of the Sechrist technician that the hyperbaric facility is not prepared as indicated on the checklist so that installation cannot be completed within the scheduled timeframe, the facility will be subject to a rescheduling charge.

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GENERAL REQUIREMENTS CHECKLIST

	Completed	Date to be Completed	Not Applicable
1. Pathway from drop-off point to hyperbaric room has been identified and discussed with a Sechrist representative:	❑	_____	❑
2. Clearances through hallways, doorways and around corners are sufficient	❑	_____	❑
3. Elevator Size (if elevator transport will be required): The elevator is at least 108 inches (269.2 centimeters) long and the door opening 48 inches (121.9 centimeters) wide.	❑		❑
4. Room dimensions: Length: _____ Width: _____	❑		❑
5. Chamber room doorways and hallways:	❑		❑
• For Model 3300H/HR and 3600H/HR, the doorway clearance to the hyperbaric facility is greater than 47 inches (119.4 centimeters), with 8 foot wide hallway.	❑		❑
• For Model 4100H/HR, it is recommended to utilize double door with minimum 72 inch width.	❑		❑
• Entry door to the hyperbaric room is appropriately located so as not to obstruct patient loading and unloading.	❑		❑
• 48" wide door will be **removed** to allow chamber to pass.	❑		❑
6: Emergency contingencies:	❑		❑
• Sufficient space to perform emergency procedures.	❑		❑

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	Completed	Date to be Completed	Not Applicable
• Recommend having a secondary medical breathing air source immediately available.	❑		❑
7. " No Smoking" signs are posted in treatment room.	❑	_____	❑
8. Room is designated as "Hyperbaric Facility Only".	❑	_____	❑
9. All electrical equipment is properly grounded.	❑	_____	❑
10. Fire extinguishers are installed.	❑	_____	❑
11. Room temperature is between 68 - 74 degrees Fahrenheit (20 - 23 degrees Celsius) for comfort.	❑	_____	❑
12. Fire suppression sprinkler system is provided.	❑	_____	❑
13. Flooring is tile or hard surface with minimal or no waxing on floors.	❑	_____	❑
14. Windows are covered with window treatments (no direct sunlight).	❑	_____	❑
15. No direct fluorescent lighting is over patient's head area or capability to turn off fluorescent lights during treatment.	❑	_____	❑

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SUPPLY GAS SOURCE REQUIREMENTS CHECKLIST

	Completed	Date to be Completed	Not Applicable
1. Gas supply is through (**circle one**): • A dedicated (does not support other services) line from the oxygen source to the chamber facility. • Gas supply is through a shared gas line.	❑	_____	❑
2. Oxygen is used as supply source. Supply source vaporizer and regulator are adequately sized to support the flow demand.	❑	_____	❑
3. Gas Supply is (circle which applies): • Medical grade oxygen. • Medical breathing air that is CGA (Compressed Gas Association) Grade D or better.	❑	_____	❑
4. Gas supply system is capable of providing the following peak flows, depending on chamber model**,** while maintaining pressure between 50-70 psi. *Circle the appropriate Model being installed.* • Model 3300H/HR – 32 SCFM • Model 3600 H/HR – 34 SCFM • Model 4100 H/HR – 42 SCFM	❑	_____	❑
5. Permanent gas supply is certified and available for use.	❑	_____	❑

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PLUMBING REQUIREMENTS CHECKLIST

	Completed	Date to be Completed	Not Applicable
1. Dedicated zone valve is immediately outside Chamber room.	❑	_____	❑
2. Termination of supply line(s) is with female ½ inch standard pipe thread (NPT).	❑	_____	❑
3. Shut off valve is installed in each supply gas line.	❑	_____	❑
4. Copper vent is installed to open air. Terminated as per Figure 3 in Chapter 3, Installation Diagrams.	❑	_____	❑
5. Vent line terminates inside room with 3 inch (7.6 centimeters) long stub, 12 to 18 inches (30.5 to 45.7 cm) above floor with appropriate 1½ inch female NPT	❑	_____	❑
6. Vent line terminates outside the building per NFPA codes.	❑	_____	❑
7. Exterior end of vent line is turned down with large gauge, mesh wire screen, cover. See Figure 4 in Chapter 3, Installation Diagrams.	❑	_____	❑
8. One vent line is provided for each chamber. Vent lines are not connected.	❑	_____	❑
9. Exterior end of vent line is labeled per NFPA codes.	❑	_____	❑

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ELECTRICAL REQUIREMENTS CHECKLIST

	Completed	Date to be Completed	Not Applicable
1. Verified grounding system (common with electrical service). Terminates in ground plate, per Figure 5 in Chapter 3, Installation Diagrams.	❑	_____	❑
2. Standard 100-200V, 50/60Hz, 60 cycle wall socket is provided (one per Chamber), or international socket.	❑	_____	❑

OPTIONAL ANCILLARY PARTS REQUIREMENTS CHECKLIST

	Completed	Date to be Completed	Not Applicable
Sechrist Air Break Breathing Assembly (demand valve system)			
1. Pressure range for medical air supply gas line is 70 - 90 psi (4.9 – 6.3 kg/cm^2, 0.5 – 0.6 MPa).	❑	_____	❑
2. Medical air is supplied by (circle one): • Cylinders: A pressure regulator with high flow capabilities is installed. • Compressor system.	❑	_____	❑
3. Gas Supply is medical breathing air Compressed Gas Association (CGA) Grade D or better.	❑	_____	❑
4. A shut off valve is installed in each supply line.	❑	_____	❑

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	Completed	Date to be Completed	Not Applicable
Sechrist Hyperbaric Ventilator			
1. Pressure range for oxygen supply gas lines is 70 - 90 psi (4.9 – 6.3 kg/cm^2, 0.5 – 0.6 MPa).	❑	_____	❑
2. Oxygen is supplied by (circle one): • Cylinders: A pressure regulator with high flow capabilities is installed. • Supply line from bulk O2 system.	❑	_____	❑
3. Gas Supply is medical grade oxygen.	❑	_____	❑
4. A shut off valve is installed in each supply line.	❑	_____	❑

Sechrist Industries provides all necessary hoses to connect the Sechrist Monoplace Hyperbaric Chamber to the required connections.

Completed by:

(Name) (Date)

_____

(Title/department)

_____

(Phone)

RSN: *848551*
Permit #: *2013-794562*