



UNIVERSITY OF UTAH  
HEALTH CARE

**Farmington Health Center  
Farmington, Utah  
Programming Services  
DFCM Project No. 14345750**

November 5, 2014

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## Acknowledgments

The programming effort for this project required the input from all facets of University of Utah Health Care from the hospital administrators, directors, and department heads to the individual staff members, all of whose contributions were of paramount importance to the process. The result is a comprehensive plan for the facilities in Farmington that will serve as a guide in completing the design and construction of this important satellite of the University Hospital campus. The forward thinking enthusiasm for quality health care that the leadership brought to the table is unique and representative of both the professionalism that they provide in their work as health care providers and the level of design that they demand in their buildings. In particular, we would like to mention the following for their roles in setting the bar and guiding the programming for this project.

David Entwistle, M.B.A, CEO, University of Utah Hospitals and Clinics  
Quinn Mckenna, COO, Executive Director, University Hospital  
Gordon Crabtree, CFO, University of Utah Hospitals and Clinics  
Vivian S. Lee, M.D., Ph.D., M.B.A., Senior Vice President U of U Health Sciences, CEO U of U Healthcare  
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David McKay, Project Manager, Division of Facilities and Construction Management

## Signatures

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Wayne Imbrescia, Exec. Director  
Ambulatory Services and Community Clinics

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Duane Palmer, Administrative Director  
Clinic Operations

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Joshua Haines, Director DFCM

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Mark Grabl, Campus Design & Construction

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## Executive Summary

### Project Overview

The University of Utah Farmington Health Center is currently programmed be a two-story, approximately 132,000 square feet outpatient facility serving Davis and South Weber Counties. Similar to the other University of Utah community health centers, the Farmington building will include primary care and a variety of specialty care services under one roof.

The site for the project is ideally situated at the heart of Davis County in Farmington adjacent to the new Station Park mixed-use development. The location on Park Lane enjoys unmatched connectivity to the area it serves with direct on and off ramps to I-15, Highway 89 and the Legacy Highway. In addition, the building is within walking distance of the FrontRunner commuter train stop with connections extending from Weber County to Utah County.

The project property is surrounded by local roadways providing high visibility, superb access and uncongested traffic flow. The many amenities of the adjoining Station Park retail center will augment the facility's conveniences by providing restaurants, meeting rooms, exercise gym, theater auditorium space and a relaxing atmosphere for both patients and health care providers.

### Project Justification

Currently, University of Utah Health Care has one small clinic in Centerville serving all of Davis County and points north. The projected growth rate for this area is 15% per year for the next five years. The Ambulatory Strategic Plan of University of Utah Healthcare identified the need for a larger presence commensurate with the patient distribution served there by the University of Utah Hospital.

### Space Requirements

Departments to be included in the facility were based on the Ambulatory Strategic Plan of University of Utah Health Care coupled with the experience gained at other University community clinics. Those services identified as being most needed in Davis County include primary care and the following specialties: OB/GYN, ambulatory surgery, endoscopy, dermatology, ENT/audiology, plastics/cosmetics, allergy/immunology, endocrinology, rheumatology, urology, neurology/neurosurgery, pulmonology, nephrology, orthopaedics, physical therapy/PM&R/rehabilitation, podiatry, cardiology, ophthalmology, optometry/optical, hematology/oncology, pharmacy, and radiology.

A summary chart of all spaces and functions is included on the next page followed by the cost model and projected schedule for design and construction of the facilities.

## Area Space Summary

Area	Floor	NSF	Space Common Factor	Dept. Area	Building Common Factor	GSF
<b>Primary Care</b>						
Urgent Care	Main	3,300	35%	4,455	15%	5,123
Pediatrics/Family Med./Internal Med.	Second	4,985	35%	6,730	15%	7,739
Group Visit	Second	800	20%	960	15%	1,104
<b>Specialty Clinics and Services</b>						
OB/GYN - Women's Center	Second	4,025	35%	5,434	15%	6,249
Ambulatory Surgical Center (ASC)	Second	9,000	45%	13,050	15%	15,008
Gastro/Endoscopy Center	Second	4,965	45%	7,199	15%	8,279
Dermatology Center	Second	3,460	35%	4,671	15%	5,372
ENT Clinic/Audiology	Second	1,875	35%	2,531	15%	2,911
Allergy and Immunology/Endocrinology/ Rheumatology/Urology/Neurology/ Neurosurgery/Pulmonology/Nephrology	Second	4,630	40%	6,482	15%	7,454
<b>Musculoskeletal/Sports Med./Orthopaedics</b>						
Orthopaedic Surgery/PT/PM&R/Podiatry	Main	5,095	10%	5,605	15%	6,445
<b>Cardio/Vascular</b>						
Cardiology	Second	1,845	30%	2,399	15%	2,758
<b>Moran Eye Center</b>						
Ophthalmology/Optometry/Optical	Main	3,250	20%	3,900	15%	4,485
<b>Huntsman Cancer Center</b>						
Hematology/Oncology/General Infusion	Main	7,985	35%	10,780	15%	12,397
<b>Ancillary Services</b>						
Pharmacy	Main	4,135	10%	4,549	15%	5,231
Radiology	Main	5,305	40%	7,427	15%	8,541
Central Processing	Second	950	10%	1,045	15%	1,202
ARUP Laboratory	Main	1,030	10%	1,133	15%	1,303
Patient Laboratory	Main	550	10%	605	15%	696
Delicatessen	Main	865	10%	952	15%	1,094
Security Office	Main	150	10%	165	15%	190
Command Center	Main	300	10%	330	15%	380
Medical Records/ROI	Main	200	10%	220	15%	253
Main Lobby/Guest Relations	Main	10,000	10%	11,000	15%	12,650
Meeting Rooms	Main	3,120	10%	3,432	15%	3,947
Central Stores	Main	1,500	10%	1,650	15%	1,898
Environmental Services	Main	1,530	10%	1,683	15%	1,935
Shipping/Receiving	Main	1,240	10%	1,364	15%	1,569
Administration/Business Offices	Main	2,260	25%	2,825	15%	3,249
Main Communications Room	Main	870	10%	957	15%	1,101
Main Electrical Room	Main	660	10%	726	15%	835
Main Water Room	Main	100	10%	110	15%	127
<b>TOTAL:</b>		<b>89,980</b>		<b>114,367</b>		<b>131,522</b>
Main Mechanical/Boiler Room	Penthouse	5,450	5%	0%	273	5,723

# Farmington Health Center

## Cost Model

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CSI #	Description	Cost/S.F. of Building	Estimated Amount
1	General Requirements	11.00	1,446,500
3	Concrete	13.25	1,742,375
4	Masonry	0.60	78,900
5	Metals	27.30	3,589,950
6	Wood and Plastics	10.70	1,407,050
7	Thermal and Moisture	2.00	263,000
8	Doors and Windows	37.80	4,970,700
9	Finishes	36.55	4,806,325
10	Specialties	3.25	427,375
11	Equipment	0.40	52,600
13	Furnishings	1.60	210,400
14	Conveying Equipment	4.45	585,175
21	Fire Suppression	3.25	427,375
23	Mechanical/Plumbing	75.50	9,928,250
26	Electrical	50.00	6,575,000
31	Earthwork	13.97	1,837,000
32	Exterior Improvements	12.68	1,667,590
33	Utilities	6.08	800,000
<b>Total Estimated Cost of Construction:</b>		<b>\$310.38 /SF</b>	<b>\$40,815,565</b>



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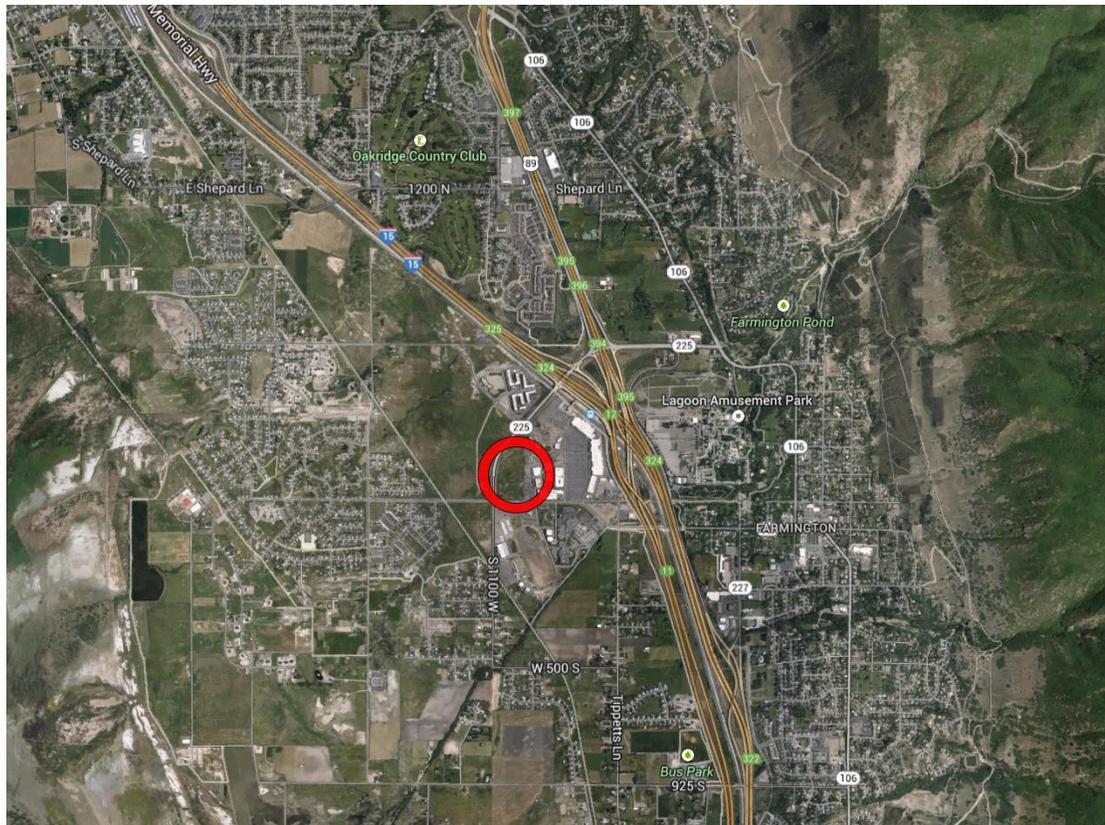
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## Site Analysis

### 1. Location

- a. The site is located at the heart of Davis County adjacent to the new upscale Station Park retail center on the west side of I-15 in Farmington, Utah. This strategic location enjoys maximum connectivity to the community at large as it is positioned at the juncture of I-15, Highway 89, Legacy Highway and the FrontRunner commuter train. Amenities offered at Station Park such as restaurants, a hotel with meeting rooms, an exercise gym, theater auditoriums and other services, will supplement the services offered for staff and patients of the medical center.



*Google Maps view of the site.*



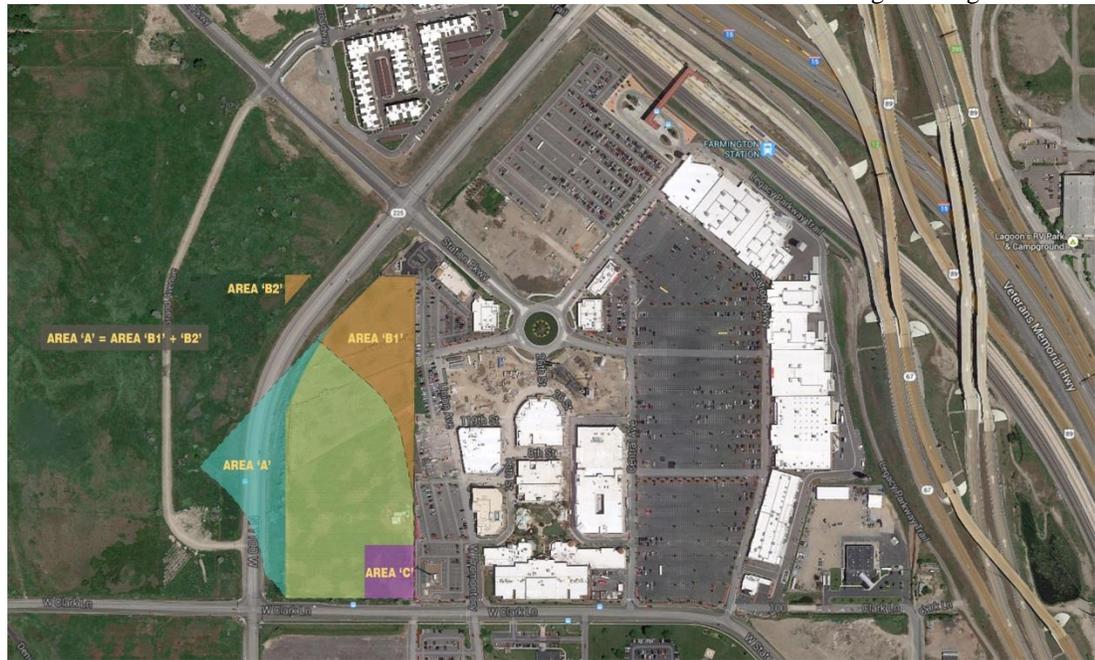
*Recently taken aerial photo looking north.*

## 2. Physical Characteristics

- a. **Visual Survey.** The City recently acquired ownership of Park Lane west of the intersection entering Station Park from UDOT. That has allowed the city to reconfigure Park Lane to extend directly to the west rather than curving to the south to connect with Clark Lane as it was originally constructed. This reconfiguration provided the University of Utah Health Care the opportunity to reconfigure the long narrow lot that they had originally purchased to a more developable shaped parcel by trading land with the owners of Station Park (CenterCal). The site depicted in this study is the newly reconfigured parcel.

The development of the site will include a new roadway separating the U of U property from the Station Park property and connecting Park Lane to Clark Lane. As such, the U of U parcel will enjoy street frontage, access, and visibility on every side.

The original parcel owned by the University was encumbered by buried petroleum lines which are now part of the Station Park property. To balance the land trade, a pad site was apportioned to CenterCal on the south east corner of the University parcel for their use in developing a retail building. The agreement between the parties requires utilities to be extended to that pad site along with development of the parking around the pad site as shown on the site plan.



The existing site has only been used for agriculture and currently has an old barn structure on it that will be removed and the aged barn wood salvaged.



- b. Independent Testing.** A geotechnical report was provided by Gordon Geotechnical Engineering, Inc. (copy included as Appendix A). The report addressed the parcel originally purchased by the University and is being updated to include the portion of the site recently acquired. It is presumed for the purposes of this report that similar conditions will be found in the expanded area on the west side of the site as encountered in the study.

The soils report recommends removal of the top foot of existing soil in the area of the building and adjacent flatwork and adding three or four feet of fill material over the entire site to stabilize the subgrade and minimize the effect of ground water which was measure to be only two feet below the surface. This is consistent with the conditions encountered in the development of the adjoining Station Park site.

As noted in the soils report, rammed aggregate piers should be installed beneath the footprint of the building to control differential static settlement and minimize settlements associated with potential liquefaction.

Pavement at the connecting roadway from Park Lane to Clark Lane and driveways indicated on the site plan for truck access will require a minimum of 3.5 inches of asphalt concrete over 6 inches of aggregate base course over the granular sub-base recommended in the geotechnical report. Parking areas will require 3 inches of asphalt concrete over 6 inches of aggregate base course over the granular sub-base recommend in the report. Dumpster pads and loading dock areas will require 6.5 inches of Portland cement concrete over 4 inches of aggregate base course over the granular sub-base recommend in the report.

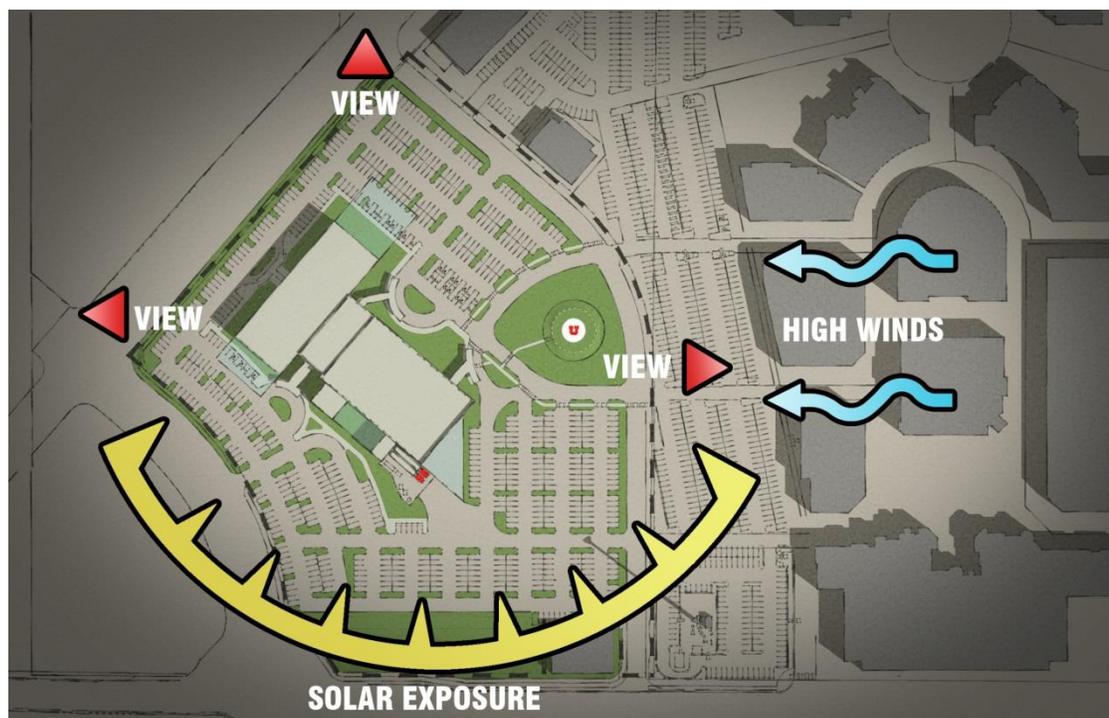
No seismic fault lines were found to pass through or immediately adjacent to the site. The nearest mapped fault trace is approximately 1.25 miles northeast of the site.

- c. Independent Surveying.** Psomas Engineering completed all of the civil engineering for the adjoining Station Park development and is very familiar with existing site constraints and utilities. They have surveyed the site and are providing plats for recording the new site configuration. They have proposed a storm water detention area on the south side of the site to accumulate runoff and discharge it to the existing storm drainage line in Clark Lane. The site currently has a couple of easements recorded that will need to be addressed. One is for a buried cathodic cable that will require relocation; the other is noted as an underground pipe easement owned by the United States of America.
- d. Site Utilities.** Utilities for the site became available with the construction of the Station Park development and are found in Clark Lane and Park Lane including sanitary sewer, storm sewer, water, secondary water, power, natural gas and cable services. The sanitary sewer will require a pump station for this project and the Station Park retail buildings yet to be constructed adjoining this project including the pad site on the southeast corner of the site. Some utilities will need to be extended through the site to complete loops for uninterrupted service. Proposed utility lines are shown on the schematic site utility plan in the appendix.

### 3. Orientation

- a. Several factors come into plan in orienting the building including visibility of the building from major roadways, proximity of parking to the building entrances, allocation of parking stalls that may on occasion be shared with the Station Park development, screening of back-of-house services, predominant winds, sun exposure, vehicle and pedestrian connections with Station Park, and future expansion needs.

Positioning the building near the center of the site allows for multiple entrances to the building with parking near each entrance. This is important to the University to minimize walking distances to the building. Facing the building to the northeast provides the greatest visibility of the main entrance for patients that will be coming to the site from the major arterials, Station Park and the community to the east. Another predominant entrance on the southwest welcomes the patients from the community to the west and south of the site. Placing the back-of-house services on the south side with screen walls and landscaping will hide it from the most prominent public-ways.



Farmington has a reputation for high winds from the east canyons that on occasion reach 90 mph. Minimizing entrances facing directly east and providing power-assisted doors with ample sized vestibules are recommended.

The site is located far enough away from the mountains to the east to provide generous sunlight throughout the year. Bringing light into the building for both the patients and providers can create a feeling of well-being and connection with the environment. Windows should be maximized in coordination with energy considerations and requirements to enhance the interior environment. With its separation from adjoining developments, the site offers scenic views on most sides. The mountains to the east provide a majestic backdrop to Station Park while the Great Salt Lake can be seen to the west.

#### 4. Site functions

- a. **Vehicle Circulation.** It is anticipated that the majority of the traffic entering the site will come from the new connecting roadway on Park Lane. First-time visitors familiar with Station Park may enter from Station Park while Farmington residents to the west and south of the site will enter from the new roadway on Park Lane or from the south and west entrances depending on traffic flows and time of day. Covered drop-off entrances will be required at the major entrances to the building and a covered pick-up entrance is required for outpatient surgical patients. Ample turning radii should be provided for large delivery trucks to circulate through the site and access the loading docks. The drawing below illustrates the proposed truck route through the site for deliveries and trash collection.



- b. Pedestrian Circulation.** Parking areas should incorporate walkways to bring patients to the building entrances as well as provide walkable pathway connections to Station Park. The walkways should be generously landscaped and equal in character to the walkways at Station Park to visually and physically link the developments together as compatible and complimentary to each other. The addition of benches, raised planters, decorative lighting, pavement patterns, and other landscape features will enhance the pedestrian experience at the building entrances and connections to Station Park.



*Station Park Landscaping*

- c. Parking.** Accessible parking stalls should be provided at all major entrances to the building as required by code. A cross-easement agreement between the University and Station Park allows patients to park at Station Park if desired and likewise, Station Park patrons will, on occasion, likely park in the University parking generally on Friday nights and weekends when the University will have limited hours of use and the theaters and shopping at Station Park will be the busiest. As such, it is desirable to not locate the most heavily used University parking stalls too close to the Station Park development.

Parking will have to be maintained at not less than 4.5 stalls/1,000 sq. ft. of building for each phase of the building until full build-out. This may require that the on-site storm water detention area be constructed as galleries below grade in the future to increase the parking field.

- d. **Heliport.** A landing pad for the University’s AirMed helicopters needs to be located a safe distance from tall obstructions (buildings, light poles and the cell phone tower on the adjoining property). The proposed location on the site plan meets FAA requirements for proper clearances considering the predominant wind direction to be north-south which is typical along the Wasatch Front.

## 5. Codes and Ordinances

- a. **Zoning Ordinances.** The proposed site plan was reviewed by Farmington City’s planners, the city engineer and the City’s Site Plan Review Committee (SPRC). A meeting was held with them to discuss deficiencies in meeting some requirements of the City’s zoning ordinance, specifically the provision that buildings should be positioned on a prominent roadway in an urban arrangement with parking behind the building, also the proposed roadway connection to Park Lane differs from the City’s regulatory street plan for the site which calls for two connecting roadways. (Refer to Farmington City Zoning Ordinance Chapter 18 – Mixed Use Developments and the City’s Regulatory Plan).

For this site, the City intended buildings to front on Park Lane to enhance the streetscape of this gateway to west Farmington. However, Park Lane is a major collector roadway leading to the freeway entrances without sidewalks. Since it does not lend itself to an urban walkable streetscape and the University prefers maintaining parking all around their building to minimize walking distances and provide multiple distinct entrances, we felt it was in the best interest of the University to not front the building directly on Park Lane, but to keep it more or less centered on the property.

In the City meeting, it was explained that the building needs a main entrance, a separate prominent entrance for Huntsman Cancer Center, a drive-through pharmacy, a separate covered entrance for surgical patients, an entrance for employees near their field of parking and a loading dock screened from view. To meet all of these demands requires access around the entire building. Additionally, the heliport is very limited in where it can be positioned to meet FAA requirements. Essentially, the heliport should be about 220 feet from Station Park’s taller structures as well as from the University’s building. There is also a cell phone tower near the south east corner of the property that requires a large setback from the heliport. As such, there is only one general area that accommodates all site constraints, which is the location presented to the City for review.

Landscaped walkways connecting the health care center to Station Park for pedestrians was also discussed and viewed by the City as essential to the plan.

In the end, the City agreed that the proposed plan was appropriate for the intended use and asked that the building be placed so as to only have one parking aisle with parking on both sides of the aisle along the Park Lane side of the project to minimize the setback on that side. The requested revision was incorporated into the proposed site plan. The City had no other suggestions or stipulations for granting their approval of the conceptual site plan.

- b. Building Codes.** The building will house outpatient services with some functions rendering patients incapable of self-preservation in the event of an emergency. The building will need to be designed in compliance with all applicable codes to include the following:
- International Building Code – 2012
  - International Mechanical Code – 2012
  - International Plumbing Code – 2012
  - NFPA 70, National Electric Code – 2014.
  - NFPA 99, Standards for Health Care Facilities, 2005 edition.
  - NFPA 110, Emergency and Standby Power Systems, 2010 edition.
  - International Fire Code – 2012
  - Illuminating Engineering Society of North America, IESNA, publication RP-29-06, Lighting for Hospitals and Health Care Facilities, 2006 edition.
  - NFPA 101 – 2012, Chapter 18, New Health Care Occupancies, Chapter 20, New Ambulatory Health Care Occupancies.
  - Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines (ADA/ABA- AG).
  - Guidelines for the Design and Construction of Health Care Facilities – 2010.
  - Utah Administrative Code, Rule R432-4 General Construction.
  - R313. Environmental Quality, Radiation Control.
  - R309. Environmental Quality, Drinking Water and Sanitation.
  - R315. Environmental Quality, Solid and Hazardous Waste.
  - American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals, 2009 edition.

A comprehensive code analysis is provided in Building Requirements – See Section 6.

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## Building Requirements

- 1. Identification.** University of Utah Healthcare outpatient services follow the typical model of satellite clinics providing primary care and specialty services in the communities where they are located with the support of the staff and services at the main hospital. The satellite clinics support the academic and research missions of the University by ensuring that there is a patient base large enough to train students and residents and diverse enough to provide a wide variety of research data and patients. The Farmington Health Center will expand access to the University of Utah Health Care system to the residents of Davis and South Weber Counties. It will build and retain market share and provide ambulatory pre and follow-up care to the highly specialized services offered at the University of Utah Hospital.

Departments to be included in the facility were based on the statistics provided in the University's Environmental Assessment of the healthcare market by programs statewide with an emphasis on David County along with the Ambulatory Strategic plan of University of Utah Health Care. Those services most needed in Davis County include primary care and the following specialties: OB/GYN, ambulatory surgery, endoscopy, dermatology, ENT/audiology, plastics/cosmetics, allergy/immunology, endocrinology, rheumatology, urology, neurology/neurosurgery, pulmonology, nephrology, orthopaedics, physical therapy/PM&R/rehabilitation, podiatry, cardiology, ophthalmology, optometry/optical, hematology/oncology, pharmacy, and radiology.

It is anticipated that the primary care and most specialties will be grouped together to allow for flexibility over time as department sizes change. Ancillary services that serve all departments such as pharmacy and delicatessen will be located on the first floor for convenience. Departments with non-ambulatory patients (ASC, endoscopy and dermatology) will be together since they share needed mechanical and fire separation requirements.

### 2. Justification

Over the years, several outpatient facilities have been constructed or acquired by University of Utah Health Care in Salt Lake County and outlying areas in Tooele County, Summit County and Utah County while Davis County has been limited to a very small presence in Centerville. The Ambulatory Strategic Plan of University of Utah Healthcare identified a need for a larger presence in Davis County commensurate with the patient distribution served there by the University of Utah Hospital.

### 3. History and Growth

Davis County and points north are currently served by an 8,000 square foot primary care clinic in Centerville, Utah. As an underserved area by the University, many patients are commuting outside to Salt Lake or further north for health care. The projected growth rate for this area is

15% per year for the next five years. The Farmington health center will be designed to expand with the growth in both primary and specialty areas.

The building will be designed to allow the initial 132,000 square feet to be expanded in the future to include up to an additional 45,000 square feet. (Refer to site plan for expansion options in the appendix). The expanded building should maintain the required 4.5 parking stalls per 1,000 gross building square footage.

#### 4. Function

When the facility opens, it will employ a staff of 149 FTE's along with 35 to 45 physicians commensurate with demand and availability. Provisions are made to eventually accommodate a staff of 195. The providers will include physicians, mid-level practitioners, registered nurses, medical technologists, medical assistants, guest relations, office support, building maintenance, environmental services, security and administrators.

#### 5. Form

a. **Quality and Image.** University of Utah Health Care has earned a national reputation for providing leading-edge, exceptional health care services. Key to this image is the character and quality of the buildings that house those services. In a competitive health care environment, it is essential to win the trust of the patient community by providing patient-centered services that are welcoming, comfortable, convenient and professional. The building must espouse those same qualities. Building materials should reflect integrity, permanence, and a high level of design that fits the U of U Healthcare brand.

The building design should separate patients from back-of-house operations as much as possible while providing physicians and staff (including medical students) opportunities to freely communicate and collaborate away from patients and public spaces.

While Station Park is a very attractive and successful lifestyle retail center, its architecture follows today's retail pattern of multiple façade types, roofline variations, and differing materials (mostly EIFS) to provide variety and interest while lacking in architectural scale, proportion, integrity of materials and meaning. In retail design, the streetscape, signage and exposure are the most important qualities to promote sales and attract customers.

In contrast, the University's medical center should continue their brand with a building that incorporates a high level of design and more durable materials that are representative of a professional medical building.

b. **Building Space Utilization.** Similar to other recently constructed University of Utah Health Care clinics, departments should be grouped together by discipline and organized to provide easy way-finding for patients. Circulation for patients should be segregated from provider and service circulation where possible to maintain quiet attractive areas for patients and private, unencumbered areas for physicians and staff to maximize productivity and promote open communication.

- c. **Guidance.** Based on recent projects constructed for University of Utah Healthcare and the uses anticipated for this building, a net to gross ratio of 70% is anticipated. Square footage requirements have been assigned for each room or area exclusive of wall thicknesses and circulation space. As indicated on the space summary chart, the internal circulation space varies by department. It is estimated that an additional 15% will be required to be added for building common areas, circulation and exterior wall thicknesses.

## 6. Code Analysis.

The building is intended to only house outpatient services and as such, the International Building Code (IBC 2012) considers the occupancy of the entire building to be Group B – Office. Nevertheless, the NFPA 101 has special requirements for ambulatory surgical centers (ASC), endoscopy suites, and other spaces that may render patients incapable of self-preservation. Those special provisions include fire separations and mechanical spaces with ducted returns.

The proposed uses and conceptual layouts have been reviewed with Bill Hall (State Department of Health, Licensing Division), and sent to Enzo Calfa (Utah State Building Official), for comment. The Health Department agreed that the clinical side of the facility will be considered office space and the ambulatory side will be governed by Chapter 20 of the NFPA 101

A code analysis is provided on the eight pages that follow. The analysis is not intended to be all-encompassing but highlights the architectural code issues that are generally of most interest to the authorities having jurisdiction (AHJ's) in reviewing the design. . It will be the responsibility of each design/build team to acquire approval of their design by the AHJ's.

## 7. Structural Requirements.

### Overview:

The structural design of the Farmington Health Center must compliment the full range of medical services the facility offers. Providing a structural solution that compliments the space layout and programming needs is essential. Of equal importance, the structure must provide a safe place for building occupants by meeting all code requirements.

Special moment frames is the preferred lateral force resisting system. As special moment frame provides maximum flexibility for program requirements and delivers a safe structure for building occupants. Bolted end plate moment frames and SidePlate moment frames are acceptable systems.

### Codes and Standards:

The structural design of this facility must meet the following codes and standards:

- 2012 International Building Code (IBC)
- ASCE7, Minimum Design Loads for Buildings and Other Structures
- American Institute of Steel Construction Steel Construction Manual (AISC)
- American Concrete Institute 318 Building Code Requirement for Reinforced Concrete (ACI)
- DFCM Design Criteria for Architects and Engineers
- The University of Utah Design Standards

### Design Criteria:

The building structure shall meet the following minimum requirements of the 2012 IBC:

- Snow Load:
  - Ground Snow Load 43 psf
  - Snow Importance Factor 1.0
  - Roof Snow Load 30 psf
- Floor Live Loads:
  - Office & Medical Spaces 100 psf
  - Mechanical Penthouse 150 psf, minimum
- Risk Category II

Design Criteria – continued

- Seismic Loads:
  - Site Class D
  - Seismic Design Category D
  - Spectral Acceleration  $S_s = 139.1$  and  $S_1 = 58.1$
  - Seismic Importance Factor 1.0
- Wind Loads:
  - Wind Velocity 150 mph
  - Exposure Type B

Footing, Foundation and Geotechnical Criteria:

A site specific geotechnical investigation was prepared by Gordon Geotechnical Engineering dated March 1, 2013. The geotechnical report indicates the soils are susceptible to significant total and differential settlement. The project site is also located in an area of “high” liquefaction potential.

Ground improvement will be required under the entire building footprint by installing rammed aggregate piers to control building settlement induced by gravity, seismic, and liquefaction. In addition, floor slabs shall be established on 12 inches of granular structural fill placed over rammed aggregate piers.

The following design parameters are provided in the geotechnical investigation:

- Frost depth 30 inches
- Minimum footing embedment 15 inches
- Minimum footing width 18 inches (continuous), 24 inches square (spread)
- Net bearing pressure 4,000 psf to 5,000 psf, on rammed aggregate piers

Floor Vibration:

This facility contains patrons, services and equipment that are sensitive to floor vibrations. The structural design must mitigate floor vibrations induced by human activity and operating equipment. The structural engineer shall design the suspended floors to ensure floor vibrations will be imperceptible to building occupants.

Exterior Metal Studs:

It is anticipated that non-bearing exterior metal studs will be used at the building exterior. Ensuring the building cladding stays attached to the building during a seismic event is a critical component in preserving life safety. As a result, the engineer of record shall ensure the exterior metal studs and corresponding cladding can accommodate for the anticipated building movement during wind and seismic events.

Testing and Inspections:

The architect and engineers shall define a comprehensive testing and inspection program to ensure maximum quality in building materials and construction practices. The testing and inspection program must be defined in the construction documents. In addition, the engineer of record shall perform shop drawing/submittal reviews and periodic construction observations to ensure the design intent is followed during the construction process.

**8. Mechanical/Plumbing Requirements**

**Division 22, 23**

**Codes and Standards**

The building mechanical, plumbing and fire protection systems will comply with the following codes and design standards:

- International Building Code 2012
- International Mechanical Code 2012
- International Plumbing Code 2012
- International Fire Code 2012
- International Energy Conservation Code 2012 w/ reference to ASHRAE/IESNA 90.1-2010
- AIA Guidelines for Design and Construction of Health Care 2010
- Utah Boiler Code, January 2012
- ASHRAE Standard 62.1-2010
- NFPA 99 2005
- ANSI/ASHRAE/ASHE Standard 170-2008
- DFCM High Performance Building Standard Requirements, current standard
- LEED Silver BD+C equivalent sustainability conformance

**Design Criteria**

	<u>Summer</u>	<u>Winter</u>
Design Temperatures, Dry bulb	97°F	0°F
Design Temperatures, Wet bulb	64°F	-

**Indoor Design Conditions**

Summer: 74 °F db maximum
Winter: 70 °F db minimum

- Occupancy 1 person/70 sf
- Building weekday operating hours: 5 am – 12 pm Monday through Friday
- Building weekend operating hours: 5 am – 12 pm Saturday
- Supplemental cooling hours: 24 hours/day, 7 days/week
- Lobby cooling hours: 24 hours/day, 7 days/week

**Energy Efficiency**

Project will incorporate features to maximize indoor environmental quality while minimizing consumption by building energy systems. Design emphasis will be to allow system flexibility at the individual user level, giving local adjustment to environmental conditions.

## **Energy Conservation**

In order to conserve energy the following design and control methods shall be evaluated for incorporation into the building:

- Window blinds, heat absorbing or reflective glazing, external shading devices and heavyweight structure.
- Energy efficient motors should be used for all items of equipment.
- Variable air volume systems should be used wherever permitted.
- Variable frequency drives shall be used.
- Two stage cooling system (indirect & mechanical cooling).
- Oversize the ductwork to reduce static pressure.
- Oversize the air handler cabinet to reduce pressure drop across the coils and filters.
- Use condensing boilers & low temperature hot water heating distribution system.
- Measurement & verification in accordance with the most current University of Utah Measurement and Verification Plan, Design Standards Supplement.

## **High Performance Building Standard Requirements**

The project goal is to achieve the highest possible energy conversion standards using good sustainable design practices in accordance with current DFCM High Performance Building Standards. The mechanical system shall address the following:

**Water Use Reduction.** The intent is to maximize water efficiency within buildings utilizing the following elements:

1. Pint flush urinals will be used.
2. Dual flush water closets will be utilized.
3. Low flow shower heads and faucets will be used.

**Minimum Energy Performance.** The building and HVAC systems shall to meet this prerequisite. The intent is to establish the minimum level of energy efficiency based upon 30% higher efficiency than ASHRAE 90.1 for non-ambulatory areas and 20% higher efficiency than ASHRAE 90.1 for ambulatory areas.

**Fundamental Refrigerant Management.** There shall not be any CFC's used in this project.

**Optimized Energy Performance.** The following mechanical items should be considered in helping improve the energy performance of the building. Actual items incorporated will depend on the mechanical system option which is selected. The intent is to achieve higher energy efficiencies compared to the minimum code requirements. Energy optimization items:

1. Outside air heat recovery for lab.
2. Three stage cooling system (see below).
3. High efficiency condensing boilers.
4. Variable volume air systems.
5. Variable volume pumping system.
6. CO2 ventilation control.

Energy tracking. Track the energy consumption – in kilowatts or btu/h – of the project building’s energy systems in a manner sufficient for calibration of an annual energy end-use analysis model. This model will be utilized by the owner for keeping track of building energy system performance and for future re-commissioning of building systems. The trending will also give the Owner an invaluable tool for building situational observation and troubleshooting of building system performance.

Ventilation optimization. Ventilation air will meet or exceed the requirements of ASHRAE 62.1-2010. The intent is to establish minimum indoor air quality performance and enhance indoor air quality. The outdoor air intake flow and/or space or zone airflow will be reset as operating conditions change.

Outdoor Air Delivery Monitoring. The use of CO2 sensors to control the ventilation may be included in the mechanical system design for demand based ventilation control. The intent is to monitor and control ventilation air to help sustain occupant comfort and wellbeing. Outdoor air measurement stations will be provided.

Indoor Chemical and Pollutant Source Control. The use of exhaust to remove hazardous gases or chemicals from the building and provide a higher filtration level of the ventilation air prior to occupancy. The intent is to minimize exposure of building occupants to hazardous particulates and chemical pollutants.

### Internal Equipment Heat Gains

In addition to occupant and lighting loads, heat gains in all rooms will be based on anticipated equipment to be used in each room with appropriate diversities factors. The following equipment heat gain rates for specific areas are used for load estimates:

Equipment/Electrical/Communication spaces	20 W/sf
General lighting	2 W/sf
General equipment	1 W/sf
Total (lighting + equipment) cooling density	5 W/sf
Office Areas, 1 computer, 2 monitors per space	220 W/office

### Heating and Cooling Systems

### **Mechanical Room(s)**

Mechanical rooms will be located in a penthouse or within the building and will provide the following services:

1. Chilled water for building cooling.
2. Hot water for building heating.
3. Clean steam for building humidification and sterilizing purposes.
4. A pressure reducing valve station.
5. Domestic cold water for occupant use.
6. Domestic hot water for occupant use.
7. Softened domestic water for occupant use.
8. RO water for sterilizers and humidifiers (centrally distributed system).
9. Fire protection services.
10. A reduced pressure backflow preventer for building use.
11. Medical air.
12. Medical vacuum.
13. An emergency oxygen connection.
14. Interface with a bulk oxygen system.
15. Medical gas manifold Room.

### **Chiller Plant**

A mechanical room will be located in the building and will supply chilled water at 42 degrees F and returned at 56 degrees F.

The chiller plant will be provided with a redundant magnetic bearing chillers producing chilled water with a minimum efficiency NPLV of .34 kW/ton. The capacity of the chillers is sized for 125,000 square feet of building. Heat rejection will be accomplished with redundant stainless steel cooling towers with fans on a VFDs. The towers will be located outside and adjacent to the chiller plant. The top of the towers will be level with grade. The towers will have a heated wet

basin sump and flow by gravity to the condenser water pumps. Chilled water will be pumped to the building by redundant primary variable flow and redundant variable flow secondary chilled water pumps. Each chiller will also have redundant variable flow condenser water pumps.

The chiller plant will be provided with all the required monitoring and ventilation systems required. The chillers will employ refrigerant R134a.

A water side economizer system will be provided which will include redundant primary variable speed chilled water and condenser water pumps.

An air cooled process chiller will provide cooling for MRI and other dedicated building process loads.

## **Heating Plant**

A mechanical room will be located in the building and will supply hot water at 180 degrees F and returned at 140 degrees F. Boilers shall be condensing type with reheat coils sized to provide up to 95% energy efficiency.

The capacity of the boiler plant is sized for approximately 125,000 square feet of building. The boiler plant will consist of high efficiency condensing hot water boilers in an n+1 redundant configuration. Heating hot water will be pumped throughout the building. Redundant primary variable flow heating pumps will distribute water throughout the building to air handlers and terminal box reheat coils. Glycol will be produced via redundant heat exchangers and variable primary pumps for pre-heating coils. A similar system will be provided for a snow melt system covering approximately 4500 square feet at 150 btuh per square foot.

A backup fuel source for the boilers will be provided via a remote propane tank on the exterior of the building. The propane system will provide a back-up fuel source to the boilers in the event that the natural gas service to the building is interrupted.

## **Humidification and sterilization plant**

Steam will be generated for use in sterilizers and humidifiers. Steam pressure will be reduced where required. Redundant steam boilers with clean steam generators will be provided. Steam will be reduced 15 psig for humidification on the surgery floor of the building. There will be no steam humidification provided in the rest of the building air handlers.

## **Air Handling System Descriptions**

The building systems shall consist of variable volume supply air systems.

Roof mounted and/or spaced mounted custom built fan wall air handlers will be medium pressure blow through type and will include, supply and return fans, supply and return air plenums, a Merv 7 filter section, a plenum fan section, a glycol pre-heat coil section, a chilled water cooling coil section, a steam humidifier section and a Merv 14 final filter section. Air handling systems will be capable of 100% outside air for an air side economizer mode when the outside air temperature permits.

Each air handler shall be located such that routine maintenance can take place. Space shall be provided for filter and coil removal without removing any piping or equipment. In general, the space adjacent to an air handler shall be equal to the length of the longest coil in the air handler.

The variable volume supply air systems shall distribute air throughout the building through a medium pressure supply duct system and return air shall be a ducted return system.

Each occupied space will be independently controlled and shall be provided with a variable volume reheat box. Reheat shall be hot water from the building hot water heating piping system. Each space shall be controlled from a space thermostat that shall control the variable volume box and its reheat coil to maintain space temperature.

At perimeter Common/Waiting areas of the building fin tube radiation will be provided at the glazing for occupancy comfort and shall be the first stage of heating.

Office, operations and lobby areas shall be served by recirculating VAV air handling units provided with outdoor air economizer controls. Return air plenum shall be used as permitted by the Utah Department of Health (UDOH) in office and non-UDOH licensed areas not sharing air with UDOH licensed areas.

The cooling tower will be utilized to provide the first stage of cooling through an indirect cooling coil in the air handler in non-UDOH licensed areas.

One air handler will serve the surgery area. Other air handlers will serve the remaining building.

Each operating room will have an OR type diffuser system with a linear slot air curtain surrounding the operating room work area.

#### **Boiler and chiller Plant services**

Fan coils will be used to condition the boiler and chiller plants. Chilled water and hot water will be used for heating and cooling of these spaces.

#### **Building terminal air distribution systems**

The building will be served by a variable volume medium pressure air system from the air handlers to the zone terminal box. Zone terminal boxes with hot water reheat coils will reduce the system air pressure, temper the air and distribute the air to the room where the air will be introduced through a series of diffusers. All building air will be ducted back to the return/relief fans.

#### **General and Toilet Exhaust**

Systems to serve toilets, bathrooms, janitor's closets, and other similar areas will be grouped through common exhaust fans.

### **Special Exhaust**

Systems to service special area requirements. Generally, these will be systems requiring separate duct systems such as special fume hoods, glass washing, central sterile, and other specialized areas.

### **Air Intakes and Exhaust**

Air intakes shall be positioned to avoid short circuiting of exhaust air back into the building. Every effort shall be made to minimize any entrainment of fumes by strategic location of air intakes.

In all air conditioned spaces pre filters and final filters shall be provided per latest codes and standards. Pre filters should have an efficiency of 30% (Merv 8) and final filters an efficiency of 95% (Merv 14) based on ASHRAE Test Standard 52. Final filters shall be installed at the point of discharge.

### **Electrical and Communication Rooms**

Each room shall be served by the building air handling system and shall also be equipped with an independent split system for redundant cooling and after hours cooling of these spaces.

### **Elevator Machine Rooms**

Each room shall be provided with independent mechanical cooling.

### **Shelled Space**

All central mechanical systems, including but not limited to heat exchangers, pumps, exhaust systems, main piping distribution systems, etc., shall be sized to accommodate the future build out of the building shelled space.

### **Seismic Restraint**

All mechanical and plumbing systems shall be provided with seismic restraints to meet current code requirements.

### **Central Control Systems**

1. A direct digital control (DDC) system will be provided to perform the following:
2. Control of chillers, boilers, air handlers, pumps, heat exchangers, etc.
3. Zone Control. (VAV boxes)
4. A central building management system provided with color graphics will provide for complete control and monitoring at all mechanical equipment.

5. Design of system will be an open protocol to allow for multiple vendors to work on the project.

### **Piping Systems**

1. Building hot water will be piped to reheat terminals throughout the facility via schedule 40 steel or Type K copper pipe.
2. Chilled water will be piped to air handlers throughout the facility via schedule 40 steel or Type K copper pipe.
3. Steam will be piped to humidifiers and process systems throughout the facility via schedule 80 steel pipe.
4. Glycol hot water will be piped to pre-heat coils located in each air handler via schedule 40 steel or Type K copper pipe.
5. Glycol hot water will be piped to snow melt systems throughout the facility via schedule 40 steel or Type K copper pipe.

### **Plumbing systems**

#### **General**

Systems will be designed in compliance with the 2012 IMC and IPC, Local Codes, NFPA and the 2010 Guidelines for Design & Construction of Health Care Facilities.

#### **Outside Utilities**

Design is based on having available utilities (hard water, sewer, natural gas, storm drain) of sufficient capacities to serve this project. All utilities (with the exception of chilled water, steam and soft water) will be brought to the building.

#### **Domestic hot and cold water**

Domestic hot and cold water system will be connected to non-laboratory plumbing fixtures only. Exception, eye washes and emergency showers will be connected to a tempered water system.

Domestic hot water will be supplied via gas fired instantaneous type hot water heaters.

A recirculation pumping system will be provided.

All domestic hot water will be softened.

The water softeners will be a duplex, automatically alternating system. A water meter will be provided for each softener to measure flow and initiate regeneration cycles. An indoor brine measuring tank will be located along side of the water softeners.

### **Reverse osmosis water systems**

Laboratory grade water will generated by a RO machine. This system would serve the clean steam and surgery floors only and may be point of use.

### **Natural gas**

Natural gas system will be connected to the Questar Gas main. A gas meter will be provided at the building. A 5 lb. gas service is desired at the Boiler Plant.

### **Sanitary sewer and waste system**

A complete sanitary waste and vent system will be provided in accordance with IPC throughout the building. System will be connected to the sewer line.

### **Storm drainage system**

Complete roof drainage systems will be provided. System design is based on 2" per hour rainfall intensity, 100-year period storm, as listed in the IPC.

Secondary overflow roof drainage will be provided with overflow roof drains and scuppers that will daylight near grade.

Building storm drain system will be run from the building and discharge to the storm sewer.

### **Fire protection systems**

#### **Water supply**

A Water Flow Analysis Report for the will be required to determine available fire flow at the site.

A Detector check/alarm valve assembly shall be provided at the fire sprinkler system riser to protect the city water supply from contamination. The riser assembly shall meet the requirements of the Utah State Fire Marshal Dept.

#### **Building Fire Protection**

The building shall be protected with a Class I Automatic-Wet, Combined standpipe system.

The Sprinkler system supply and floor control assemblies, shall be coordinated with the smoke control zones. Sprinkler systems shall be supplied from the standpipe system.

Sprinkler system design shall be designed as per Factory Mutual Global Insurance requirements. System design shall be based on FM Global, Property Loss Prevention Data Sheets, 2-8N 2004, which meets and exceeds the requirements of the adopted building standards. Additional FM requirements shall be included as required by the FM Senior Loss Prevention Specialist.

### **Medical gas systems**

#### **Medical vacuum system**

The medical vacuum system shall consist of a stack mount, duplex system. Each pump will be sized for 100% of the total anticipated load. A vertical receiver will be provided.

#### **Medical air system**

The medical air system shall consist of a duplex medical air compressor system with receiver. The plant will be provided with desiccant dryers. Each compressor shall be sized for the total anticipated load. Provide a vertical receiver, and medical air manifold. Medical Air manifold shall have the necessary PRV's, shutoffs and monitors.

#### **Medical gases**

Nitrogen, Nitrous Oxide and Carbon Dioxide shall be stored in bottles in the medical gas room. The room will be vented thru an exterior wall. Additional space shall be provided in the medical gas room for additional cylinder storage.

#### **Oxygen**

Oxygen shall be stored in bottles in the medical gas room. The room will be vented thru an exterior wall. Additional space shall be provided in the medical gas room for additional cylinder storage. A bulk oxygen system connection shall also be provided.

## 9. Electrical Requirements.

### Electrical Codes and Standards

The currently adopted editions of the following codes and standards are directly applicable to design of the electrical systems. In case of conflicts between these standards, or between standards and other information contained in program criteria, obtain written clarification from the Owner's representative prior to submitting proposal. Where discrepancies or differing interpretation occur, the most stringent (usually recognized as the most costly) interpretation will be enforced.

- Americans with Disabilities Act (ADA) Accessibility Guidelines for Buildings and Facilities
- AIA Guidelines for Design and Construction of Hospital and Health Care Facilities
- 2012 International Energy Conservation Code
- EIA/TIA, Electronics Industries Association/Telecommunications Industry Association
- IEEE Std. 602-1986, IEEE Recommended Practice for Electrical Systems in Health Care Facilities
- Illuminating Engineering Society of North America (IESNA) Lighting Handbook
- IESNA, RP-29-06, Recommended Practices for Lighting for Hospitals and Health Care Facilities
- IESNA, RP-1, Recommended Practices for Office Lighting
- IESNA, RP-5, Recommended Practice of Daylighting
- NFPA, National Fire Protection Association (applicable sections including but not limited to): NFPA 70, National Electrical Code, NFPA 72, National Fire Alarm Code, NFPA 99, Health Care Facilities, and NFPA 110, Emergency and Standby Systems
- IBC, International Building Code
- IMC, International Mechanical Code
- UL, Underwriters Laboratories
- Utah State Fire Marshal's, Rules and Regulations

### Electrical Service and Distribution

#### Normal Power System

A new 480/277 volt electrical service will be provided by Rocky Mountain Power (RMP). Equipment for utility service and metering will be installed per RMP requirements Electrical service facilities include (The required capacity of equipment and feeders will be re-assessed during all phases of design):

For schematic design the assumptions used to calculate the normal power capacity are:

- Total power - 20 watts per square foot plus 25% spare capacity.
- Mechanical Equipment feeders - 8 watts per square foot
- Lighting – 2 watts per square foot
- Convenience power – 3 watts per square foot
- Special Equipment – 1.5 watts per square foot

These assumptions provide the ampacity separation that is required to allow for selective coordination of overcurrent protective devices.

### Emergency Systems

Standby Diesel Generators connected in parallel will provide backup emergency power. The generators will be sized to provide N+1 redundancy. The Generators will provide standby power for the following Essential Power System transfer switches:

- 480/277 volt open transition for life safety – 0.5 watts/sf
- 480/277 volt closed transition for critical branch #1 – 2 watts/sf
- 480/277 volt closed transition for critical branch #2 – 2 watts/sf
- 480/277 volt closed transition with time delay for equipment branch – 3 watts /sf

In addition the generators provide standby power for 480/277 volt open transition transfer switch for Optional Standby Power per NEC 703. The Optional Standby Power transfer system will provide backed up power for equipment that the owner desires to place on backed up power but is not allowed to be connected to the Essential Power System per NEC 517. The Optional Standby transfer switch will be sized at 1 watt / sf.

This facility will have an Essential Distribution system in compliance with NEC Article 517. Two branches of the emergency system (which must transfer to generator power within 10 seconds) are required, and the Equipment System (Can have a delayed transfer to generator power which exceeds 10 seconds):

- Life safety: Distribute and control electrical power for illumination, power, or both, to electrical equipment that is essential for safety to human life when the normal electrical supply or system is interrupted.
- Critical Branch: Distribute and control electrical power for task illumination, fixed equipment, selected receptacles, Isolated Power System Panels and special power circuits serving the following in I2 occupancies:
  - Medication preparation areas
  - Pharmacy dispensing areas
  - Nurse stations
  - Nurse call system
  - OR procedure rooms
  - Hemodialysis rooms or areas
  - Pre-operative prep rooms
  - Postoperative recovery rooms
  - Additional specialized patient care task illumination and receptacles where needed for effective operation
- Equipment System: The Equipment System will serve the following equipment:
  - HVAC equipment for the operating rooms.
  - Heating for emergency treatment and recovery spaces
  - Autoclave equipment
  - HVAC controls
  - Other essential equipment deemed necessary for facility operation.

There are two critical branch systems in order to provide two sources of power in the operating rooms, pre/post recovery, and the nurse stations. Two critical branch systems will relieve the requirement for normal power receptacles in patient care areas as provided by NEC 517.19 Exception #2.

Satellite Electrical Rooms containing branch circuit panel boards will be located on each level. Electrical rooms will be located such that the longest branch circuits will have less than 2% voltage drop at full load using #10 THWN copper conductors. If necessary remote branch circuit panels will be located in dedicated closets at the ends of each floor to reduce branch circuit length.

All electrical rooms will be sized with 25% unused space, and designed for installation of electrical equipment including the required clearances.

#### **Isolated Power System Panels**

OR receptacles will be circuited to a dual section 7.5 KVA (each) Isolated Power System Panel. One section of the Isolated Power System Panel will be fed from critical branch #1, and the second section will be fed from critical branch #2. Each section of the Isolated Power System Panel will serve 50% of the receptacles in an OR room. These Isolated Power System Panels will be located either inside the operating room served or if located outside will have a remote Line Isolation Monitor installed in the operating room. Each Isolated Power System Panel will serve only one operating room.

One 25 KVA Isolated Power System Panel will be provide for 208/1 volt laser receptacles. Laser receptacles with remote annunciation will be provided in each OR room.

#### **Uninterruptible Power Supply (UPS)**

Uninterruptible power will be provided for communications equipment that is located in the communications room. Two rack mount UPS units will be provide in the Data room located on each floor of the expansion. Each UPS unit will service a UPS branch panel also located in the data rooms. The UPS input power will be arranged for connection to the Equipment System upon interruption of the normal power.

#### **Receptacles**

The following guidelines will be used as minimum requirement to locate receptacles. All receptacles will be duplex unless otherwise noted.

- Offices: One receptacle on each wall plus an additional receptacle at the computer workstation.
- Conference Rooms: One duplex receptacle on each wall plus one flush floor box containing a duplex receptacle will be installed in the center of the room below the table.
- Lounges/Breakrooms: Receptacles on dedicated circuits every 4' on counter top plus dedicated receptacles for refrigerator, microwave, and disposal (switched at counter top), plus one receptacle for every 10' of other wall space in room. Provide GFCI receptacles within 6' of the outside edge of sinks.

- Counter tops (in general): One receptacle every 4'; GFCI receptacles in bathrooms and elsewhere within 6' of a sink.
- Locker Rooms: Mirrors with counters or shelves will have two receptacles on dedicated circuits, plus one receptacle on each wall that does not have lockers.
- Restrooms/Shower Rooms: One GFCI receptacle near each lavatory counter top, on dedicated circuit, except that public restrooms are only required to have one GFCI receptacle per restroom.
- Corridors, Lobbies: Provide at least one duplex receptacle within 25' of the end and every 45' along the corridor.
- Storage Rooms (small), Janitors Closets: One receptacle on dedicated circuit.
- Building Exterior: One WP/Wet Location GFCI receptacle near each entrance.
- Patient Care Areas: Receptacles will be coordinated with the users during design and will comply with the NFPA 70 and the AIA Guidelines for Design and Construction of Hospitals and Health Care Facilities. Hospital grade devices will be used in all patient care areas. GFCI devices will be used in wet locations above any countertops and are within 6' of the outside edge of sinks.

#### **Owner Furnished Equipment**

Power and empty raceways will be provided for imaging equipment, based on equipment catalog sheets and shop drawings received during design and construction. If shop drawings are not available during design, an electrical conduit and power plan will be designed based upon the best available information for the equipment at that time.

#### **Harmonics**

All Variable Frequency Drives (VFD's) for motors rated 30 horsepower and higher will be 12-pulse to suppress the harmonics created on the line side. Total Harmonic Current Distortion at the line terminals of the VFD's will be maintained at 12% or less under all operation conditions. Total Harmonic Voltage Distortion at the line terminals of the VFD's will be maintained at 3% or less under all operating conditions. Filters that are used to reduce harmonic distortion will operate at 90% or higher power factor for loads ranging from 0% – 100%. All lighting ballasts will be electronic program start with <10% THD.

#### **Surge Protective Devices**

Surge Protective Devices (SPDs) will be provided at all service equipment (each main), distribution switchboards, and at each branch circuit panelboard SPDs units may be integral to the panelboard or switchboard, or individually mounted "stand-alone" units. However, if individual units are used, they will be placed immediately adjacent to the panelboard or switchboard to minimize the effects of increasing clamping voltages due to excessive lead lengths.

#### **Power and Raceway**

Provide power and raceway for all equipment requiring electrical connections. All equipment and furniture by the Owner/end user, whether it is furnished in this contract or a separate contract, will be provided with power and raceway rough-in for complete operation. Coordinate furniture connections with the furniture systems suppliers to ensure furniture connection points are correctly located.

### **Raceways**

All power conductors will be installed in raceways. Underground raceways for the service and feeders will be schedule 40 PVC. All elbows that are greater than 22.5 degrees will be coated galvanized rigid steel. Raceways that are used for branch circuits serving all areas other than mechanical and electrical rooms will be metallic to provide a redundant path for ground faults.

### **Conductors**

Feeder conductors will be either copper. The total voltage drop on both feeders and branch circuits will not exceed 5%. When calculating the voltage drop, the load will be assumed to be 80% of the ampacity of the branch circuit and feeder conductors.

Branch circuit conductors for all grounded systems will be copper with THHN/THWN insulation. Branch circuit conductors for Isolated Power Systems will be copper with XHHW-2 insulation. All conductors will be sized per NEC but will not be smaller than #12 AWG; #10 AWG for Isolated Power Systems. Conductors that are #8 and larger will be stranded. Conductors for branch circuits will be sized to prevent voltage drop exceeding 3% at the farthest load. The total voltage drop on both feeders and branch circuits will not exceed 5%. When calculating the voltage drop, the load will be assumed to be 80% of the ampacity of the branch circuit and feeder conductors. Calculated load on branch circuits will not exceed 80% of the conductor rating at 75 degrees per NEC. Provide a 20 ampere/120 volt branch circuit to supply not more than 2 offices or 8 convenience receptacles or 4 receptacles that are used for computer workstations. Provide dedicated 20 ampere/120 volt circuits for receptacle above a counter, serving a copier, or owner furnished equipment.

### **Lightning Protection**

A lightning protection system will be provided meeting UL and NFPA 780 requirements.

### **Metering**

Separate metering will be provided for lighting panels, branch panel serving plug loads, and panel serving HVAC equipment.

### **Sustainable Design**

The electrical system will meet the requirements of LEED Silver. In addition to meeting LEED requirements, the electrical design will balance innovative sustainable design with the rate of return on investment for the owner.

### **Systems Coordination**

A Fault Current, Overcurrent Protective Device Selective Coordination and Arc Flash study will be performed by a licensed electrical engineer to indicate available fault current at all points in the distribution system. Fuses and circuit breakers will be selected to ensure minimum system outage

due to overloads or fault currents. Breakers with adjustable long time, short time and instantaneous delays and/or pickups will be set at levels that provide optimum system coordination. Where ground-fault protection is required for operation of the service disconnecting means an addition step of ground-fault protection will be provided in all next level feeder disconnecting means downstream towards the load. Where such ground-fault protection is provided the

operation of the service and feeder disconnecting means will be fully selective such that the feeder device, but not the service device, will open upon ground-faults on the load side of the feeder device. A six-cycle minimum separation between the service and feeder ground-fault tripping bands will be provided. Ground-fault protection with automatic disconnecting means will not be installed on the load side of the alternate power source for emergency systems or downstream of transfer switches. Ground-fault indication of the emergency source will be provided as required by the NEC. Arc Flash Hazard labeling will be provided for all electrical gear.

### **Lighting**

The lighting design will comply with IESNA recommendations and practices for lighting as listed in the Illuminating Engineering Society of North America Lighting Handbook, 9th Edition, RP-1-04 “Office Lighting”, RP-5 “IESNA Recommended Practice of Daylighting”, and RP-29-06 “Lighting for Hospitals and Health Care Facilities”.

- Energy Efficiency: The design will exceed the 2012 International Energy Conservation Code by 30%. Wherever possible, opportunities for reducing the ambient level of lighting while designing appropriate task lighting will be used. Consideration will be given to multi-level switching systems, load shedding, vacancy/occupancy sensors, daylight controls and other energy reducing techniques.
- All switching in offices and exam rooms will be momentary switches with dimming control. These momentary switches will be compatible with the vacancy sensors in these spaces (per 2012 energy conservation code)
- Lamps: LED fixtures will be the standard. Color temperature will be 4000K
- Visual tasks to be performed by the users will be identified. A quantitative and qualitative analysis of each visual task will be completed and consideration will be given to using indirect lighting in spaces to improve the quality of lighting, especially where electronic displays are used or intense visual activities are performed. Fixture types will be selected for spaces requiring flexibility and will be capable of simplified relocation.
- Unless otherwise specified, illumination levels will meet the IESNA requirements for the spaces and tasks in each specific area of the facility, utilizing a midrange weighting factor. Minimum maintained average horizontal footcandle (fc) levels are listed below. Deviation from these may be required to accommodate individual space needs.
  - Private Offices: 30 plus task light
  - Open Offices: 30 plus task light
  - Lobbies, Corridors & Stairways: 20
  - Toilet Rooms: 30
  - Sinks: 30
  - Reception: 30
  - Work Areas: 30
  - General Examination: 50
  - Procedure: 50 – 100 adjustable
  - Operation Rooms: 100
  - Recovery: 50 – 100 adjustable
  - Critical care hand scrub sinks: 100
  - Diagnostic Imaging: 50 setup, 0-20 dimmable procedure

- Stock Rooms: 30
  - Storage Rooms: 15
  - Mechanical/Electrical Rooms: 20
  - Parking 1; 4 to 1 min/max
  - Pedestrian Crossings: 5
  - Walkways: 1
- 
- Exterior Lighting: Roadways, driveways, parking lots, walkways, building entrances and any other exterior locations that will have vehicular or pedestrian traffic will be illuminated to IESNA requirements. Exterior lighting will be compatible with lighting levels in the surrounding area and sufficient for security of the building exterior. Special care will be taken in selecting and placing fixtures to avoid noticeable glare through windows. Exterior lighting will be controlled via photocell and time clock. All new Exterior fixtures will be LED.

### **Fire Alarm Systems**

A new fire alarm system will include initiation and notification devices as required by applicable codes. Smoke detectors will be located in:

- Corridors with smoke dampers.
- Smoke barrier openings
- Areas open to corridors
- Elevator shaft, lobby and machine room.

Indicating devices will be located in all common areas including all exam and procedure rooms. Private-mode annunciation will be used in all critical care areas.

Additional smoke detectors will be included to meet HVAC detection requirements. Applicable code requirements will be coordinated with the State Fire Marshal's Office and with local authority having jurisdiction.

Smoke detectors and control modules in operating suites will activate the smoke exhaust system for the respective room where the detector is located.

## **10. Communications**

In general, the contractor will provide all communications and data wiring including conduits, boxes, wiring and terminations. The University of Utah will provide the equipment to be plugged into the contractor-installed outlets. Including in the communications systems are the following:

- Voice and data connections.
- Overhead paging system.
- Cell phone repeaters.
- Wireless WIFI.
- Nurse call systems in ASC, Endoscopy, and Urgent Care.
- TV connections to cable in waiting rooms.
- Intercom from loading dock to dock office.
- Security cameras.
- Locks with card readers where indicated.
- Command Center wiring with antennae mounted on roof.

### **Structured Cabling**

The work encompassed by these systems will include the installation of raceways to support installation of outside plant, backbone and horizontal cabling for communications systems.

- Two 4" conduits between telephone service entrance room and serving utility.
- Two 4" conduits between telephone service entrance room and each satellite communications room.
- Associated cable management systems (cable tray, ladder rack, and conduit) in all corridors and spaces, racks (floor mounted open rail and enclosed types generally, with wall mounted sectional enclosed types for small room applications)
- Back boxes and conduits for installation of station outlets and horizontal cabling.

### **Nurse Call System**

A nurse call system will be provided for the surgery suite per AIA guidelines table 2.1-4. A separate call system will be provided for the clinical space.

### **Television Distribution System**

The television distribution system will consist of a broadband amplifier that will provide cable TV channels through a cable system of splitters and directional couplers to all recovery rooms, waiting areas, and selected offices and work areas. Depending on the quantity of total TV outlets, additional broadband amplifiers may be needed further downstream.

### **Security Systems**

Access Control System will include:

- Card access door control
- Door monitoring
- Elevator control

Intrusion Detection System will include

- Detection sensors on doors (switches) and in spaces (motion detectors)
- Panic/duress alarms
- Arm/Disarm Control panels

Access control system equipment will consist of distributed processors connected to a system head-end computer. All electronic locking of doors, especially egress doors, that may be required must meet all applicable codes and be coordinated with local authorities.

Access door control with proximity card readers will be included on:

- All exterior entries
- Staff locker/lounge area entries
- Doors between waiting areas and patient care areas
- Any additional doors as identified by Security Staff during design.

In clinic areas and at reception desks, the system will include remote door release buttons through access controlled doors.

Exterior entry doors will include card readers and be monitored and controlled for scheduled auto-locking by the system, and exterior exit only doors will be monitored by the system.

Panic alarms will be located at:

- Reception desks
- Cashiers desks
- Any additional locations as identified by Security Staff during design.

Panic alarms will annunciate on the intrusion detection system head-end equipment and will be relayed to mobile devices carried by the security staff. Panic alarm response procedure must be included in the facility security plan.

### **Video Surveillance System (VSS)**

A Video Surveillance System will include new fixed and pan/tilt/zoom (p/t/z), high definition, IP based cameras with signals fed to the video surveillance Ethernet network to be established in the new clinic. Video network switches will be separate from the building's main LAN switches. Recorded images will be stored on network server/recorders that can be accessible over the building LAN system for remote viewing using Internet methodologies. System head-end equipment will include:

- Network switches and servers
- Video management software
- Color monitors (as required for local monitoring)

Fixed video surveillance cameras will be located in:

- Building entries
- Building exits
- Elevator lobbies

Pan/Tilt/Zoom cameras will be located to view:

- Parking areas.

Exact camera locations will be coordinated with security staff during design.

A separate IP based camera system will be installed in the Lobby Check-in stations in order for the clinical staff to assist patients.

### **Overhead Paging System**

Overhead paging system includes amplifiers, speakers, volume controls, and cabling for a complete system. Speakers will be installed at approximately 20 feet on center in corridors and large public spaces. Sound masking amplifiers and speakers will be provided for the reception areas. Cabling will be installed above ceilings without conduit. Conduit and back boxes will be required for each volume control.

**11. LEED and Energy Efficiency Requirements.** The building is required to achieve LEED Silver certification. The Design/Build team will be responsible to formulate their own approach and achieve the points required to garner the required certification. In addition, the State DFCM and University of Utah require that the building achieve a reduction in energy usage above and beyond what is required by ASHRAE. Refer to the Guide Specification prepared by MHTN Architects for energy reduction requirements.

# Code Analysis

## IBC - 2012

### Chapter 3 - Use and Occupancy Classification

#### 304 - Business Group B

304.1 Ambulatory Care Facilities, Clinic Outpatient, laboratories and professional services. Ambulatory Care Facilities are defined as buildings or portions of buildings used to provide medical, surgical, psychiatric, nursing or similar care on less than 24-hour basis to individuals who are rendered incapable of self-preservation by the services provided. Clinic outpatient is similar but does not render patients incapable of self-preservation. Professional services includes physician's practices. In short, the IBC would consider the entire building to be a Group B.

### Chapter 4 - Special Detailed Requirements based on Use and Occupancy

#### 404 - Atriums

Building may be designed to include an atrium (two or more floors open to each other).  
404.3 Fire sprinklers are required throughout the building but may be omitted in an atrium if ceiling of the atrium exceeds 55 feet above finish floor.  
404.4 Fire alarm system is required.  
404.5 Smoke control is required if connecting more than two stories.  
404.6 One-hour fire barrier required to separate atrium from adjoining space.  
(some exceptions may apply. Refer to 404.6).

### Chapter 5 - General Building Heights and Areas

#### Table 503 - Allowable Building Heights and Areas

Group B Occupancy with a Type II-B Construction (non-combustible) has a basic allowable square footage of 23,000.

#### 506 - Building Area Modifications

Area separation on four sides provides an additional 17,250 sq. ft.. Fire sprinklers provide another 46,000 sq. ft. for a total of 70,725 per floor.  
506.4 Single Occupancy buildings with more than one story are allowed to consider total allowable square footage as the allowable per floor multiplied by the number of stories. As such, the building allowable would be a total of 141,450 sq. ft. for two stories and 212,175 sq. ft. for a three story building.

#### 507 Unlimited Area Buildings

507.4 If building does not exceed two stories, is protected by fire sprinklers, and has a separation all around of at least 60 feet, there is no size limitation.  
In summary, if the building is two-stories (proposed phase I) there would be no limitation on its size. If the building is expanded in the future (phase II) to include a partial third story, it would be limited in its total square footage to 212,175 without limitations on the size of any one floor since the building is not multi-tenant.

#### 510 - Special Provisions

Table 509 Incidental Uses. Some uses require fire separation walls including furnace and boiler rooms, refrigerant machinery rooms, laundry rooms, waste and linen collection rooms.

# Code Analysis

## IBC - 2012

### Chapter 6 - Types of Construction

#### Table 601 - Fire Resistance Rating Requirements for Building Elements

Type II-B Construction - No required fire ratings for building elements.

#### Table 602 - Fire Resistance Ratings for Exterior Walls Based on Separation Distance

Group B Occupancy with more than 10 feet separation on all sides and Type II-B Construction has no required fire resistance for exterior walls.

### Chapter 7 - Fire and Smoke Protection Features

#### 705 Exterior Walls

705.8.5 Vertical separations of openings. Not applicable since building will be three stories or less in height and protected throughout by fire sprinklers.

#### 707 Fire Barriers

Refer to applicable sections for fire barriers around exit access stairways, shaft enclosures, and incidental uses.

#### 708 Fire Partitions

Refer to applicable sections for fire partitions forming rated corridors in the surgical suite.

#### 709 Smoke Barriers

709.5 Doors installed across corridors may be opposing swing doors without a center mullion in ambulatory care facilities.

#### 710 Smoke Partitions

710.3 No fire rating required for smoke partitions.

710.5.2.3 Doors in smoke partitions require closers and smoke seals.

710.8 Ducts penetrating smoke partitions require smoke dampers.

#### 713 Shaft Enclosures

713.4 Shaft enclosures are 1-hour rated in buildings under four stories or equal to the floor assembly rating that it penetrates, whichever is greater.

713.14.1 Enclosed elevator lobbies not required when connecting three or fewer floors.

### Chapter 8 - Interior Finishes

#### Table 803.9 Interior Wall and Ceiling Finish Requirements by Occupancy

In Group B occupancies required finishes are as follows: Interior exit stairways - Class B. Corridors and exit access stairways - Class C. Rooms and enclosed spaces - Class C.

### Chapter 9 - Fire Protection Systems

#### 903 Automatic Sprinkler System

903.2.2 Building requires automatic fire sprinkler system as an ambulatory care facility.

#### 906 Portable Fire Extinguishers

906.1 Fire extinguishers (Type 2-A) required in areas where flammable or combustible liquids are stored and throughout the building such that the maximum travel distance to an extinguisher does not exceed 75 feet and there is at least one extinguisher for each area of 11,250 square feet.

# Code Analysis

## IBC - 2012

### Chapter 9 - Fire Protection Systems (continued).

#### 907 Fire Alarm and Detection System

907.2.2.1 Ambulatory care facilities require electronically supervised fire alarm systems that will activate upon sprinkler waterflow (smoke detectors not required).

### Chapter 10 - Means of Egress

#### Table 1004.1.2 Maximum Floor Area Allowances Per Occupant

Accessory storage and mechanical equipment rooms - 300 sq. ft./occupant

Assembly areas without fixed seats (chairs only) - 7 sq. ft./occupant, Standing space - 5 sq. ft./occupant, Unconcentrated (table & chairs) - 15 sq. ft./occupant.

Outpatient areas - 100 sq. ft./occupant.

Occupant load for the building is estimated at approximately 640 per floor. This number may increase with future expansion of the building.

#### 1005 Means of Egress Sizing

1005.3 Stairway width calculated at occupant load multiplied by 0.3. With 650 occupants, exit stairway width required would be 195" divided by the number of exit stairways provided.

Future expansion of the building may change the square footage of the floor and possibly the number of stairways.

#### 1007 Accessible Means of Egress

1007.3 Stairways. The exit stairways are exempt from the 48" min. width and area of refuge requirements due to the installation of fire sprinklers.

1007.4 Elevators. The elevators are not required to be accessed from an area of refuge due to the installation of fire sprinklers.

#### 1009 Stairways.

Two types of interior stairways are recognized in the 2012 IBC, Interior exit stairways and exit access stairways. Exit access stairways are not generally required to be enclosed, but since they do not count as an "exit", the distance to an exit must be measured down the stairway to an exit.

1009.2 Interior Exit Stairways. Enclosed stairways leading directly to the building exterior.

1009.3 Exit Access Stairways. Stairways connecting only two floors do not require enclosure.

Stairways connecting more than two stories can also be without enclosures (see exceptions in 1009.3.3 and 1009.3.4). Exit access stairways within an atrium are not required to be enclosed (1009.3.5).

1009.3.1 Construction

1009.3.1.2 Exit stairways required to be enclosed shall have one-hour rated enclosures in buildings under four stories.

1009.4 Width. Stairways shall generally have a minimum width of 44" and in accordance with Section 1005.1.

# Code Analysis

## IBC - 2012

### Chapter 10 - Means of Egress (continued).

#### 1014 Exit Access

Table 1014.3 Common Path of Egress Travel. Common path shall not exceed 100 feet for Group B Occupancy.

#### 1015 Exit and Exit Access Doorways.

1015.1 Two exits required when occupant load reaches 50. Three exits required for 500 - 1,000 occupants.

1015.2.1.3 Distance between exits can be 1/3 the maximum diagonal distance of area served.

#### 1016 Exit Access Travel Distance

Table 1016.2 Maximum travel distance allowed in the building is 300 feet.

#### 1018 Corridors.

Table 1018.1 Corridors in Group B occupancy not required to be rated in buildings protected with automatic sprinkler system.

1018.4.3 Dead end corridors shall not exceed 50 feet.

#### 1021 Number of Exits and Exit Configuration

1021.1 Two story buildings do not require exit enclosures, however, for three story buildings, at least fifty percent of required exits shall be enclosed interior exit stairways.

#### 1027 Exit Discharge.

1027.1.1 Fifty percent of exits may exit through areas on the level of exit discharge (see exceptions).

### Chapter 11 - Accessibility

#### 1106 Parking and Passenger Loading

1106.3 Ten percent of parking stalls shall be accessible stalls for outpatient facilities.

1106.6 Accessible stalls should be dispersed and located near accessible entrances.

### Chapter 29 - Plumbing Systems

#### 2902 Minimum Plumbing Facilities

Table 2902.1 One toilet per 25 people for the first 50 people required, then one per 50 for the remainder exceeding 50. One per 40 lavatories for the first 80 then one per 80 for the remainder exceeding 80. One per 100 drinking fountains.

### Chapter 30 - Elevators and Conveying Systems

#### 3002 Hoistway Enclosures

3002.4 Even though the code does not require buildings under four stories to accommodate and ambulance stretcher, it is required by the University of Utah to have at least one elevator capable of accommodating one, preferably near the ambulatory surgical center.

3003.1.3 Supply standby emergency power to all elevators.

# Code Analysis

## Guidelines for Design and Construction of Health Care Facilities

### Chapter 1 - General

#### 1.2 Planning, Design, Construction, and Commissioning

Appendix A1.2.2.2.2.5. Natural light, views of nature, and access to the outdoors should be considered in the design of the physical environment wherever possible. Specific suggestions provided in this appendix should be implemented in the design. Wayfinding and separation of patient circulation from private circulation should be implemented wherever possible.

Sustainable design and building commissioning create a healthy environment for patients and care givers.

Tables 1.2-1,2,3,4 and 5. Facility should include noise reduction and other acoustic requirements provided in these design tables where applicable.

#### 1.3 Site.

1.3.3.6 provides guidelines for helipads. Where possible, the helipad should be remote from residential areas and have proper clearances from nearby obstructions.

### Chapter 3 - Ambulatory Care Facilities

#### 3.1 Common Elements for outpatient facilities

3.1-3.2 Typical exam rooms min. 80 sq. ft. with hand-washing station and documentation space.

3.1-3.24 Typical treatment rooms min. 120 sq. ft. with same hand-washing and documentation space requirements.

3.1-3.6.1 Nurse stations shall include work counter, communication system, supplies, charting space.

3.1-3.6.6 Medication distribution station shall include a work counter, sink, refrigerator, and locked storage.

3.1-3.6.7.1 Nourishment area shall have a sink, work counter, refrigerator, storage and serving equipment as required.

3.1-3.6.9 Clean storage is required in addition to cabinet storage.

3.1-3.6.10 Soiled holding in separate room.

3.1-3.6.11.5 Provide storage areas for wheelchairs as outlined in the functional program.

3.1-3.8.1 Toilets for patient use should be proximate to their procedures as needed.

3.1-5.4.1 Waste management shall include secure areas for waste material and separate area for red bag waste away from any air intakes.

3.1-7.2.2 Architectural details. Public corridors min. width 5 feet. Staff corridors min. 3'-8" or per NFPA 101. Ceiling height min. 7'-8". Min. door width 2'-10" clear or 3'-8" for stretchers and wheelchairs.

#### 3.2 Specific Requirements for Primary Care Outpatient Centers

3.3-3 Min. one exam room per physician. Provide locked storage for medications. Toilet room for patients to be provided near exam rooms. Clean work area with counter and sink required. A soiled holding room should be provided and separate storage for clean supplies. Toilet room may serve for urine collection. Provide separate area for office space away from public areas. Provide locked storage cabinet or drawer for staff.

## Code Analysis

### Guidelines for Design and Construction of Health Care Facilities

#### 3.5 Specific Requirements for Freestanding Urgent Care Facilities

- 3.5-1.3.3 The facility shall post the type and level of care provided and the address of the nearest 24 hour emergency facility.
- 3.5-3.2.1.2 Each exam room shall be min. 80 sq. ft. with 3'-6" clear around the bed.
- 3.5-3.3 Procedure rooms shall be sized at a min. the same as the exam rooms. A hands-free handwash station shall be provided in each procedure room.
- 3.5-3.6.1 Provide nurses station with visual control of the clinic area. Provide a CPR cart. Provide storage for wheelchairs and stretcher(s) away from traffic. Provide imaging services.
- 3.5-6.1.2.2 Reception areas shall have direct visual control of the urgent care entrance including arrival of vehicles. Normally, a triage area is provided along with a public toilet with handwash station.
- 3.5-6.2.4 Provide a multi-purpose room or consult room.
- 3.5-7.2.2.1 Doors required to be 3'-8" wide to accommodate stretchers for patient care rooms.

#### 3.6 Specific Requirements for Freestanding Cancer Treatment Facilities

- 3.6-1.3 The cancer treatment facility shall offer convenient access for patients from the parking lot.
- 3.6-3.2.2. Patient treatment areas shall have a min. clear floor area of 80 sq. ft. with at least five feet between beds or chairs.
- 3.6-3.2.4 Nurses station shall be located within the treatment area for visual observation of all patient stations and out of direct line of traffic.
- 3.6-3.2.5.2 Provide one handwash station for every four patients, uniformly distributed.
- 3.6-3.2.6 Provide at least one patient toilet in the treatment area.
- 3.6-3.6 A medicine room shall be provided with work counter, sink, refrigerator and controlled storage.
- 3.6-3.6.7 A nourishment station shall be provided with drinking water dispenser.
- 3.6-3.6.9 Provide clean workroom or supply room and separate soiled or holding room.
- 3.6-3.6.11.1 Provide storage area for wheelchairs and stretcher(s) and a housekeeping room.
- 3.6-3.7 Provide a staff lounge, toilet room, and lockers convenient to the nurses station.
- 3.6-3.8.1 Provide a patient waiting room with a toilet room and drinking fountain. Provide storage for patient belongings.

#### 3.7 Specific Requirements for Outpatient Surgical Facilities

- 3.7-1.2.3 Services required for this department may be shared facilities with others such as endoscopy.
- 3.7-1.3.1 Provide parking spaces convenient to the entrance for pickup of patients.
- 3.7-1.2.4 Surgical center is to be divided into three areas; Unrestricted where patients are monitored before entering semi-restricted areas. The semi-restricted areas have storage for clean and steril supplies, work areas for processing instruments, scrub sinks and corridors leading to the restricted areas. The operating rooms are the restricted areas.
- 3.7-3.2 Provide an exam room. The room may also be used for other purposes that don't conflict with its primary use as an exam room.

## Code Analysis

### Guidelines for Design and Construction of Health Care Facilities

#### 3.7 Specific Requirements for Outpatient Surgical Facilities (continued)

3.7-3.3.4 Operating rooms shall be Class C with a clear area of 400 sq. ft. and be equipped with an emergency communication system.

3.7-3.4.1 Provide preoperative patient holding areas in accordance with the functional program with a min. 80 sq. ft. per patient station with 4 feet between bed and walls and min. 5 feet between beds separated by curtains.

3.7-3.4.2.1 Pre and post operative stations may be in the same area if both meet the most restrictive requirements of both areas. Pediatric stations shall be separate from adults.

3.7-3.4.2.3 Phase II recovery stations shall be provided if required by the functional program. A min. of 50 sq. ft. shall be provided for each lounge chair. Provide a toilet room for Phase II.

3.7-3.6 Support areas shall include nurses station with visual surveillance of patients, a documentation area, medication distribution station, soiled workroom, equipment and supply storage, stretcher storage area, wheelchair storage area, crash cart, housekeeping room, sterilization facilities, fluid waste disposal facilities, staff lounge, changing areas, staff toilets, and at least one staff shower.

3.7-3.8 Patient areas shall include lockers, toilets, and changing areas.

3.7-7.2 Architectural details include public corridors min. 5 feet wide, semi-restricted corridors min. 8 feet wide, staff corridors min. 3'-8" wide. Doors for gurneys min. 3'-8" wide. Toilet room doors shall swing out. Ceilings in semi-restricted areas shall be scrubbable. Ceilings in operating rooms shall be smooth, painted.

#### 3.9 Specific Requirements for Gastrointestinal Endoscopy Facilities

3.9-1.3.4 The endoscopy suite shall be divided into three areas; Procedure rooms, instrument processing rooms and patient holding/preparation and recovery areas.

3.9-3.2 Each procedure room shall have a min. of 200 sq. ft. with 3'-6" clear around each table/stretcher. Provide a handwash station available to each procedure room. Provide patient toilet room that can be directly accessed from the procedure rooms and holding areas. Procedure rooms shall have emergency communication systems.

3.9-3.3 Pre- and post-operative holding areas shall be provided with at least one holding area per procedure room with a min. size of 80 sq. ft., four feet clearance between stretcher and wall and min. 5 feet between stretchers separated by curtains. Provide at least one handwash station per four positions. Provide at least one recovery position for each procedure room or as determined by the functional program. Each recovery station has the same size requirements as the pre-operative stations. A phase II recovery may be provided if required the functional program. View of patients from the nurses station is not required for phase II.

3.9-3.6 Support areas for the procedure suite include a nurses station, medications station, a soiled workroom, equipment and supply storage, stretcher and wheelchair storage, a crash cart, housekeeping room and fluid waste disposal facilities.

3.9-3.7 Support areas for staff include clothing change areas with toilets, lockers and shower, and a lounge.

## Code Analysis

### Guidelines for Design and Construction of Health Care Facilities

#### **3.9 Specific Requirements for Gastrointestinal Endoscopy Facilities (continued)**

3.9-5 Instrument processing areas shall include a dedicated processing room with a flow of contaminated to clean and then to storage. Provide utility sink, handwash station, and processor space.

3.9-6 Public areas include covered entrance for patient pickup after procedures, reception, waiting, public toilets, drinking water, an interview room (multi-purpose), office space, staff lockable storage space.

3.9-7 Construction requirements include 5 feet public corridors and 8 feet corridors where stretchers are used. Staff corridors are min. 3'-8" wide. Procedure room doors min. 3'-8". Toilet room doors should swing out.

## Code Analysis

### NFPA 101 - 2012 EDITION

Most of the NFPA requirements align with the IBC requirements. This analysis will highlight significant differences that may affect the building design. It has been assumed that Chapter 38 (office uses) will govern the majority of the building with only those areas rendering four or more patients incapable of self-preservation as being governed by Chapter 20 (New Ambulatory Health Care uses) . Included within that area would be the ambulatory surgery center, endoscopy center, urgent care and cancer treatment center. For purposes of clarity, these services have been located in a separate area of the building such that that entire wing of the building may be constructed to meet the requirements of Chapter 20.

#### Chapter 6 - Classification of Occupancy

6.1.6 Areas that treat 4 or more patients incapable of self preservation either due to anesthesia, injury or other conditions are designated Ambulatory Health Care Occupancies.

6.1.11 Areas of the building caring for patients where fewer than four may be incapable of self preservation are designated Business Occupancies.

Table 6.1.14.3.1(a) Separate Ambulatory Health Care occupancies from Business occupancies with one-hour rated walls.

#### Chapter 7 - Means of Egress

##### 7.1.3 Separation of Means of Egress

7.1.3.1 Corridors used as exit access for more than 30 occupants shall be separated from other parts of the building with one-hour rated walls. This requirement is modified by Section 20.3.6 which then refers to Section 38.3.6 to be non-rated in buildings protected throughout by automatic fire sprinkler system.

7.1.3.2 Exits require a one-hour rated separation from other parts of the building for exits connecting three or fewer stories. This requirement is modified by Section 8.2 such that some open stairways are allowed as exit accesses but not as exits so the travel distance must be measured to the exit.

##### 7.1.4 Interior Finish in Exit Enclosures

7.1.4.1 Interior wall and ceiling finishes shall be Class A or Class B. Floor finishes shall be Class II.

##### 7.2 Means of Egress Components

7.2.2.4.4.5 Handrails shall be installed to provide a clearance not less than 2-1/4" between the handrail and the wall.

7.2.2.5.5 Refer to this section for exit stair path markings.

##### 7.3 Capacity of Means of Egress

Table 7.3.1.2 Occupant load for ambulatory health care and business use are both calculated at 100 sq. ft. per person.

#### Chapter 8 - Feature of Fire Protection

##### 8.2 Construction and Compartmentation

Table A.8.2.1.2 Type II-000 (equivalent to IBC Type II-N) requires no fire rated construction of building components (walls, columns, beams, floor or roof assemblies).

# Code Analysis

## NFPA 101 - 2012 EDITION

### Chapter 8 - Feature of Fire Protection (continued)

#### 8.6 Vertical Openings

8.6.6 Unenclosed floor openings between floor levels are permitted providing they don't connect more than three stories, the lowest level is the street floor, the building is protected throughout by fire sprinklers and there is a smoke barrier between the open area and the remainder of the building. This provision is sometimes referred to as a "mini-atrium" space. It is similar to the IBC atrium spaces for openings connecting two stories. Open stairways are allowed within the atrium space and can serve as an exit access.

### Chapter 20 New Ambulatory Health Care Occupancies

#### 20.1 General Requirements

20.1.1.1.5 Requirements for this chapter are to be combined with those of chapter 38. The most stringent requirements of each chapter shall apply.

20.1.3.4 It is permissible to exit an ambulatory health care occupancy through another occupancy, such as a business occupancy.

#### 20.2 Means of Egress

20.2.4.4 Two exits are required from each smoke compartment. Egress from one smoke compartment may pass through another compartment.

20.2.6.2.2 Maximum travel distance to an exit is 200 feet.

#### 20.3 Protection

20.3.4.2 Initiation of fire alarm system shall be by manual means and by means of detection devices.

20.3.7 Ambulatory spaces shall be separated from other occupancies with 1-hour rated walls.

20.3.7.2 Each story of ambulatory space shall be divided into at least two smoke compartments with each compartment limited to 22,500 sq. ft. and a max. travel distance of 200 feet to reach a door in the smoke barrier.

### Chapter 38 - Business Occupancies

#### 38.2 Means of Egress

38.3.6 Corridors are not required to be fire rated in buildings protected by automatic fire sprinklers.

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**Space Category Review**

**Primary Care Services**

**Urgent Care**

<b>Room Name</b>	<b>Quantity</b>	<b>NSF Each</b>	<b>Total NSF</b>
Waiting	1	600	600 NSF
Reception	1	150	150 NSF
Exam	6	150	900 NSF
Procedure	2	200	400 NSF
Nurse's Station	1	300	300 NSF
Physician Open Office	1	200	200 NSF
Clean Storage	1	100	100 NSF
Soiled Storage	1	100	100 NSF
Toilet Room	3	50	150 NSF
Vitals	1	80	80 NSF
Break	1	200	200 NSF
Storage	1	120	120 NSF
<b>Department Total Net Area</b>			<b>3,300 NSF</b>

Space Category Review

**Primary Care Services**

**Pediatrics / Family Medicine / Internal Medicine**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	600	600 NSF
Exam	18	120	2,160 NSF
Procedure	2	200	400 NSF
Nurse's Station	1	525	525 NSF
Physician Open Office	1	200	200 NSF
Consultation Room	2	120	240 NSF
Clean Storage	1	65	65 NSF
Soiled Storage	1	65	65 NSF
Toilet Room	5	50	250 NSF
Scale Alcove	2	25	50 NSF
Laboratory	1	180	180 NSF
Storage	1	50	50 NSF
Break	1	200	200 NSF
<b>Department Total Net Area</b>			<b>4,985 NSF</b>

Space Category Review

**Primary Care Services**

**Infusion/General - (Added to Huntsman Space)**

Room Name	Quantity	NSF Each	Total NSF
Infusion	6	120	720 NSF
<b>Department Total Net Area</b>			<b>720 NSF</b>

Space Category Review

**Primary Care Services**

**Group Visit**

Room Name	Quantity	NSF Each	Total NSF
Group Visit	2	400	800 NSF
<b>Department Total Net Area</b>			<b>800 NSF</b>

Space Category Review

**Specialty Clinics and Services**

**OB/GYN - Women's Center**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	400	400 NSF
Exam	12	120	1,440 NSF
NST	1	240	240 NSF
Exam	2	140	280 NSF
Procedure	2	200	400 NSF
Nurse's Station	1	350	350 NSF
Physician Open Office	1	130	130 NSF
Consultation Room	1	160	160 NSF
Clean Storage	1	45	45 NSF
Soiled Storage	1	45	45 NSF
Toilet Room	3	50	150 NSF
Scale Alcove	1	25	25 NSF
Laboratory	1	120	120 NSF
Storage	1	120	120 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>4,025 NSF</b>

Space Category Review

**Specialty Clinics and Services**

**Ambulatory Surgical Center (ASC)**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	600	600 NSF
Reception	1	100	100 NSF
Prep	6	120	720 NSF
Phase I Recovery	8	100	800 NSF
Manager	1	120	120 NSF
Material Secretary	1	120	120 NSF
Copy	1	60	60 NSF
Dictation	1	120	120 NSF
Nurse Station	2	160	320 NSF
Conference	1	230	230 NSF
Lounge	1	260	260 NSF
Clean Storage	1	80	80 NSF
Soiled Storage	1	60	60 NSF
Toilet Room	3	50	150 NSF
Medicine	2	100	200 NSF
Waste Paper	1	80	80 NSF
Men's Locker / Shower / Restroom	1	575	575 NSF
Women's Locker / Shower / Restroom	1	575	575 NSF
Storage	1	120	120 NSF
Janitor	1	50	50 NSF
Storage	1	220	220 NSF
Anesthesiologist	1	150	150 NSF
Operating Room	4	625	2,500 NSF
Clean Utility	2	135	270 NSF
Clean Carts	2	135	270 NSF
Equipment	1	250	250 NSF
<b>Department Total Net Area</b>			<b>9,000 NSF</b>

Space Category Review

Specialty Clinics and Services

Gastro/Endoscopy Center

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	250	250 NSF
Reception	1	100	100 NSF
Exam	4	120	480 NSF
Prep/Recovery	10	120	1,200 NSF
Scope Wash	1	250	250 NSF
Scope Storage	1	120	120 NSF
Procedure	3	340	1,020 NSF
Nurse's Station / Meds	1	480	480 NSF
Manager's Office	1	120	120 NSF
Shared Office	1	220	220 NSF
Provider's Office	1	130	130 NSF
Storage	1	120	120 NSF
Clean Storage	1	80	80 NSF
Soiled Storage	1	45	45 NSF
Toilet Room	3	50	150 NSF
Break	1	200	200 NSF
<b>Department Total Net Area</b>			<b>4,965 NSF</b>

Space Category Review

Specialty Clinics and Services

**Dermatology Center**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	300	300 NSF
Reception	1	100	100 NSF
Exam	5	140	700 NSF
Procedure	4	180	720 NSF
Sub-Waiting	1	200	200 NSF
Physician Open Office	1	440	440 NSF
Clean Storage	1	240	240 NSF
Soiled Storage	1	100	100 NSF
Toilet Room	2	50	100 NSF
Office	1	120	120 NSF
Laboratory	1	220	220 NSF
Storage	1	100	100 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>3,460 NSF</b>

Space Category Review

**Specialty Clinics and Services**

**ENT Clinic/Audiology/Esthetics**

Room Name	Quantity	NSF Each	Total NSF
Reception	1	100	100 NSF
Procedure	3	150	450 NSF
Sales	1	150	150 NSF
Nurse's Station	1	120	120 NSF
Physician Open Office	1	100	100 NSF
Consultation Room	1	150	150 NSF
Storage	1	50	50 NSF
Toilet Room	1	50	50 NSF
Control	1	60	60 NSF
Test	1	65	65 NSF
Esthetics Office	1	100	100 NSF
Esthetics Exam	2	120	240 NFS
Esthetics Small Procedure	2	120	240 NFS
Break (shared with Dermatology)	0	0	0 NSF
<b>Department Total Net Area</b>			<b>1,875 NSF</b>

Space Category Review

**Specialty Clinics and Services**

**Allergy and Immunology / Endocrinology and Metabolism / Rheumatology /  
Urology, Male Fertility / Neurology / Neurosurgery / Pulmonology / Nephrology**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	500	500 NSF
Exam	13	120	1,560 NSF
Procedure	4	200	800 NSF
Nurse's Station	1	525	525 NSF
Physician Open Office	1	130	130 NSF
Consultation Room	2	150	300 NSF
Clean Storage	2	45	90 NSF
Soiled Storage	2	45	90 NSF
Toilet Room	4	50	200 NSF
Scale Alcove	1	25	25 NSF
Laboratory	1	180	180 NSF
Storage	1	50	50 NSF
Break	1	180	180 NSF
<b>Department Total Net Area</b>			<b>4,630 NSF</b>

Space Category Review

**Musculoskeletal/Sports Medicine/Orthopaedics**

**Orthopaedic Surgery / PT / PM&R / Rehabilitation / Podiatry**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	300	300 NSF
Exam	8	120	960 NSF
Procedure	1	200	200 NSF
Nurse's Station	1	350	350 NSF
Physician Open Office	1	200	200 NSF
X-ray	1	400	400 NSF
Therapy Room	1	2,200	2,200 NSF
Clean Storage	1	120	120 NSF
Soiled Storage	1	70	70 NSF
Toilet Room	2	50	100 NSF
Scale Alcove	1	25	25 NSF
Janitor	1	50	50 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>5,095 NSF</b>

Space Category Review

**Cardio/Vascular**

**Cardiology**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	200	200 NSF
Exam	3	120	360 NSF
Procedure	1	200	200 NSF
Nurse's Station	1	200	200 NSF
Physician Open Office	1	130	130 NSF
Consultation Room	1	120	120 NSF
Clean Storage	1	45	45 NSF
Soiled Storage	1	45	45 NSF
Toilet Room	2	50	100 NSF
Scale Alcove	1	25	25 NSF
Laboratory	1	120	120 NSF
Stress / Echo	1	180	180 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>1,845 NSF</b>

Space Category Review

**Moran Eye Center**

**Ophthalmology / Optometry / Optical**

Room Name	Quantity	NSF Each	Total NSF
Retail	1	1200	1,200 NSF
Office	2	120	240 NSF
Exam	6	120	720 NSF
Pediatric Exam - 20 ft. lane	1	200	200 NSF
Test	1	150	150 NSF
Storage	1	120	120 NSF
Test	2	120	240 NSF
Toilet Room	1	50	50 NSF
Contacts	1	110	110 NSF
Laboratory	1	100	100 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>3,250 NSF</b>

Space Category Review

**Huntsman Cancer Center**

**Hematology/Oncology/General Infusion**

Room Name	Quantity	NSF Each	Total NSF
Waiting/Reception	1	400	400 NSF
Exam	8	120	960 NSF
Exam (shared with Urgent Care)	4	120	480 NSF
Infusion	16	120	1,920 NSF
Nurse's Station (Infusion)	1	200	200 NSF
Physician Office	5	120	600 NSF
Nurse Manager	1	120	120 NSF
Workroom	1	150	150 NSF
Nurses Station	1	100	100 NSF
Vitals	1	50	50 NSF
Clean Storage	2	45	90 NSF
Soiled Storage	1	45	45 NSF
Toilet Room	3	50	150 NSF
Chemo Prep	1	120	120 NSF
Nurse's Station (Radiation)	1	120	120 NSF
Storage	2	120	240 NSF
Physics Workroom	1	120	120 NSF
Changing	1	50	50 NSF
Sub-Waiting	1	80	80 NSF
Equipment	1	120	120 NSF
Vault	1	1750	1,750 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>7,985 NSF</b>

Space Category Review

**Ancillary Services**

**Pharmacy**

Room Name	Quantity	NSF Each	Total NSF
Retail	1	1300	1,300 NSF
Pharmacy	1	1400	1,400 NSF
Storage	1	150	150 NSF
Office	1	120	120 NSF
Breakdown	1	140	140 NSF
Processing	1	160	160 NSF
Change	1	70	70 NSF
Ante Room	1	75	75 NSF
Positive Pressure	1	150	150 NSF
Negative Pressure	1	150	150 NSF
Consultation Room	3	100	300 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>4,135 NSF</b>

Space Category Review

**Ancillary Services**

**Radiology**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	740	740 NSF
Reception	1	300	300 NSF
Mammo Waiting	1	215	215 NSF
Mammo Dressing	2	45	90 NSF
Mammo	2	210	420 NSF
X-ray Sub-waiting	1	80	80 NSF
X-ray Dressing	2	45	90 NSF
X-Ray	1	440	440 NSF
CT Sub-waiting	1	80	80 NSF
CT	1	330	330 NSF
CT Equipment	1	80	80 NSF
Console	1	125	125 NSF
MRI Dressing	2	45	90 NSF
MRI	1	400	400 NSF
MRI Control	1	150	150 NSF
MRI Equipment	1	120	120 NSF
MRI Hand Wash	1	120	120 NSF
Ultrasound	2	210	420 NSF
Clean Storage	1	110	110 NSF
Reading Room	1	200	200 NSF
Toilet	5	50	250 NSF
Storage	2	140	280 NSF
Break	1	175	175 NSF
<b>Department Total Net Area</b>			<b>5,305 NSF</b>

## Space Category Review

### Ancillary Services

#### Central Processing

Room Name	Quantity	NSF Each	Total NSF
Decontamination	1	300	300 NSF
Central Processing	1	600	600 NSF
Janitor	1	50	50 NSF
<b>Department Total Net Area</b>			<b>950 NSF</b>

Space Category Review

**Ancillary Services**

**ARUP Laboratory**

Room Name	Quantity	NSF Each	Total NSF
Specimen Processing	1	200	200 NSF
Blood Bank	1	200	200 NSF
Walk-in Fridge	1	120	120 NSF
Ante Room	1	110	110 NSF
Clean Room	1	110	110 NSF
Storage	1	120	120 NSF
Toilet Room	1	50	50 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>1,030 NSF</b>

**Space Category Review**

**Ancillary Services**

**Patient Laboratory**

Room Name	Quantity	NSF Each	Total NSF
Waiting	1	200	200 NSF
Reception	1	100	100 NSF
Procedure	1	200	200 NSF
Toilet Room	1	50	50 NSF
<b>Department Total Net Area</b>			<b>550 NSF</b>

Space Category Review

**Ancillary Services**

**Delicatessen**

Room Name	Quantity	NSF Each	Total NSF
Counter	1	140	140 NSF
Prep Area	1	150	150 NSF
Storage	1	160	160 NSF
Dish Washing	1	85	85 NSF
Office	1	80	80 NSF
Seating	1	250	250 NSF
<b>Department Total Net Area</b>			<b>865 NSF</b>

Space Category Review

**Ancillary Services**

**Security Office**

Room Name	Quantity	NSF Each	Total NSF
Office	1	150	150 NSF
<b>Department Total Net Area</b>			<b>150 NSF</b>

## Space Category Review

### Ancillary Services

#### Command Center

Room Name	Quantity	NSF Each	Total NSF
Command Center (Conference Room)	1	300	300 NSF
<b>Department Total Net Area</b>			<b>300 NSF</b>

This room may also serve as a conference room for general use. Possibly in administration area.

Space Category Review

**Ancillary Services**

**Medical Records/ROI**

Room Name	Quantity	NSF Each	Total NSF
Office (3 Work stations)	1	200	200 NSF
<b>Department Total Net Area</b>			<b>200 NSF</b>

Space Category Review

**Ancillary Services**

**AirMed**

Room Name	Quantity	NSF Each	Total NSF
Heli-pad only (supplied out of Urgent Care if needed)	1	0	0 NSF
<b>Department Total Net Area</b>			<b>0 NSF</b>

**Space Category Review**

**Facility Support/Administration**

**Main Lobby/Guest Relations**

Room Name	Quantity	NSF Each	Total NSF
1 Central Kiosk per floor in common area	1	120	120 NSF
Main Level Lobby	1	4830	4,830 NSF
Second Level Lobby	1	4430	4,430 NSF
First Floor Common Area Restrooms	1	400	400 NSF
<b>Department Total Net Area</b>			<b>9,780 NSF</b>

Include a storage area for guest relations within the lobby or millwork for purses, coats, etc.

Space Category Review

**Facility Support/Administration**

**Meeting Rooms**

Room Name	Quantity	NSF Each	Total NSF
Medium Conference (connected)	2	1000	2,000 NSF
Small Conference	2	500	1,000 NSF
Serving Kitchen	1	120	120 NSF
<b>Department Total Net Area</b>			<b>3,120 NSF</b>

Space Category Review

**Facility Support/Administration**

**Central Stores**

Room Name	Quantity	NSF Each	Total NSF
Mail Room	1	350	350 NSF
Shipping / Receiving Room	1	150	150 NSF
Central Stores	1	1000	1,000 NSF
<b>Department Total Net Area</b>			<b>1,500 NSF</b>

Space Category Review

**Facility Support/Administration**

**Environmental Services**

Room Name	Quantity	NSF Each	Total NSF
Clean Linen	1	275	275 NSF
Soiled Linen	1	275	275 NSF
Janitor Supply	1	120	120 NSF
ITS Office	1	120	120 NSF
Environmental Services Office	1	120	120 NSF
Facility Workshop	1	280	280 NSF
Toilet Room	2	50	100 NSF
Trash Room	1	120	120 NSF
Break	1	120	120 NSF
<b>Department Total Net Area</b>			<b>1,530 NSF</b>

Space Category Review

**Facility Support/Administration**

**Shipping/Receiving**

Room Name	Quantity	NSF Each	Total NSF
Loading	1	1000	1,000 NSF
Office	1	120	120 NSF
Med Gas	1	120	120 NSF
<b>Department Total Net Area</b>			<b>1,240 NSF</b>

Space Category Review

**Facility Support/Administration**

**Administration/Business Offices**

Room Name	Quantity	NSF Each	Total NSF
Office	6	120	720 NSF
Toilet Room	2	50	100 NSF
Open Office	1	900	900 NSF
Conference	1	220	220 NSF
Copy	1	120	120 NSF
Break	1	200	200 NSF
<b>Department Total Net Area</b>			<b>2,260 NSF</b>

Space Category Review

**Facility Support/Administration**

**Communications**

Room Name	Quantity	NSF Each	Total NSF
Communications	5	120	600 NSF
Communications	1	270	270 NSF
<b>Department Total Net Area</b>			<b>870 NSF</b>

Space Category Review

**Facility Support/Administration**

**Electrical**

Room Name	Quantity	NSF Each	Total NSF
Electrical	1	300	300 NSF
Electrical	3	120	360 NSF
<b>Department Total Net Area</b>			<b>660 NSF</b>

Space Category Review

**Facility Support/Administration**

**Mechanical/Plumbing**

Room Name	Quantity	NSF Each	Total NSF
Chiller	1	1200	1,200 NSF
Boiler	1	650	650 NSF
Equipment	1	3600	3,600 NSF
<b>Department Total Net Area</b>			<b>5,450 NSF</b>

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BUILDING ONE-LINE DIAGRAMS	J
ROOM DIAGRAMS	K
COST MODEL	L
PROJECT SCHEDULE	M
GEOTECHNICAL REPORT (PRELIMINARY)	N
SITE SCHEMATIC UTILITY PLAN	O

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Waiting Room (1)

## Space Requirements

<b>Adjacencies:</b> Scale/Draw Alcove Exam Toilet	<b>Program Net Area:</b> 600 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 33
<b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless) Cable TV  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Passage	

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> TV <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Reception (1)

## Space Requirements

<b>Adjacencies:</b> Waiting, exam  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> printer
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## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Exam Room (6)

Space Requirements			
<b>Adjacencies:</b>	Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b>	150 SF
		<b>Footprint (Section K):</b>	2
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
<b>Access Security</b>	Privacy Set	<input checked="" type="checkbox"/> Sink	

Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Backing for wall mounted
<b>Contr. Installed</b>		<b>Contr. Installed</b>	comp. rail
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Exam Table, stool,	<b>Owner Furnished/</b>	Computer, printer
<b>Owner Installed</b>	side chairs (2), signage	<b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Procedure (2)

## Space Requirements

<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	200 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl covered base	<b>Lighting</b>	Fluorescent/Emergency Surgical light
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
<b>Access Security</b>	Privacy Set	<input checked="" type="checkbox"/> Sink	

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Backing for ceiling
<b>Contr. Installed</b>		<b>Contr. Installed</b>	mounted light and wall mounted comp. rail
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	Surgical light
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Exam table, stool,	<b>Owner Furnished/</b>	Computer
<b>Owner Installed</b>	side chairs (2), signage	<b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Nurse's Station (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Physician Open Office	<b>Program Net Area:</b> 300 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 3																
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Toilet</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Sink</td></tr> </table> <table border="0" style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr><td><input type="checkbox"/></td><td>Lavatory</td></tr> <tr><td><input type="checkbox"/></td><td>Shower Head</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain																
<input type="checkbox"/>	Toilet																
<input type="checkbox"/>	Urinal																
<input checked="" type="checkbox"/>	Sink																
<input type="checkbox"/>	Lavatory																
<input type="checkbox"/>	Shower Head																
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<b>Access Security</b>																	

## Special Furnishing Requirements

## Special Equipment Requirements

Contr. Furnished/ Millwork Contr. Installed	Contr. Furnished/ None Contr. Installed
Owner Furnished/ None Contr. Installed	Owner Furnished/ None Contr. Installed
Owner Furnished/ Work Stations Owner Installed	Owner Furnished/ Computers, phones, Owner Installed monitor

## Special Requirements

## Room Data Sheet

**Primary Care Services**
**Urgent Care**
**Physician Open Office (1)**
**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b>	200 SF
<b>Room Finishes</b>		<b>Footprint (Section K):</b>	
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Assignable:</b>	yes
<b>Base:</b>	Rubber base	<b>Occupant Load:</b>	4
<b>Walls:</b>	GWB Painted	<b>Mechanical</b>	HVAC
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Electrical</b>	120V
<b>Access Security</b>	None	<b>Lighting</b>	Fluorescent/Emergency
		<b>Communications</b>	Telephone/Data (wireless and hard con.)
		<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b>	Millwork
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Workstation Chairs
<b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Computers, Phones
<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Clean Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal		<input type="checkbox"/> Sink	
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal									
<input type="checkbox"/> Sink									
<b>Access Security</b> Passage Set									

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Soiled Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl covered base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal		<input type="checkbox"/> Sink	
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal									
<input type="checkbox"/> Sink									
<b>Access Security</b> Passage Set									

## Special Furnishing Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Toilet Room (3)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Scale/Draw Alcove (1)

## Space Requirements

<b>Adjacencies:</b> Waiting Exam Toilet	<b>Program Net Area:</b> 80 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> None	

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> Recessed floor scale <b>Contr. Installed</b>
<b>Owner Furnished/</b> Side chairs (2) <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Urgent Care

## Break Room (1)

## Space Requirements

<b>Adjacencies:</b>	Nurse's Station Physician Open Office	<b>Program Net Area:</b>	200 SF
		<b>Footprint (Section K):</b>	4 (sim)
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	10
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Garbage Disposal
<b>Access Security</b>	Passage Set	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

## Special Furnishing Requirements

## Special Equipment Requirements

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Garbage disposal
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>		<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Tables, chairs, signage	<b>Owner Furnished/</b>	Microwave, refrigerator
<b>Owner Installed</b>		<b>Owner Installed</b>	

## Special Requirements

**Room Data Sheet**
**Primary Care Services**
**Urgent Care**
**Storage (1)**
**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	
<b>Access Security</b>	Key Lock		

**Special Furnishing Requirements**
**Special Equipment Requirements**

<b>Contr. Furnished/</b>	Adjustable shelving	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	Electronically monitored
<b>Owner Installed</b>		<b>Owner Installed</b>	storage system

**Special Requirements**

## Room Data Sheet

**Primary Care Services**
**Pediatrics / Family Medicine / Internal Medicine**
**Waiting Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Scale Alcove Exam Toilet	<b>Program Net Area:</b> 600 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 40
<b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)
<b>Access Security</b> Passage	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Waiting chairs and tables <b>Owner Installed</b> Signage	<b>Owner Furnished/</b> TV <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Primary Care Services**
**Pediatrics / Family Medicine / Internal Medicine**
**Exam Room (18)**

Space Requirements			
<b>Adjacencies:</b>	Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	1
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Privacy Set		
Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/ Contr. Installed</b>	Millwork	<b>Contr. Furnished/ Contr. Installed</b>	Backing for wall mounted comp. rail
<b>Owner Furnished/ Contr. Installed</b>	None	<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Exam Table, stool, side chairs (2), signage	<b>Owner Furnished/ Owner Installed</b>	Computer, printer
Special Requirements			

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Procedure (2)

Space Requirements			
<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	200 SF
		<b>Footprint (Section K):</b>	2
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency Surgical light
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Privacy Set	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Backing for ceiling
<b>Contr. Installed</b>		<b>Contr. Installed</b>	mounted light and wall mounted comp. rail
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	Surgical light
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Exam table, stool,	<b>Owner Furnished/</b>	Computer
<b>Owner Installed</b>	side chairs (2), signage	<b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Nurse's Station (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Physician Open Office	<b>Program Net Area:</b> 525 SF <b>Footprint (Section K):</b> 6 <b>Assignable:</b> yes <b>Occupant Load:</b> 6																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Card Access																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work Stations <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> monitor

## Special Requirements

## Room Data Sheet

**Primary Care Services**
**Pediatrics / Family Medicine / Internal Medicine**
**Physician Open Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Primary Care Services**
**Pediatrics / Family Medicine / Internal Medicine**
**Consultation Room (2)**
**Space Requirements**

<b>Adjacencies:</b> Physician's open office Nurse	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Telephone/Data (wireless and hard con.)
<b>Access Security</b> Privacy Set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Guest chairs, small table, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Clean Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 65 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Soiled Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 65 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Toilet Room (5)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

**Primary Care Services**
**Pediatrics / Family Medicine / Internal Medicine**
**Scale Alcove (2)**

Space Requirements			
<b>Adjacencies:</b>	Waiting Exam Toilet	<b>Program Net Area:</b>	25 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	
<b>Access Security</b>	None		
Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	Recessed floor scale
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	
Special Requirements			

## Room Data Sheet

**Primary Care Services**
**Pediatrics / Family Medicine / Internal Medicine**
**Laboratory (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Toilet	<b>Program Net Area:</b> 180 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Rubber base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Telephone/Data (wireless and hard con.)
<b>Access Security</b> None	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Pneumatic Tube <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Storage (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Electronically monitored <b>Owner Installed</b> storage system
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## Special Requirements

## Room Data Sheet

## Primary Care Services

## Pediatrics / Family Medicine / Internal Medicine

## Break Room (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Primary Care Services

## Infusion/General

## Infusion (6)

## Space Requirements

<b>Adjacencies:</b> Waiting Exam Nurse's station	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 16 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Toilet</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> </table> <table border="0" style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr><td><input type="checkbox"/></td><td>Lavatory</td></tr> <tr><td><input type="checkbox"/></td><td>Shower Head</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain																
<input type="checkbox"/>	Toilet																
<input type="checkbox"/>	Urinal																
<input type="checkbox"/>	Sink																
<input type="checkbox"/>	Lavatory																
<input type="checkbox"/>	Shower Head																
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<b>Access Security</b> None																	

<b>Special Furnishing Requirements</b>	<b>Special Equipment Requirements</b>
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<b>Contr. Furnished/</b> Privacy curtains <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Infusion cabinetry <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Infusion chair, side chair (2) <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

Room Data Sheet

Primary Care Services

Group Visit

Group Visit (2)

**Space Requirements**

<b>Adjacencies:</b>	Other primary care services	<b>Program Net Area:</b>	400 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	27
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Key lock	<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	Motorized projection
<b>Contr. Installed</b>		<b>Contr. Installed</b>	screen, AV cabling
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Tables, chairs	<b>Owner Furnished/</b>	Projector
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

Room Data Sheet

Specialty Clinics and Services

OB/GYN - Women's Center

Waiting Room (1)

**Space Requirements**

<p><b>Adjacencies:</b> Scale Alcove Exam Toilet</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Passage</p>	<p><b>Program Net Area:</b> 400 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 27</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/ Specialty</p> <p><b>Communications</b> Data (wireless)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage</p>	<p><b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> TV <b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## OB/GYN - Women's Center

## Exam Room (12)

## Space Requirements

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b>

## Special Requirements

**Room Data Sheet**
**Specialty Clinics and Services**
**OB/GYN - Women's Center**
**NST (1)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Scale Alcove  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 240 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 3  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink <input type="checkbox"/>
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## OB/GYN - Women's Center

## Procedure (2)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> 2 <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Surgical light  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Exam table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Contr. Furnished/</b> Backing for ceiling <b>Contr. Installed</b> mounted light and wall mounted comp. rail   <b>Owner Furnished/</b> Surgical light <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer <b>Owner Installed</b>
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## Special Requirements

Room Data Sheet

Specialty Clinics and Services

OB/GYN - Women's Center

Nurse's Station (1)

**Space Requirements**

<p><b>Adjacencies:</b> Exam Procedure Physician Open Office</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Rubber base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Card Access</p>	<p><b>Program Net Area:</b> 350 SF</p> <p><b>Footprint (Section K):</b> 6</p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 4</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency Specialty</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p>Contr. Furnished/ Millwork Contr. Installed</p> <p>Owner Furnished/ None Contr. Installed</p> <p>Owner Furnished/ Work Stations Owner Installed</p>	<p>Contr. Furnished/ None Contr. Installed</p> <p>Owner Furnished/ None Contr. Installed</p> <p>Owner Furnished/ Computers, phones, Owner Installed monitor</p>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**OB/GYN - Women's Center**
**Physician Open Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b> 130 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b>																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**OB/GYN - Women's Center**
**Consultation Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Physician's open office Nurse	<b>Program Net Area:</b> 160 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Telephone/Data (wireless and hard con.)
	<b>Plumbing Fixtures</b>
	<input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Guest chairs, small table, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## OB/GYN - Women's Center

## Clean Storage (1)

**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## OB/GYN - Women's Center

## Soiled Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b>  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## OB/GYN - Women's Center

## Toilet Room (3)

**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**OB/GYN - Women's Center**
**Scale Alcove (1)**
**Space Requirements**

<b>Adjacencies:</b>	Waiting Exam Toilet	<b>Program Net Area:</b>	25 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	None		

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> Recessed floor scale <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**OB/GYN - Women's Center**
**Laboratory (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Toilet	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b>																	

**Special Furnishing Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Millwork
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Workstation Chairs

**Special Equipment Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Pneumatic Tube
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Computer

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## OB/GYN - Women's Center

## Storage (1)

Space Requirements			
<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Key Lock		
Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/ Contr. Installed</b>	Adjustable shelving	<b>Contr. Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Contr. Installed</b>	None	<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Signage	<b>Owner Furnished/ Owner Installed</b>	Electronically monitored storage system
Special Requirements			

## Room Data Sheet

**Specialty Clinics and Services**
**OB/GYN - Women's Center**
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input checked="" type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Garbage Disposal	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Garbage Disposal														
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/ Contr. Installed</b> Millwork
<b>Owner Furnished/ Contr. Installed</b>
<b>Owner Furnished/ Owner Installed</b> Tables, chairs, signage

**Special Equipment Requirements**

<b>Contr. Furnished/ Contr. Installed</b> Garbage disposal
<b>Owner Furnished/ Contr. Installed</b> None
<b>Owner Furnished/ Owner Installed</b> Microwave, refrigerator

**Special Requirements**

## Specialty Clinics and Services

### Ambulatory Surgical Center (ASC)

#### Waiting Room (1) - Shared with Endoscopy

#### Space Requirements

<b>Adjacencies:</b>	Reception Prep/Recovery Toilet	<b>Program Net Area:</b>	600 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	47
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency/ Specialty
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wireless)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	
<b>Access Security</b>	Passage		

#### Special Furnishing Requirements

<b>Contr. Furnished/ Contr. Installed</b>	Millwork
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Waiting chairs and tables, signage

#### Special Equipment Requirements

<b>Contr. Furnished/ Contr. Installed</b>	Masterclock
<b>Owner Furnished/ Contr. Installed</b>	TV
<b>Owner Furnished/ Owner Installed</b>	None

#### Special Requirements

## Room Data Sheet

**Specialty Clinics and Services**
**Ambulatory Surgical Center (ASC)**
**Reception (1) - Shared with Endoscopy**
**Space Requirements**

<b>Adjacencies:</b> Waiting Prep/Recovery	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency/ Specialty
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Telephone/Data (wireless and hard con.)
<b>Access Security</b>	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> printer

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Prep/Recovery (6)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 7 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Manual sliding glass doors <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Phase I Recovery (8)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 7 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Manual sliding glass doors <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Manager (1)**
**Space Requirements**

<b>Adjacencies:</b> Prep/recovery Nurse's Station Lounge Conference  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b>	<b>Program Net Area:</b> 120 SF  <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Office desk and chair, side <b>Owner Installed</b> chairs (2), signage	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Computer, phone <b>Owner Installed</b>
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**Special Requirements**

Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Material Secretary (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Prep/recovery Nurse's Station Lounge Conference</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Office desk and chair, side</p> <p><b>Owner Installed</b> chairs (2), signage</p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computer, phone</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**

Copy (1)

**Space Requirements**

<b>Adjacencies:</b> Offices Dictation Nurse's Station	<b>Program Net Area:</b> 60 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Key lock									

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Owner Furnished/</b> Copy machine <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Dictation (1)**
**Space Requirements**

<b>Adjacencies:</b> Offices Copy Nurse's Station	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Key lock																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Nurse's Station (2)**
**Space Requirements**

<b>Adjacencies:</b> Prep/Recovery Phase I Recovery Operating Room	<b>Program Net Area:</b> 160 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 3																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding: 0 5px;">Floor Drain</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding: 0 5px;">Lavatory</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding: 0 5px;">Toilet</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding: 0 5px;">Shower Head</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding: 0 5px;">Urinal</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">X</td> <td style="padding: 0 5px;">Sink</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td></td> </tr> </table>		Floor Drain		Lavatory		Toilet		Shower Head		Urinal			X	Sink		
	Floor Drain		Lavatory														
	Toilet		Shower Head														
	Urinal																
X	Sink																
<b>Access Security</b> None																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b> Masterclock
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Office chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> monitor

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Conference (1)**
**Space Requirements**

<b>Adjacencies:</b>	Lounge Restrooms	<b>Program Net Area:</b>	230 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	15
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Card access	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Millwork
<b>Owner Furnished/ Contr. Installed</b>	
<b>Owner Furnished/ Owner Installed</b>	Tables, chairs, signage

**Special Equipment Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Garbage disposal Backing for wall mounted comp. rail
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Microwave, refrigerator, phone, television

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Lounge (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Restrooms	<b>Program Net Area:</b> 260 SF <b>Footprint (Section K):</b> 4 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 17																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b> Backing for wall mounted comp. rail
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator, <b>Owner Installed</b> phone

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Clean Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Prep/recovery Phase I recovery Operating room	<b>Program Net Area:</b> 80 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Rubber base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Data
<b>Access Security</b> Passage Set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Soiled Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Prep/recovery Phase I recovery Operating room	<b>Program Net Area:</b> 60 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Sheet vinyl coved base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> GWB Painted	<b>Communications</b> None
	<b>Plumbing Fixtures</b>
	<input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Passage Set	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Toilet Room (3)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Phase I recovery Prep/recovery  <b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Medicine (2)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Phase I recovery Prep/recovery Anesthesiologist	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Floor Drain</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Toilet</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Urinal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Sink</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Office chair, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Waste Paper (1)**
**Space Requirements**

<b>Adjacencies:</b> Operating room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Passage Set	<b>Program Net Area:</b> 80 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b>  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Men's Locker/Shower/Restroom (1)**

**Space Requirements**

<b>Adjacencies:</b>	Lounge Conference	<b>Program Net Area:</b>	575 SF
		<b>Footprint (Section K):</b>	10
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	0
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Tile	<b>Electrical</b>	120V
<b>Base:</b>	Tile	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted Tile wainscot	<b>Communications</b>	None
<b>Ceiling:</b>	GWB Painted	<b>Plumbing Fixtures</b>	
		<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input checked="" type="checkbox"/> Toilet	<input checked="" type="checkbox"/> Shower Head
		<input checked="" type="checkbox"/> Urinal	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Passage Set		

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Mirror, toilet accessories,	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	ADA accessories, millwork	<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**Ambulatory Surgical Center (ASC)**
**Women's Locker/Shower/Restroom (1)**
**Space Requirements**

<b>Adjacencies:</b> Lounge Conference	<b>Program Net Area:</b> 575 SF <b>Footprint (Section K):</b> 10 <b>Assignable:</b> yes <b>Occupant Load:</b> 0																
<b>Room Finishes</b>																	
<b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input checked="" type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Toilet</td> <td><input checked="" type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input checked="" type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input checked="" type="checkbox"/>	Toilet	<input checked="" type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input checked="" type="checkbox"/>	Toilet	<input checked="" type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Mirror, toilet accessories, ADA accessories, millwork
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<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
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<b>Owner Furnished/</b> <b>Owner Installed</b>	Signage
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**Special Equipment Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	None
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<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
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<b>Owner Furnished/</b> <b>Owner Installed</b>	None
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**Special Requirements**

Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Storage (1)**

**Space Requirements**

<b>Adjacencies:</b>	Operating room	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Key Lock	<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	Adequate power for
<b>Contr. Installed</b>		<b>Contr. Installed</b>	charging of equipment
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	Misc. equipment
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Janitor (1)**
**Space Requirements**

<b>Adjacencies:</b> Operating room Phase I recovery	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Mop Sink <input type="checkbox"/> Sink <input type="checkbox"/>
<b>Access Security</b> Key Lock	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mop accessory storage <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b> <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b> <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Operating room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Mylar coated  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 220 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Adequate power for <b>Contr. Installed</b> charging of equipment  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Misc. equipment <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Anesthesiologist (1)**
**Space Requirements**

<b>Adjacencies:</b> Operating room Medicine	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> 9 <b>Assignable:</b> yes <b>Occupant Load:</b> 2								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Key Lock									

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Office chair, signage <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Adequate power for charging of equipment
<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
<b>Owner Furnished/</b> <b>Owner Installed</b>	Misc. equipment

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Operating Room (4)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Clean Utility Clean Carts Storage	<b>Program Net Area:</b> 625 SF <b>Footprint (Section K):</b> 8 <b>Assignable:</b> yes <b>Occupant Load:</b> 6																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V, 220V  <b>Lighting</b> Fluorescent/Emergency Surgical light, specialty <b>Communications</b> Data (wifi and hard con.)																
<b>Access Security</b> Key card	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork, masterclock with <b>Contr. Installed</b> timers
<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Surgery table, stool, <b>Owner Installed</b> office chairs, signage

**Special Equipment Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Structural reinforcement for ceiling mounted light.
<b>Owner Furnished/</b> <b>Contr. Installed</b>	Surgical light, misc. equipment.
<b>Owner Furnished/</b> <b>Owner Installed</b>	Computer

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Clean Utility (2)**
**Space Requirements**

<b>Adjacencies:</b> Operating room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted  <b>Access Security</b> Passage set	<b>Program Net Area:</b> 135 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Autoclave <b>Contr. Installed</b>  <b>Owner Furnished/</b> Misc. equipment <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Clean Carts (2)**
**Space Requirements**

<b>Adjacencies:</b> Operating room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted  <b>Access Security</b> Passage set	<b>Program Net Area:</b> 135 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Misc. equipment <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Equipment (1)**
**Space Requirements**

<b>Adjacencies:</b> Operating room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Mylar coated  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 250 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Adequate power for <b>Contr. Installed</b> charging of equipment  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Misc. equipment <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**  
**Ambulatory Surgical Center (ASC)**  
**Phase I Recovery (8)**
**Space Requirements**

<b>Adjacencies:</b> Operating room Nurse's Station Medicine Restroom	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> 7 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.) Telephone  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Privacy curtains <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Waiting Room (1) - Shared with ASC

## Space Requirements

<b>Adjacencies:</b> Scale Alcove Reception Prep/Recovery Toilet	<b>Program Net Area:</b> 250 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 30																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)																
<b>Access Security</b> Passage	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

## Special Furnishing Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	

## Special Equipment Requirements

<b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> TV <b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

**Specialty Clinics and Services**
**Gastro/Endoscopy Center**
**Reception (1) - Shared with ASC**
**Space Requirements**

<b>Adjacencies:</b> Waiting Prep Recovery	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b>	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, phones, printer <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Exam Room (4)

## Space Requirements

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b>

## Special Requirements

## Specialty Clinics and Services

### Gastro/Endoscopy Center

#### Prep/Recovery (9)

#### Space Requirements

<b>Adjacencies:</b>	Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	7
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Privacy Set		

#### Special Furnishing Requirements

**Contr. Furnished/** Manual sliding glass doors,  
**Contr. Installed** privacy curtains, millwork

**Owner Furnished/** None  
**Contr. Installed**

**Owner Furnished/** Exam Table, stool,  
**Owner Installed** side chairs (2), signage

#### Special Equipment Requirements

**Contr. Furnished/** Backing for wall mounted  
**Contr. Installed** comp. rail

**Owner Furnished/** None  
**Contr. Installed**

**Owner Furnished/** Computer  
**Owner Installed**

#### Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Scope Wash (1)

**Space Requirements**

<b>Adjacencies:</b> Scope Storage Procedure Nurse's Station	<b>Program Net Area:</b> 250 SF <b>Footprint (Section K):</b> 11 <b>Assignable:</b> yes <b>Occupant Load:</b> 2
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink <input type="checkbox"/>
<b>Access Security</b> Passage set	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> Scope Storage Rack <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Misc. equipment <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Scope Storage (1)

**Space Requirements**

<b>Adjacencies:</b>	Scope Storage Procedure Nurse's Station	<b>Program Net Area:</b>	120 SF
<b>Room Finishes</b>		<b>Footprint (Section K):</b>	
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Assignable:</b>	yes
<b>Base:</b>	Sheet vinyl coved base	<b>Occupant Load:</b>	2
<b>Walls:</b>	GWB Painted	<b>Mechanical</b>	HVAC
<b>Ceiling:</b>	GWB Painted	<b>Electrical</b>	120V
<b>Access Security</b>	Passage set	<b>Lighting</b>	Fluorescent/Emergency
		<b>Communications</b>	None
		<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Misc. equipment  
 Owner Installed

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Procedure (3)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Scope Wash Scope Storage	<b>Program Net Area:</b> 340 SF <b>Footprint (Section K):</b> 13 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 4
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Surgical light, specialty <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Procedure table, stool, <b>Owner Installed</b> signage	

## Special Equipment Requirements

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Backing for ceiling mounted light and wall mounted comp. rail
<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
<b>Owner Furnished/</b> <b>Owner Installed</b>	Computer, surgical light, monitors

## Special Requirements

Room Data Sheet

Specialty Clinics and Services

Gastro/Endoscopy Center

Nurse's Station/Meds. (1)

**Space Requirements**

<b>Adjacencies:</b>	Prep Recovery Procedure	<b>Program Net Area:</b>	480 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency Specialty
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	None	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Work Stations	<b>Owner Furnished/</b>	Computers, phones,
<b>Owner Installed</b>		<b>Owner Installed</b>	monitor

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**Gastro/Endoscopy Center**
**Providers Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Prep/Recovery Procedure Exam	<b>Program Net Area:</b> 130 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b>																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**Gastro/Endoscopy Center**
**Shared Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Prep/Recovery Procedure Exam	<b>Program Net Area:</b> 220 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 4								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b>									

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Clean Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Prep/Recovery Nurse's Station	<b>Program Net Area:</b> 80 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Keyed lock									

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Electronically monitored <b>Owner Installed</b> storage system

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Soiled Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Sheet vinyl coved base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b>
<b>Access Security</b> Passage Set	<b>Plumbing Fixtures</b>
	<input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Toilet Room (3)

## Space Requirements

<b>Adjacencies:</b> Prep Recovery Waiting	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Storage (1)

## Space Requirements

<b>Adjacencies:</b> Waiting Exam Toilet	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b>  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Gastro/Endoscopy Center

## Break Room (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 13
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Passage Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

**Specialty Clinics and Services**
**Dermatology Center**
**Waiting Room (1) - Shared with ENT**
**Space Requirements**

<b>Adjacencies:</b> Reception Exam Toilet	<b>Program Net Area:</b> 300 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 20								
<b>Room Finishes</b>									
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)								
<b>Access Security</b> Passage	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input checked="" type="checkbox"/> Drinking Fountain</td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Drinking Fountain								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> TV <b>Contr. Installed</b>
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**Dermatology Center**
**Reception (1) - Shared with ENT**
**Space Requirements**

<b>Adjacencies:</b> Waiting Exam	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency/ Specialty
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Telephone/Data (wireless and hard con.)
<b>Access Security</b>	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones, printer, copy/scan, label <b>Owner Installed</b> printer, shred, cc mach.

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Exam Room (5)

## Space Requirements

<b>Adjacencies:</b> Waiting Nurse's Station	<b>Program Net Area:</b> 140 SF <b>Footprint (Section K):</b> 1 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V, floor outlet  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stools (2), <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Procedure (4)

## Space Requirements

<b>Adjacencies:</b> Sub-waiting  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 180 SF <b>Footprint (Section K):</b> 13 <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V, floor outlet  <b>Lighting</b> Fluorescent/Emergency Surgical light  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Procedure table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Contr. Furnished/</b> Backing for ceiling <b>Contr. Installed</b> mounted light and wall mounted comp. rail  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer, surgical light, <b>Owner Installed</b> speakers and music
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## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Sub-waiting Room (1)

## Space Requirements

<b>Adjacencies:</b> Procedure Waiting Reception	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 13																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)																
<b>Access Security</b> None	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> TV, under counter fridge <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Physician Open Office (1)

## Space Requirements

<b>Adjacencies:</b> Procedure Exam	<b>Program Net Area:</b> 440 SF <b>Footprint (Section K):</b> 5 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 5																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstations, Office chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones, <b>Owner Installed</b> Printer/Fax

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Clean Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure	<b>Program Net Area:</b> 240 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Rubber base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Data
<b>Access Security</b> Passage Set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Adjustable shelving, <b>Contr. Installed</b> Millwork	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Under counter Fridge (2), <b>Owner Installed</b> Med Drawer, N tank, Blanket Warmer

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Soiled Storage (1)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Passage Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Dirty Laundry Hamper <b>Owner Installed</b>

## Special Requirements

Room Data Sheet

Specialty Clinics and Services

Dermatology Center

Toilet Room (2)

**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station Laboratory	<b>Program Net Area:</b>	50 SF
		<b>Footprint (Section K):</b>	3
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Tile	<b>Electrical</b>	120V
<b>Base:</b>	Tile	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted Tile wainscot	<b>Communications</b>	Nurse call
<b>Ceiling:</b>	GWB Painted	<b>Plumbing Fixtures</b>	
		<input checked="" type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Lavatory
		<input checked="" type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
<b>Access Security</b>	Privacy Set	<input type="checkbox"/> Sink	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	Mirror, toilet accessories,	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	ADA accessories, Millwork for supplies with counter top	<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Specialty Clinics and Services

### Dermatology Center

#### Office (1)

#### Space Requirements

<p><b>Adjacencies:</b> Prep/recovery Nurse's Station Lounge Conference</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

#### Special Furnishing Requirements

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office desk and chair, side
<b>Owner Installed</b>	chairs (2), signage

#### Special Equipment Requirements

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Computer, phone,
<b>Owner Installed</b>	printer

#### Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Laboratory (1)

**Space Requirements**

<b>Adjacencies:</b>	Clean Storage	<b>Program Net Area:</b>	220 SF
		<b>Footprint (Section K):</b>	12
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	3
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC, air circulation around cryostats
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V, power strip
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	None	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

<b>Contr. Furnished/</b>	Millwork
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Workstation Chairs
<b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b>	Pneumatic Tube
<b>Contr. Installed</b>	Hood
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Computers, printer,
<b>Owner Installed</b>	microscope, bio hazard

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Storage (1)

## Space Requirements

<b>Adjacencies:</b> Procedure Exam	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Key Lock	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Electronically monitored <b>Owner Installed</b> storage system

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## Dermatology Center

## Break Room (1)

## Space Requirements

<b>Adjacencies:</b> Physician Open Office  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Passage Set	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 8  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Toilet <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink <input type="checkbox"/> Lavatory <input type="checkbox"/> Shower Head <input checked="" type="checkbox"/> Filtered water source <input type="checkbox"/>
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> <b>Contr. Installed</b>  <b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Garbage disposal, <b>Contr. Installed</b> Lockers  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Waiting Room (1) - Shared with Dermatology

## Space Requirements

<b>Adjacencies:</b> Reception Exam Toilet	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 13																
<b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)																
<b>Access Security</b> Passage	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

## Special Furnishing Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	

## Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> TV <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Owner Installed</b>	

## Special Requirements

Room Data Sheet

Specialty Clinics and Services

ENT Clinic/Audiology

Reception (1) - Shared with Dermatology

**Space Requirements**

<p><b>Adjacencies:</b> Waiting Exam</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 100 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 1</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/ Specialty</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> printer</p>
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**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Procedure (3)

## Space Requirements

<b>Adjacencies:</b> Waiting Nurse's Station	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> 14 <b>Assignable:</b> yes <b>Occupant Load:</b> 2
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, printer, <b>Owner Installed</b> monitors

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Sales (1)

## Space Requirements

<b>Adjacencies:</b> Waiting	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Key lock																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

## Special Requirements

Room Data Sheet

Specialty Clinics and Services

ENT Clinic/Audiology

Nurse's Station (1)

Space Requirements

<b>Adjacencies:</b>	Exam Procedure Physician Open Office	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency Specialty
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Card Access	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

Special Furnishing Requirements

<b>Contr. Furnished/ Contr. Installed</b>	Millwork
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Work Stations, office chairs

Special Equipment Requirements

<b>Contr. Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Computers, phones, monitor

Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Physician Open Office (1)

**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> 5 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> None	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Consultation Room (1)

## Space Requirements

<b>Adjacencies:</b> Physician's open office Nurse	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

## Special Furnishing Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Guest chairs, small table, <b>Owner Installed</b> signage	

## Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Owner Installed</b>	

## Special Requirements

Room Data Sheet

Specialty Clinics and Services

ENT Clinic/Audiology

Storage (1)

**Space Requirements**

<b>Adjacencies:</b>	Exam Procedure Nurse's Station	<b>Program Net Area:</b>	50 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Keyed Lock		

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	Electronically monitored
<b>Owner Installed</b>		<b>Owner Installed</b>	storage system

**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Toilet Room (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Control (1)

## Space Requirements

<b>Adjacencies:</b> Test	<b>Program Net Area:</b> 60 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Card access									

<b>Special Furnishing Requirements</b>	<b>Special Equipment Requirements</b>
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<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Office chair <b>Owner Installed</b>	<b>Owner Furnished/</b> Computer, phone <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Test (1)

## Space Requirements

<b>Adjacencies:</b> Control  <b>Room Finishes</b> <b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> by booth supplier  <b>Ceiling:</b> by booth supplier  <b>Access Security</b> by booth supplier	<b>Program Net Area:</b> 65 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> by booth supplier  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Testing booth <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

Room Data Sheet

Specialty Clinics and Services

ENT Clinic/Audiology

Esthetics Office

**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	100 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet Base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Card access	<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office chair	<b>Owner Furnished/</b>	Computer, phone
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

Room Data Sheet

Specialty Clinics and Services

ENT Clinic/Audiology

Esthetics Exam (2)

**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	1
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Card access	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>		<b>Owner Furnished/</b>	Computer, phone
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**ENT Clinic/Audiology**
**Esthetics Procedure (2)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Card access	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Office chair <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer, phone <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

## Specialty Clinics and Services

## ENT Clinic/Audiology

## Break Room (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 8								
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

## Special Requirements

## Specialty Clinics and Services

### Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology, Waiting Room (1)

#### Space Requirements

<b>Adjacencies:</b> Scale Alcove Exam Toilet	<b>Program Net Area:</b> 500 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 33																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)																
<b>Access Security</b> Passage	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

#### Special Furnishing Requirements

<b>Contr. Furnished/          Contr. Installed</b>	Millwork
<b>Owner Furnished/          Contr. Installed</b>	None
<b>Owner Furnished/          Owner Installed</b>	Waiting chairs and tables Signage

#### Special Equipment Requirements

<b>Contr. Furnished/          Contr. Installed</b>	Masterclock
<b>Owner Furnished/          Contr. Installed</b>	TV
<b>Owner Furnished/          Owner Installed</b>	None

#### Special Requirements

**Specialty Clinics and Services**
**Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology,  
 Exam Room (13)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Backing for wall mounted comp. rail
<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
<b>Owner Furnished/</b> <b>Owner Installed</b>	Computer, printer

**Special Requirements**

## Specialty Clinics and Services

### Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology, Procedure (4)

Space Requirements			
<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	200 SF
		<b>Footprint (Section K):</b>	2
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency Surgical light
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Privacy Set		
Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/ Contr. Installed</b>	Millwork	<b>Contr. Furnished/ Contr. Installed</b>	Backing for ceiling mounted light and wall mounted comp. rail
<b>Owner Furnished/ Contr. Installed</b>	None	<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Exam table, stool, side chairs (2), signage	<b>Owner Furnished/ Owner Installed</b>	Computer, surgical light
Special Requirements			

## Specialty Clinics and Services

### Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology, Nurse's Station (1)

#### Space Requirements

<b>Adjacencies:</b> Exam Procedure Physician Open Office	<b>Program Net Area:</b> 525 SF <b>Footprint (Section K):</b> 11 <b>Assignable:</b> yes <b>Occupant Load:</b> 6																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Floor Drain</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Lavatory</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Toilet</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Shower Head</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Urinal</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</td> <td style="padding-left: 5px;">Sink</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> </tr> </table>		Floor Drain		Lavatory		Toilet		Shower Head		Urinal			X	Sink		
	Floor Drain		Lavatory														
	Toilet		Shower Head														
	Urinal																
X	Sink																
<b>Access Security</b> Card Access																	

#### Special Furnishing Requirements

Contr. Furnished/ Contr. Installed	Millwork
Owner Furnished/ Contr. Installed	None
Owner Furnished/ Owner Installed	Work Stations

#### Special Equipment Requirements

Contr. Furnished/ Contr. Installed	None
Owner Furnished/ Contr. Installed	None
Owner Furnished/ Owner Installed	Computers, phones, monitor

#### Special Requirements

**Specialty Clinics and Services**
**Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology,  
 Physician Open Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b> 130 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>	

**Special Requirements**

## Specialty Clinics and Services

### Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology, Consultation Room (2)

#### Space Requirements

<b>Adjacencies:</b>	Physician's open office Nurse	<b>Program Net Area:</b>	150 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
<b>Access Security</b>	Privacy Set	<input type="checkbox"/> Sink	

#### Special Furnishing Requirements

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Guest chairs, small table,
<b>Owner Installed</b>	signage

#### Special Equipment Requirements

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Owner Installed</b>	

#### Special Requirements

## Specialty Clinics and Services

### Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology, Clean Storage (2)

#### Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Passage Set	

#### Special Furnishing Requirements

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	

#### Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Owner Installed</b>	

#### Special Requirements

## Specialty Clinics and Services

### Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology, Soiled Storage (2)

#### Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

#### Special Furnishing Requirements

Contr. Furnished/ None  
 Contr. Installed

Owner Furnished/ None  
 Contr. Installed

Owner Furnished/ Signage  
 Owner Installed

#### Special Equipment Requirements

Contr. Furnished/ None  
 Contr. Installed

Owner Furnished/ None  
 Contr. Installed

Owner Furnished/ None  
 Owner Installed

#### Special Requirements

**Specialty Clinics and Services**
**Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology,  
 Toilet Room (4)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Tile	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted Tile wainscot	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> GWB Painted	<b>Communications</b> Nurse call
<b>Access Security</b> Privacy Set	<b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements**

 Contr. Furnished/ Mirror, toilet accessories,  
 Contr. Installed ADA accessories

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

**Specialty Clinics and Services**
**Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology,  
 Scale Alcove (1)**

Space Requirements			
<b>Adjacencies:</b>	Waiting Exam Toilet	<b>Program Net Area:</b>	25 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	
<b>Access Security</b>	None		
Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	Recessed floor scale
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	
Special Requirements			



## Room Data Sheet

## Specialty Clinics and Services

 Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology,  
 Storage (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Electronically monitored <b>Owner Installed</b> storage system
--	--

## Special Requirements

## Room Data Sheet

## Specialty Clinics and Services

 Allergy and Immunology/Endocrinology and Metabolism/Rheumatology/ Urology,  
 Break Room (1)

## Space Requirements

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 180 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 12																
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Toilet</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Sink</td></tr> </table> <table border="0" style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr><td><input type="checkbox"/></td><td>Lavatory</td></tr> <tr><td><input type="checkbox"/></td><td>Shower Head</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain																
<input type="checkbox"/>	Toilet																
<input type="checkbox"/>	Urinal																
<input checked="" type="checkbox"/>	Sink																
<input type="checkbox"/>	Lavatory																
<input type="checkbox"/>	Shower Head																
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<b>Access Security</b> Passage Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> <b>Contr. Installed</b>  <b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>
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## Special Requirements

Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Waiting (1)**

**Space Requirements**

<b>Adjacencies:</b>	Scale Alcove Exam Toilet	<b>Program Net Area:</b>	300 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	20
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency/ Specialty
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wireless)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
<b>Access Security</b>	Passage	<input type="checkbox"/> Sink	

**Special Furnishing Requirements**                      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Masterclock
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Waiting chairs and tables	<b>Owner Furnished/</b>	TV
<b>Owner Installed</b>	Signage	<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Exam Room (8)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Scale Alcove  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
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**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage
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**Special Equipment Requirements**

<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b>
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**Special Requirements**



## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Nurse's Station (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Physician Open Office	<b>Program Net Area:</b> 350 SF <b>Footprint (Section K):</b> 6 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 4
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Card Access	

**Special Furnishing Requirements**
**Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work Stations, office chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> monitor

**Special Requirements**

Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Physician Open Office (1)**

**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b>	200 SF
		<b>Footprint (Section K):</b>	5
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	4
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	None	<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b>	Millwork
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Workstation Chairs
<b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Computers, Phones
<b>Owner Installed</b>	

**Special Requirements**

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**X-Ray (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Exam Nurse's Station</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Sheet vinyl coved base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Card access</p>	<p><b>Program Net Area:</b> 440 SF</p> <p><b>Footprint (Section K):</b> 22</p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 5</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> Data (wifi and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Stool, side chairs (2), signage <b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> Structural support for ceiling mounted x-ray equipment. Lead lining <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> X-ray equipment <b>Owner Installed</b></p>
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**Special Requirements**

Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Therapy Room (1)**

**Space Requirements**

<b>Adjacencies:</b>	Physician's open office Waiting	<b>Program Net Area:</b>	4000 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
<b>Access Security</b>	Keyed lock	<input type="checkbox"/> Sink	

**Special Furnishing Requirements**                      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	Backing for exercise equipment
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Guest chairs, signage	<b>Owner Furnished/</b>	Misc. exercise equipment
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Clean Storage (1)**

**Space Requirements**

<b>Adjacencies:</b>	Exam Procedure	<b>Program Net Area:</b>	120 SF
	Therapy room	<b>Footprint (Section K):</b>	
<b>Room Finishes</b>		<b>Assignable:</b>	yes
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Occupant Load:</b>	1
<b>Base:</b>	Rubber base	<b>Mechanical</b>	HVAC
<b>Walls:</b>	GWB Painted	<b>Electrical</b>	120V
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Lighting</b>	Fluorescent/Emergency
<b>Access Security</b>	Passage Set	<b>Communications</b>	Data
		<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	
		<input type="checkbox"/> Sink	

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Adjustable shelving	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	Millwork	<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Soiled Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Therapy room	<b>Program Net Area:</b> 70 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Rubber base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> None
<b>Access Security</b> Passage Set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink

**Special Furnishing Requirements**

 Contr. Furnished/ Millwork  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Toilet Room (2)**

**Space Requirements**

**Adjacencies:** Nurse's Station  
Laboratory

**Program Net Area:** 50 SF

**Footprint (Section K):** 3

**Assignable:** yes

**Occupant Load:** 1

**Room Finishes**

**Floor:** Tile

**Mechanical** HVAC

**Base:** Tile

**Electrical** 120V

**Walls:** GWB Painted  
Tile wainscot

**Lighting** Fluorescent/Emergency

**Ceiling:** GWB Painted

**Communications** Nurse call

**Plumbing Fixtures**

Floor Drain

Lavatory

Toilet

Shower Head

Urinal

Sink

**Access Security** Privacy Set

**Special Furnishing Requirements**

**Contr. Furnished/** Mirror, toilet accessories,  
**Contr. Installed** ADA accessories

**Special Equipment Requirements**

**Contr. Furnished/** None  
**Contr. Installed**

**Owner Furnished/** None  
**Contr. Installed**

**Owner Furnished/** None  
**Contr. Installed**

**Owner Furnished/** Signage  
**Owner Installed**

**Owner Furnished/** None  
**Owner Installed**

**Special Requirements**

## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Scale Alcove (1)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Exam Toilet	<b>Program Net Area:</b> 25 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> None	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> Recessed floor scale <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Janitor (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Therapy room	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Sheet vinyl coved base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> None
<b>Access Security</b> Passage Set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Mop Sink <input type="checkbox"/> Sink <input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mope sink storage <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**  
**Orthopaedic Surgery/PT/PM&R/Rehabilitaion/Podiatry**  
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 8																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Millwork
<b>Owner Furnished/ Contr. Installed</b>	
<b>Owner Furnished/ Owner Installed</b>	Tables, chairs, signage

**Special Equipment Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Garbage disposal
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Microwave, refrigerator

**Special Requirements**

Room Data Sheet

**Cardio/Vascular**

**Cardiology**

**Waiting Room (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Scale Alcove Exam Toilet</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Passage</p>	<p><b>Program Net Area:</b> 200 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 13</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/ Specialty</p> <p><b>Communications</b> Data (wireless)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Waiting chairs and tables <b>Owner Installed</b> Signage</p>	<p><b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> TV <b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Exam Room (3)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Scale Alcove	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b>

**Special Requirements**



## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Nurse's Station (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Physician Open Office	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> 6 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Card Access																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Work Stations <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, phones, monitor <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Physician Open Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Exam Procedure Consultation	<b>Program Net Area:</b> 130 SF <b>Footprint (Section K):</b> 5 <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
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<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Consultation Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Physician's open office Nurse	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Guest chairs, small table, <b>Owner Installed</b> signage	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Clean Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

**Special Furnishing Requirements**
**Special Equipment Requirements**

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Soiled Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Passage Set									

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Toilet Room (2)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Tile	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted Tile wainscot	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> GWB Painted	<b>Communications</b> Nurse call
<b>Access Security</b> Privacy Set	<b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements**

 Contr. Furnished/ Mirror, toilet accessories,  
 Contr. Installed ADA accessories

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Scale Alcove (1)**
**Space Requirements**

<b>Adjacencies:</b>	Waiting Exam Toilet	<b>Program Net Area:</b>	25 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	None		

<b>Special Furnishing Requirements</b>	<b>Special Equipment Requirements</b>
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<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"><b>Contr. Furnished/</b></td> <td style="width: 80%;">None</td> </tr> <tr> <td><b>Contr. Installed</b></td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><b>Owner Furnished/</b></td> <td>None</td> </tr> <tr> <td><b>Contr. Installed</b></td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><b>Owner Furnished/</b></td> <td>None</td> </tr> <tr> <td><b>Owner Installed</b></td> <td></td> </tr> </table>	<b>Contr. Furnished/</b>	None	<b>Contr. Installed</b>		 		<b>Owner Furnished/</b>	None	<b>Contr. Installed</b>		 		<b>Owner Furnished/</b>	None	<b>Owner Installed</b>		<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"><b>Contr. Furnished/</b></td> <td style="width: 80%;">None</td> </tr> <tr> <td><b>Contr. Installed</b></td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><b>Owner Furnished/</b></td> <td>Recessed floor scale</td> </tr> <tr> <td><b>Contr. Installed</b></td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><b>Owner Furnished/</b></td> <td>None</td> </tr> <tr> <td><b>Owner Installed</b></td> <td></td> </tr> </table>	<b>Contr. Furnished/</b>	None	<b>Contr. Installed</b>		 		<b>Owner Furnished/</b>	Recessed floor scale	<b>Contr. Installed</b>		 		<b>Owner Furnished/</b>	None	<b>Owner Installed</b>	
<b>Contr. Furnished/</b>	None																																
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<b>Contr. Furnished/</b>	None																																
<b>Contr. Installed</b>																																	
<b>Owner Furnished/</b>	Recessed floor scale																																
<b>Contr. Installed</b>																																	
<b>Owner Furnished/</b>	None																																
<b>Owner Installed</b>																																	

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Laboratory (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Toilet	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Pneumatic Tube <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Cardio/Vascular**
**Cardiology**
**Stress/Echo (1)**
**Space Requirements**

<b>Adjacencies:</b>	Nurse's Station	<b>Program Net Area:</b>	180 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency Surgical light
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Passage set	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Musculoskeletal/Sports Medicine/Orthopaedics**
**Cardiology**
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 8																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>

**Special Equipment Requirements**

<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Moran Eye Center**
**Ophthalmology/Optometry/Optical**
**Retail (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Toilet room	<b>Program Net Area:</b> 1200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 40																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality GWB Painted soffit	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Roll down gate Card access																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones, <b>Owner Installed</b> POS

**Special Requirements**

Room Data Sheet

**Moran Eye Center**  
**Ophthalmology/Optomety/Optical**  
**Office (2)**

**Space Requirements**

<p><b>Adjacencies:</b> Exam Procedure</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Office desk and chair, side</p> <p><b>Owner Installed</b> chairs (2), signage</p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computer, phone</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

Room Data Sheet

**Moran Eye Center**  
**Ophthalmology/Optometry/Optical**  
**Exam Room (6)**

**Space Requirements**

<b>Adjacencies:</b>	Retail	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	15
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet base	<b>Lighting</b>	Fluorescent/Emergency Specialty
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Privacy Set	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Exam Chair, stool,	<b>Owner Furnished/</b>	Computer, printer,
<b>Owner Installed</b>	side chairs (2), signage	<b>Owner Installed</b>	monitor

**Special Requirements**

## Room Data Sheet

**Moran Eye Center**
**Ophthalmology/Optometry/Optical**
**Pediatric Exam (1)**
**Space Requirements**

<b>Adjacencies:</b> Retail	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> 15 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam Chair, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, printer, <b>Owner Installed</b> monitor

**Special Requirements**



## Room Data Sheet

**Moran Eye Center**
**Ophthalmology/Optometry/Optical**
**Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Retail	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Keyed lock									

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Moran Eye Center**  
**Ophthalmology/Optometry/Optical**  
**Test (2)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station  <b>Room Finishes</b> <b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty lighting <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Exam Chair, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer, printer, <b>Owner Installed</b> monitor
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**Special Requirements**

## Room Data Sheet

**Moran Eye Center**
**Ophthalmology/Optometry/Optical**
**Toilet Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Tile	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted Tile wainscot	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> GWB Painted	<b>Communications</b> Nurse call
<b>Access Security</b> Privacy Set	<b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

Room Data Sheet

**Moran Eye Center**

**Ophthalmology/Optometry/Optical**

**Contacts (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Retail Exam</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet tile</p> <p><b>Base:</b> Carpet base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Privacy Set</p>	<p><b>Program Net Area:</b> 110 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency Specialty</p> <p><b>Communications</b> Data (wifi and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> side chairs (2), signage <b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computer, printer <b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

**Moran Eye Center**  
**Ophthalmology/Optomety/Optical**  
**Laboratory (1)**
**Space Requirements**

<b>Adjacencies:</b>	Exam Procedure	<b>Program Net Area:</b>	100 SF
		<b>Footprint (Section K):</b>	12 (sim)
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	None	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

<b>Contr. Furnished/</b>	Millwork
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Workstation Chairs
<b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Computer
<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Moran Eye Center**
**Ophthalmology/Optometry/Optical**
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 8																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Huntsman Cancer Center**
**Hematology/Oncology**
**Waiting Room/Reception (1)**
**Space Requirements**

<b>Adjacencies:</b> Reception Infusion	<b>Program Net Area:</b> 400 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 27
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Data (wireless)
<b>Access Security</b> Passage Set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> TV <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Huntsman Cancer Center**
**Hematology/Oncology**
**Exam Room (8) + 4 shared with Urgent Care**
**Space Requirements**

<b>Adjacencies:</b> Waiting Nurse's Station Restroom Infusion	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 1 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Exam Table, stool, <b>Owner Installed</b> side chairs (2), signage	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Backing for wall mounted comp. rail
<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
<b>Owner Furnished/</b> <b>Owner Installed</b>	Computer, printer

**Special Requirements**

## Room Data Sheet

**Huntsman Cancer Center**
**Hematology/Oncology**
**Infusion (16)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Exam Nurse's station	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 16 <b>Assignable:</b> yes <b>Occupant Load:</b> 2								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> None									

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Privacy curtains <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Infusion cabinetry <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Infusion chair, side chair (2) <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Nurse's Station (1)

## Space Requirements

<b>Adjacencies:</b> Infusion Exam Prep	<b>Program Net Area:</b> 180 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
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<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

## Special Furnishing Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Office chairs <b>Owner Installed</b>	

## Special Equipment Requirements

<b>Contr. Furnished/</b> Masterclock <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> monitor	

## Special Requirements

Room Data Sheet

**Huntsman Cancer Center**

**Hematology/Oncology**

**Physician Office (5)**

**Space Requirements**

<p><b>Adjacencies:</b> Nurse's Station Exam Infusion</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Sheet vinyl coved base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 4</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b></p>
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**Special Requirements**

Room Data Sheet

**Huntsman Cancer Center**

**Hematology/Oncology**

**Nurse Office (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Infusion Nurse's Station</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Office chairs (4), signage</p> <p><b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computer, phone</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Clean Storage (2)

## Space Requirements

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Key Lock									

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Electronically monitored <b>Owner Installed</b> storage system

## Special Requirements

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Soiled Storage (1)

**Space Requirements**

<b>Adjacencies:</b> Infusion Nurse's Station Exam	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
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<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Toilet Room (3)

## Space Requirements

<b>Adjacencies:</b> Infusion Changing	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements

 Contr. Furnished/ Mirror, toilet accessories,  
 Contr. Installed ADA accessories

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Requirements

Room Data Sheet

Huntsman Cancer Center

Hematology/Oncology

Vitals (1)

**Space Requirements**

<b>Adjacencies:</b>	Infusion Nurse's Station	<b>Program Net Area:</b>	50 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Passage	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Work Room (1)

**Space Requirements**

<b>Adjacencies:</b> Physics Vault	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b>																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Workstation Chairs <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, Phones <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Storage (2)

## Space Requirements

<b>Adjacencies:</b>	Infusion	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Key Lock	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

## Special Furnishing Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Requirements

Room Data Sheet

Huntsman Cancer Center

Hematology/Oncology

Physics Work Room (1)

**Space Requirements**

<p><b>Adjacencies:</b> Physics Vault</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Sheet vinyl coved base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
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<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Workstation desks and chairs</p> <p><b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computers, Phones</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Changing (1)

## Space Requirements

<b>Adjacencies:</b> Toilet Room Sub-Waiting Vault	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 17 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy lock	

## Special Furnishing Requirements

 Contr. Furnished/ Millwork  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Requirements

## Room Data Sheet

**Huntsman Cancer Center**
**Hematology/Oncology**
**Sub-waiting Room (1)**
**Space Requirements**
**Adjacencies:** Changing  
 Vault

**Program Net Area:** 80 SF

**Footprint (Section K):**
**Assignable:** yes

**Occupant Load:** 6

**Room Finishes**
**Floor:** Carpet Tile

**Mechanical** HVAC

**Base:** Carpet

**Electrical** 120V

**Walls:** GWB Painted

**Lighting** Fluorescent/Emergency/

**Ceiling:** Acoustic Panel  
 Moderate Quality

**Communications** Data (wireless)

**Plumbing Fixtures**
 Floor Drain

 Lavatory

 Toilet

 Shower Head

 Urinal

 Sink

**Access Security** None

**Special Furnishing Requirements**
**Contr. Furnished/** None

**Contr. Installed**
**Owner Furnished/** None

**Contr. Installed**
**Owner Furnished/** Waiting chairs and tables,  
**Owner Installed** signage

**Special Equipment Requirements**
**Contr. Furnished/** None

**Contr. Installed**
**Owner Furnished/** None

**Contr. Installed**
**Owner Furnished/** TV

**Owner Installed**
**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Equipment (1)

**Space Requirements**

<b>Adjacencies:</b> Vault  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Vault (1)

**Space Requirements**

<b>Adjacencies:</b> Sub-Waiting Control Physics	<b>Program Net Area:</b> 1,750 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 6
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink <input type="checkbox"/>
<b>Access Security</b> Card access	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Concrete vault <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Stools, signage, office chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computer and specialty <b>Owner Installed</b> equipment for linear accelerator

**Special Requirements**

Room Data Sheet

Huntsman Cancer Center

Hematology/Oncology

Break Room (1)

**Space Requirements**

<p><b>Adjacencies:</b> Nurse's Station Physician Open Office</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Rubber base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Passage Set</p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b> 4</p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 10</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
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<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p>Contr. Furnished/ Millwork Contr. Installed</p> <p>Owner Furnished/ Contr. Installed</p> <p>Owner Furnished/ Tables, chairs, signage Owner Installed</p>	<p>Contr. Furnished/ Garbage disposal Contr. Installed</p> <p>Owner Furnished/ None Contr. Installed</p> <p>Owner Furnished/ Microwave, refrigerator Owner Installed</p>
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**Special Requirements**

Room Data Sheet

**Huntsman Cancer Center**

**Hematology/Oncology**

**MA Station (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Infusion Nurse's Station</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 100 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 1</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Office chairs (1), signage</p> <p><b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computer, phone</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

Room Data Sheet

Huntsman Cancer Center

Hematology/Oncology

Chemo Prep (1)

**Space Requirements**

<p><b>Adjacencies:</b> Infusion Nurse's Station</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b></p>	<p><b>Program Net Area:</b> 100 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
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<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Office chairs (2), signage</p> <p><b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Computer, phone</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

## Huntsman Cancer Center

## Hematology/Oncology

## Nurse Station at Radiation Vault (1)

## Space Requirements

<b>Adjacencies:</b> Infusion Nurse's Station	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
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<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b>																	

## Special Furnishing Requirements

Contr. Furnished/ Contr. Installed	Millwork
Owner Furnished/ Contr. Installed	None
Owner Furnished/ Owner Installed	Side chairs (4), signage

## Special Equipment Requirements

Contr. Furnished/ Contr. Installed	None
Owner Furnished/ Contr. Installed	None
Owner Furnished/ Owner Installed	Computer, phone

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Retail (1)

## Space Requirements

<b>Adjacencies:</b> Pharmacy Storage	<b>Program Net Area:</b> 1300 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 30																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality GWB Painted soffit	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
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<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Roll down gate Card access																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Pharmacy (1)

## Space Requirements

<b>Adjacencies:</b> Retail Storage	<b>Program Net Area:</b> 1400 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet tile  <b>Base:</b> Carpet base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality GWB Painted soffit	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Card access																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Pneumatic tube <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Office chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, Phones, <b>Owner Installed</b> POS

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Storage (1)

**Space Requirements**

<b>Adjacencies:</b>	Pharmacy Retail	<b>Program Net Area:</b>	150 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet tile	<b>Electrical</b>	120V
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Key Lock		

**Special Furnishing Requirements**
**Special Equipment Requirements**

<b>Contr. Furnished/</b>	Adjustable shelving	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Office (1)

## Space Requirements

<b>Adjacencies:</b> Pharmacy	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b>																	

## Special Furnishing Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Office workstation and chairs,  
 Owner Installed side chairs (2), signage

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Computer, phone  
 Owner Installed

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Breakdown (1)

Space Requirements			
<b>Adjacencies:</b>	Pharmacy	<b>Program Net Area:</b>	140 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Keyed lock	<input type="checkbox"/> Sink	<input type="checkbox"/>

Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>		<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office chairs (3)	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Processing (1)

## Space Requirements

<b>Adjacencies:</b> Pharmacy	<b>Program Net Area:</b> 160 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2								
<b>Room Finishes</b>									
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Keyed lock									

<b>Special Furnishing Requirements</b>	<b>Special Equipment Requirements</b>
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<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> <b>Contr. Installed</b>  <b>Owner Furnished/</b> Office chairs (4) <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computers, phones <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Pharmacy**
**Changing (1)**
**Space Requirements**

<b>Adjacencies:</b> Ante Room  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy lock	<b>Program Net Area:</b> 70 SF <b>Footprint (Section K):</b> 17 <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Ante Room (1)

## Space Requirements

<b>Adjacencies:</b> Positive Pressure Negative Pressure Processing	<b>Program Net Area:</b> 75 SF <b>Footprint (Section K):</b> 18 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Card access	

## Special Furnishing Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Positive Pressure (1)

## Space Requirements

<b>Adjacencies:</b> Ante Room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted  <b>Access Security</b> Keyed lock	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> 18 <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

<b>Special Furnishing Requirements</b>	<b>Special Equipment Requirements</b>
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<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Office chairs (2) <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Computers, pass thru <b>Owner Installed</b> refrigerator
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## Special Requirements

Room Data Sheet

**Ancillary Services**

**Pharmacy**

**Negative Pressure (1)**

**Space Requirements**

<b>Adjacencies:</b>	Ante Room	<b>Program Net Area:</b>	150 SF
		<b>Footprint (Section K):</b>	18
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wireless and hard con.)
<b>Ceiling:</b>	GWB Painted	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Card access	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Vented Hood,
<b>Contr. Installed</b>		<b>Contr. Installed</b>	sliding glass window with shelf
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office chairs (2)	<b>Owner Furnished/</b>	Computers
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Consultation Room (3)

## Space Requirements

<b>Adjacencies:</b> Pharmacy Retail	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Privacy Set																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Guest chairs, small table, <b>Owner Installed</b> signage	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Pharmacy

## Break Room (1)

**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

**Special Requirements**

Room Data Sheet

Farmington, Utah  
Programming Services

**Ancillary Services**

**Radiology**

**Waiting Room (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Reception Sub-waiting Mammo Waiting Toilet</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Passage</p>	<p><b>Program Net Area:</b> 740 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 49</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency/ Specialty</p> <p><b>Communications</b> Data (wireless)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
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<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Waiting chairs and tables,
<b>Owner Installed</b>	signage

**Special Equipment Requirements**

<b>Contr. Furnished/</b>	Masterclock
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	TV
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## Reception (1)

## Space Requirements

<b>Adjacencies:</b> Waiting Sub-waiting Mammo waiting File storage  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b>	<b>Program Net Area:</b> 300 SF  <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 3  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	<b>Contr. Furnished/</b> Pneumatic Tube <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> printer
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## Special Requirements

## Room Data Sheet

## Ancillary Services

## Radiology

## X-Ray (1)

## Space Requirements

<b>Adjacencies:</b> Sub-waiting Dressing	<b>Program Net Area:</b> 440 SF <b>Footprint (Section K):</b> 22 <b>Assignable:</b> yes <b>Occupant Load:</b> 5
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Card access	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Structural support for <b>Contr. Installed</b> ceiling mounted x-ray equipment. Lead lining
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Stool, side chairs (2), signage <b>Owner Installed</b>	<b>Owner Furnished/</b> X-ray equipment <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Radiology**
**Mammo Waiting (1)**
**Space Requirements**

<b>Adjacencies:</b> Reception Mammo Mammo Dressing	<b>Program Net Area:</b> 215 SF <b>Footprint (Section K):</b> 21 <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless)																
<b>Access Security</b> Passage	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> TV <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## Mammography (1)

**Space Requirements**

<b>Adjacencies:</b> Mammo waiting Mammo Dressing	<b>Program Net Area:</b> 210 SF <b>Footprint (Section K):</b> 21 <b>Assignable:</b> yes <b>Occupant Load:</b> 3
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Card access	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Power for tenant's <b>Contr. Installed</b> equipment
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Stool, side chairs (2), signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Mammo equipment <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## Storage (1)

## Space Requirements

<b>Adjacencies:</b> Mammography  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Key Lock	<b>Program Net Area:</b> 140 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Radiology**
**X-ray Dressing (2)**
**Space Requirements**

<b>Adjacencies:</b> Sub-waiting X-ray Waiting	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> 17 <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Privacy lock									

**Special Furnishing Requirements**

 Contr. Furnished/ Millwork  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Radiology**
**Mammo Dressing (2)**
**Space Requirements**

<b>Adjacencies:</b> Mammo waiting Mammography	<b>Program Net Area:</b> 45 SF <b>Footprint (Section K):</b> 21 <b>Assignable:</b> yes <b>Occupant Load:</b> 1								
<b>Room Finishes</b>									
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Privacy lock									

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## X-ray Sub-waiting (1)

## Space Requirements

<b>Adjacencies:</b> Reception X-ray Dressing	<b>Program Net Area:</b> 110 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 7																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless)																
<b>Access Security</b> None	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

## Special Furnishing Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	

## Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> TV <b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Radiology

## CT (1)

## Space Requirements

<b>Adjacencies:</b> Sub-waiting Dressing	<b>Program Net Area:</b> 330 SF <b>Footprint (Section K):</b> 19 (sim) <b>Assignable:</b> yes <b>Occupant Load:</b> 4
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency, Specialty <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Card access	

## Special Furnishing Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Stool, signage <b>Owner Installed</b>	

## Special Equipment Requirements

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Power for tenant provided equipment
<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
<b>Owner Furnished/</b> <b>Owner Installed</b>	CT equipment

## Special Requirements

Room Data Sheet

Ancillary Services

Radiology

Console (1)

**Space Requirements**

<b>Adjacencies:</b>	CT CT Equipment	<b>Program Net Area:</b>	125 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency,
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wifi and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Card access	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**      **Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	Power for tenant
<b>Contr. Installed</b>		<b>Contr. Installed</b>	provided equipment
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office chairs, signage	<b>Owner Furnished/</b>	CT equipment
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

Room Data Sheet

**Ancillary Services**

**Radiology**

**CT Equipment (1)**

**Space Requirements**

<p><b>Adjacencies:</b> CT CT Equipment</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Sheet vinyl coved base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Keyed lock</p>	<p><b>Program Net Area:</b> 80 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 1</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency,</p> <p><b>Communications</b> Data (wifi and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> Power for tenant provided equipment</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> CT equipment</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## Toilet Room (5)

## Space Requirements

<b>Adjacencies:</b> Mammo waiting Sub-waiting Ultrasound	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Radiology

## Ultrasound (2)

## Space Requirements

<b>Adjacencies:</b> Waiting Toilet	<b>Program Net Area:</b> 210 SF <b>Footprint (Section K):</b> 20 <b>Assignable:</b> yes <b>Occupant Load:</b> 3
<b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Exam table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, ultrasound <b>Owner Installed</b> equipment

## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Radiology**
**Reading Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Physician's open office Nurse	<b>Program Net Area:</b> 280 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 3
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Data (wireless and hard con.)
<b>Access Security</b> Passage set	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ X-ray viewboxes  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## CT Sub-waiting (1)

## Space Requirements

<b>Adjacencies:</b> Reception X-ray Dressing	<b>Program Net Area:</b> 140 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 9																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless)																
<b>Access Security</b> None	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

## Special Furnishing Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Waiting chairs and tables, <b>Owner Installed</b> signage	

## Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> TV <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Owner Installed</b>	

## Special Requirements

Room Data Sheet

**Ancillary Services**

**Radiology**

**MRI Dressing (2)**

**Space Requirements**

<p><b>Adjacencies:</b> Reception MRI Toilet</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Privacy lock</p>	<p><b>Program Net Area:</b> 45 SF</p> <p><b>Footprint (Section K):</b> 17</p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 1</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> None</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Radiology

## MRI (1)

## Space Requirements

<b>Adjacencies:</b> MRI Control MRI Equipment MRI Dressing MRI Hand Wash	<b>Program Net Area:</b> 400 SF <b>Footprint (Section K):</b> 19 <b>Assignable:</b> yes <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Specialty  <b>Communications</b> Data (wifi and hard con.)																
<b>Access Security</b> Card access	<b>Plumbing Fixtures</b> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input checked="" type="checkbox"/></td> <td>Floor Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Floor Sink	<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Floor Sink														
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Power for tenant <b>Contr. Installed</b> provided equipment MRI shielding
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Stool, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> MRI equipment <b>Owner Installed</b>

## Special Requirements

## Room Data Sheet

## Ancillary Services

## Radiology

## MRI Control (1)

## Space Requirements

<b>Adjacencies:</b> MRI MRI Equipment	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> 19 <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency,  <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Card access																	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Power for tenant <b>Contr. Installed</b> provided equipment
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Office chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> MRI equipment <b>Owner Installed</b>

## Special Requirements

Room Data Sheet

**Ancillary Services**

**Radiology**

**MRI Equipment (1)**

**Space Requirements**

<p><b>Adjacencies:</b> MRI MRI Control</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Anti-microbial sheet vinyl</p> <p><b>Base:</b> Sheet vinyl coved base</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Keyed lock</p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> 1</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency,</p> <p><b>Communications</b> Data (wifi and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> Power for tenant provided equipment</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> MRI equipment</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Radiology**
**MRI Hand Wash (1)**

Space Requirements			
<b>Adjacencies:</b>	MRI MRI Dressing	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Passage Set		
Special Furnishing Requirements		Special Equipment Requirements	
<b>Contr. Furnished/ Contr. Installed</b>	Millwork	<b>Contr. Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Contr. Installed</b>		<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Tables, chairs, signage	<b>Owner Furnished/ Owner Installed</b>	None

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Radiology**
**Clean Storage (1)**
**Space Requirements**

<b>Adjacencies:</b> Exam Procedure Nurse's Station	<b>Program Net Area:</b> 110 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl	<b>Mechanical</b> HVAC
<b>Base:</b> Sheet vinyl coved base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Communications</b> Data
<b>Access Security</b> Keyed lock	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Adjustable shelving <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Electronically monitored <b>Owner Installed</b> storage system

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Radiology**
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> None	<b>Program Net Area:</b> 175 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Central Processing**
**Decontamination (1)**
**Space Requirements**

<b>Adjacencies:</b> Surgical Suite Endoscopy Suite Central Processing Janitor	<b>Program Net Area:</b> 250 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 3
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Card access	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> <b>Owner Installed</b> Decontamination equipment

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Central Processing

## Central Processing (1)

## Space Requirements

<b>Adjacencies:</b> Surgical Suite Endoscopy Suite Decontamination Janitor	<b>Program Net Area:</b> 550 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 6
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Card access	

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Storage shelving, <b>Owner Installed</b> sorting carts

## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Central Processing**
**Janitor (1)**
**Space Requirements**

<b>Adjacencies:</b> Decontamination Central Processing	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Mop Sink <input type="checkbox"/> Sink <input type="checkbox"/>
<b>Access Security</b> Key Lock	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mop accessory storage <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**ARUP Laboratory**
**Specimen Processing (1)**
**Space Requirements**

<b>Adjacencies:</b> Blood Bank  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Card access	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Mop Sink <input type="checkbox"/> Sink <input type="checkbox"/>
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Office chairs, signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Pneumatic tube <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**ARUP Laboratory**
**Blood Bank (1)**
**Space Requirements**

<b>Adjacencies:</b>	Specimen Processing	<b>Program Net Area:</b>	200 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Keyed Lock	<input type="checkbox"/> Urinal	<input type="checkbox"/> Mop Sink
		<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

<b>Contr. Furnished/</b>	Millwork
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office chairs, signage
<b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None
<b>Owner Installed</b>	

**Special Requirements**

Room Data Sheet

**Ancillary Services**

**ARUP Laboratory**

**Walk-in Fridge (1)**

**Space Requirements**

<b>Adjacencies:</b>	Specimen Processing Blood Bank	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Vendor provided	<b>Electrical</b>	120V
<b>Base:</b>	Vendor provided	<b>Lighting</b>	Vendor Provided
<b>Walls:</b>	Vendor provided	<b>Communications</b>	None
<b>Ceiling:</b>	Vendor provided	<b>Plumbing Fixtures</b>	
		<input checked="" type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Keyed Lock	<input type="checkbox"/> Urinal	<input type="checkbox"/> Mop Sink
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Shelving, signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**ARUP Laboratory**
**Ante Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Clean Room  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted  <b>Access Security</b> Passage set	<b>Program Net Area:</b> 110 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
---	---

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**ARUP Laboratory**
**Clean Room (1)**
**Space Requirements**

<b>Adjacencies:</b>	Ante Room	<b>Program Net Area:</b>	110 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Sheet vinyl coved base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data (wireless and hard con.)
<b>Ceiling:</b>	GWB Painted	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Passage set	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Work station, office chair  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Computer  
 Owner Installed

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## ARUP Laboratory

## Storage (1)

## Space Requirements

<b>Adjacencies:</b>		<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Data
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Key Lock		

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b>	Adjustable shelving	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	Electronically monitored
<b>Owner Installed</b>		<b>Owner Installed</b>	storage system

## Special Requirements

Room Data Sheet

**Ancillary Services**

**ARUP Laboratory**

**Toilet Room (1)**

**Space Requirements**

<p><b>Adjacencies:</b> Nurse's Station Laboratory</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Tile</p> <p><b>Base:</b> Tile</p> <p><b>Walls:</b> GWB Painted Tile wainscot</p> <p><b>Ceiling:</b> GWB Painted</p> <p><b>Access Security</b> Privacy Set</p>	<p><b>Program Net Area:</b> 50 SF</p> <p><b>Footprint (Section K):</b> 3</p> <p><b>Assignable:</b> yes</p> <p><b>Occupant Load:</b> `</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> Nurse call</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td>Floor Drain</td> <td><input checked="" type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	Floor Drain	<input checked="" type="checkbox"/>	Lavatory	<input checked="" type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Floor Drain	<input checked="" type="checkbox"/>	Lavatory														
<input checked="" type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements      Special Equipment Requirements**

<p><b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories</p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Signage <b>Owner Installed</b></p>	<p><b>Contr. Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None <b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**ARUP Laboratory**
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Physician Open Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 14																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Millwork
<b>Owner Furnished/ Contr. Installed</b>	
<b>Owner Furnished/ Owner Installed</b>	Tables, chairs, signage

**Special Equipment Requirements**

<b>Contr. Furnished/ Contr. Installed</b>	Garbage disposal
<b>Owner Furnished/ Contr. Installed</b>	None
<b>Owner Furnished/ Owner Installed</b>	Microwave, refrigerator

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Patient Laboratory**
**Waiting Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Reception Procedure Scale Alcove	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 13																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Tables, chairs, signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Patient Laboratory**
**Reception (1)**
**Space Requirements**

<b>Adjacencies:</b> Waiting Procedure	<b>Program Net Area:</b> 100 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> None																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work station chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> Computers, phones, <b>Owner Installed</b> printer

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Patient Laboratory**
**Procedure (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Sheet vinyl coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Privacy Set	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency Surgical light <b>Communications</b> Data (wifi and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Exam table, stool, <b>Owner Installed</b> side chairs (2), signage	<b>Contr. Furnished/</b> Backing for wall mounted <b>Contr. Installed</b> comp. rail  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computer <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Patient Laboratory**
**Toilet Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Nurse's Station Laboratory	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Nurse call  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
<b>Access Security</b> Privacy Set	

**Special Furnishing Requirements**

 Contr. Furnished/ Mirror, toilet accessories,  
 Contr. Installed ADA accessories

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

Room Data Sheet

**Ancillary Services**

**Delicatessen**

**Counter (1)**

**Space Requirements**

<b>Adjacencies:</b>	Lobby Seating	<b>Program Net Area:</b>	250 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	3
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Tile	<b>Electrical</b>	120V
<b>Base:</b>	Tile	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	GWB Painted	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Keyed Lock	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	Millwork	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Delicatessen**
**Prep Area (1)**
**Space Requirements**

<b>Adjacencies:</b> Lobby Seating	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Mylar Coated	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Delicatessen

## Storage (1)

## Space Requirements

<b>Adjacencies:</b>	Atrium Seating	<b>Program Net Area:</b>	160 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Anti-microbial sheet vinyl	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Mylar Coated	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
<b>Access Security</b>	Keyed Lock	<input type="checkbox"/> Sink	<input type="checkbox"/>

## Special Furnishing Requirements

 Contr. Furnished/ Millwork  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

## Special Equipment Requirements

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Delicatessen**
**Dishwash (1)**
**Space Requirements**

<b>Adjacencies:</b> Atrium Seating	<b>Program Net Area:</b> 85 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Coved base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Mylar Coated	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input checked="" type="checkbox"/></td> <td>3-compartment sink</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	3-compartment sink	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	3-compartment sink														
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Ancillary Services**
**Delicatessen**
**Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Atrium Seating	<b>Program Net Area:</b> 80 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Carpet tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet base	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel Medium Quality	<b>Communications</b> Telephone/Data (wireless and hard con.)
	<b>Plumbing Fixtures</b>
	<input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Sink
<b>Access Security</b> Keyed Lock	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

Room Data Sheet

**Ancillary Services**

**Delicatessen**

**Seating (1)**

**Space Requirements**

<b>Adjacencies:</b>	Atrium Counter	<b>Program Net Area:</b>	250 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	17
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Tile	<b>Electrical</b>	120V
<b>Base:</b>	Tile	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Wifi
<b>Ceiling:</b>	Acoustic Panel GWB Painted	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	None		

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Tables, chairs	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

Room Data Sheet

**Ancillary Services**

**Security Office**

**Office (1)**

**Space Requirements**

<b>Adjacencies:</b>	First floor	<b>Program Net Area:</b>	150 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	yes
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Carpet Tile	<b>Electrical</b>	120V, Emergency power
<b>Base:</b>	Carpet	<b>Lighting</b>	Fluorescent/Emergency/
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Telephone/Data (wireless and hard con.)
<b>Ceiling:</b>	Acoustic Panel Moderate Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Card access	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	Backing for wall
<b>Contr. Installed</b>		<b>Contr. Installed</b>	mounted monitors
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Office desk and chair	<b>Owner Furnished/</b>	Computer, phone,
<b>Owner Installed</b>	chairs (2), signage	<b>Owner Installed</b>	large monitors, CCTV

**Special Requirements**

## Room Data Sheet

## Ancillary Services

## Command Center

## Command Center (Conference Room) (1)

## Space Requirements

<b>Adjacencies:</b> None  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Keyed lock and punch pad	<b>Program Net Area:</b> 300 SF <b>Footprint (Section K):</b> 23 <b>Assignable:</b> yes <b>Occupant Load:</b> 20  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V, Emergency power  <b>Lighting</b> Fluorescent/Emergency/  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Floor Drain</td> <td style="width: 50%;"><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork (locking) for radios <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Conference table, office <b>Owner Installed</b> chairs (8), signage	<b>Contr. Furnished/</b> Access to roof mounted <b>Contr. Installed</b> antenna, backing for ceiling mounted projector, screen  <b>Owner Furnished/</b> Analog phone, projector, <b>Contr. Installed</b> TV w/ cable, radios  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

**Ancillary Services**
**Medical Records/ROI**
**Office (1)**
**Space Requirements**

<b>Adjacencies:</b> None	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 3								
<b>Room Finishes</b>									
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Keyed lock									

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Work stations and office <b>Owner Installed</b> chairs (3), signage	<b>Owner Furnished/</b> Computers, phone <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Lobby/Guest Relations**
**Central Kiosk per floor in common area (2)**
**Space Requirements**

<b>Adjacencies:</b> Common area  <b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel High Quality  <b>Access Security</b> None	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/ Specialty <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Office chairs, signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Computers, phone <b>Owner Installed</b>
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**Special Requirements**

Room Data Sheet

Facility Support / Administration

Lobby/Guest Relations

Lobby (1) - 1st & 2nd Floors

**Space Requirements**

<b>Adjacencies:</b>	Common area	<b>Program Net Area:</b>	9,690 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	no
		<b>Occupant Load:</b>	Accessory
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Tile	<b>Electrical</b>	120V
<b>Base:</b>	Tile	<b>Lighting</b>	Fluorescent/Emergency/ Specialty
<b>Walls:</b>	GWB Painted	<b>Communications</b>	Wifi
<b>Ceiling:</b>	GWB Painted Acoustic Panel High Quality	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	None	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Waiting furniture	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Lobby/Guest Relations**
**First Floor Common Area Restrooms (Men's & Women's)**
**Space Requirements**

<b>Adjacencies:</b> Common area  <b>Room Finishes</b> <b>Floor:</b> Tile  <b>Base:</b> Tile  <b>Walls:</b> GWB Painted Tile wainscot <b>Ceiling:</b> GWB Painted  <b>Access Security</b> None	<b>Program Net Area:</b> 400 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency/  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="border: 1px solid black; text-align: center; width: 20px;"><input checked="" type="checkbox"/></td> <td style="padding-left: 5px;">Floor Drain</td> <td style="border: 1px solid black; width: 20px; height: 20px; margin-left: 20px;"></td> <td style="padding-left: 5px;">Lavatory</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td>Toilet</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Shower Head</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td>Urinal</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td>Sink</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	Floor Drain		Lavatory	<input checked="" type="checkbox"/>	Toilet		Shower Head	<input checked="" type="checkbox"/>	Urinal			<input checked="" type="checkbox"/>	Sink		
<input checked="" type="checkbox"/>	Floor Drain		Lavatory														
<input checked="" type="checkbox"/>	Toilet		Shower Head														
<input checked="" type="checkbox"/>	Urinal																
<input checked="" type="checkbox"/>	Sink																

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

## Facility Support / Administration

## Meeting Rooms

## Medium Conference Room (2)

## Space Requirements

<b>Adjacencies:</b> Common area  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel High Quality  <b>Access Security</b> Keyed Lock	<b>Program Net Area:</b> 1000 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 67  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Conference tables, chairs <b>Owner Installed</b>	<b>Contr. Furnished/</b> AV systems <b>Contr. Installed</b> Powered projection screen  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

## Facility Support / Administration

## Meeting Rooms

## Small Conference Room (2)

## Space Requirements

<b>Adjacencies:</b> Serving Kitchen  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel High Quality  <b>Access Security</b> Keyed Lock	<b>Program Net Area:</b> 500 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 34  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Conference tables, chairs <b>Owner Installed</b>	<b>Contr. Furnished/</b> AV systems <b>Contr. Installed</b> Powered projection screen  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

**Facility Support / Administration**
**Meeting Rooms**
**Serving Kitchen (1)**
**Space Requirements**

<b>Adjacencies:</b> Small Conference  <b>Room Finishes</b> <b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Medium Quality  <b>Access Security</b> Keyed Lock	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input checked="" type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Refrigerator <b>Owner Installed</b>
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**Special Requirements**

## Room Data Sheet

## Facility Support / Administration

## Central Stores

## Mail Room (1)

## Space Requirements

<b>Adjacencies:</b> Shipping/Receiving Central Stores	<b>Program Net Area:</b> 350 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 4																
<b>Room Finishes</b>																	
<b>Floor:</b> Epoxy  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Medium Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock																	

## Special Furnishing Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Work station, office chair (1), <b>Owner Installed</b> storage shelving	

## Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Postage machine <b>Owner Installed</b>	

## Special Requirements

## Room Data Sheet

## Facility Support / Administration

## Central Stores

## Shipping/Receiving (1)

**Space Requirements**

<b>Adjacencies:</b> Mail Room Central Stores Dock	<b>Program Net Area:</b> 150 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2								
<b>Room Finishes</b>									
<b>Floor:</b> Exposed concrete  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Medium Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								
<b>Access Security</b> Keyed Lock									

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Storage shelving, signage <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> CCTV <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

## Facility Support / Administration

## Central Stores

## Central Stores (1)

**Space Requirements**

<b>Adjacencies:</b> Mail Room Shipping/Receiving	<b>Program Net Area:</b> 1,200 SF <b>Footprint (Section K):</b> 24 <b>Assignable:</b> no <b>Occupant Load:</b> 5																
<b>Room Finishes</b>																	
<b>Floor:</b> Exposed concrete  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Medium Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Card access																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Storage shelving, signage <b>Owner Installed</b>	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> <b>Contr. Installed</b>	Pneumatic tube
<b>Owner Furnished/</b> <b>Contr. Installed</b>	None
<b>Owner Furnished/</b> <b>Owner Installed</b>	CCTV

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Environmental Services**
**Clean Linen (1)**
**Space Requirements**

<b>Adjacencies:</b> Shipping/Receiving  <b>Room Finishes</b> <b>Floor:</b> Textured Epoxy flooring  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Medium Quality  <b>Access Security</b> Card access	<b>Program Net Area:</b> 275 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork (locking) <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

Corner guards

## Room Data Sheet

**Facility Support / Administration**
**Environmental Services**
**Soiled Linen (1)**
**Space Requirements**

<b>Adjacencies:</b> Shipping/Receiving  <b>Room Finishes</b> <b>Floor:</b> Textured Epoxy flooring  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> GWB Painted  <b>Access Security</b> Card access	<b>Program Net Area:</b> 275 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC, exhaust  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Shower Head</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sink</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head	<input type="checkbox"/> Urinal	<input type="checkbox"/>	<input type="checkbox"/> Sink	<input type="checkbox"/>
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory								
<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head								
<input type="checkbox"/> Urinal	<input type="checkbox"/>								
<input type="checkbox"/> Sink	<input type="checkbox"/>								

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork (locking) <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

Corner guards

## Room Data Sheet

**Facility Support / Administration**
**Environmental Services**
**Janitor Supply (1)**
**Space Requirements**

<b>Adjacencies:</b> Clean Linen Soiled Linen ITS Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Epoxy  <b>Base:</b> Epoxy covered base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock and punch pad																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation and chair, side <b>Owner Installed</b> chairs (2)	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

Wall guards

## Room Data Sheet

**Facility Support / Administration**
**Environmental Services**
**ITS Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Clean Linen Soiled Linen Janitor Supply	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V, Emergency power  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (2 ea.) (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock and punch pad																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation and chair, side <b>Owner Installed</b> chairs (2)	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

Room Data Sheet

Facility Support / Administration

Environmental Services

Environmental Services Office (1)

**Space Requirements**

<p><b>Adjacencies:</b> Clean Linen Soiled Linen ITS Office</p> <p><b>Room Finishes</b></p> <p><b>Floor:</b> Carpet Tile</p> <p><b>Base:</b> Carpet</p> <p><b>Walls:</b> GWB Painted</p> <p><b>Ceiling:</b> Acoustic Panel Moderate Quality</p> <p><b>Access Security</b> Keyed Lock and punch pad</p>	<p><b>Program Net Area:</b> 120 SF</p> <p><b>Footprint (Section K):</b></p> <p><b>Assignable:</b> no</p> <p><b>Occupant Load:</b> 2</p> <p><b>Mechanical</b> HVAC</p> <p><b>Electrical</b> 120V</p> <p><b>Lighting</b> Fluorescent/Emergency</p> <p><b>Communications</b> Telephone/Data (wireless and hard con.)</p> <p><b>Plumbing Fixtures</b></p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															

**Special Furnishing Requirements**      **Special Equipment Requirements**

<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> Workstation and chair, side <b>Owner Installed</b> chairs (4), small table</p>	<p><b>Contr. Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Contr. Installed</b></p> <p><b>Owner Furnished/</b> None</p> <p><b>Owner Installed</b></p>
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**Special Requirements**

## Room Data Sheet

 Farmington, Utah  
 Programming Services

**Facility Support / Administration**
**Environmental Services**
**Facility Workshop (1)**
**Space Requirements**

<b>Adjacencies:</b> Shipping/Receiving ITS Office	<b>Program Net Area:</b> 280 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 3																
<b>Room Finishes</b>																	
<b>Floor:</b> Epoxy  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Medium Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V, Emergency power  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (2 ea.) (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock and punch pad																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Work station, office chair (1), <b>Owner Installed</b> storage shelving, lockers	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> BAS <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Air compressor, work <b>Owner Installed</b> bench, tool cabinets	

**Special Requirements**

## Room Data Sheet

## Facility Support / Administration

## Environmental Services

## Toilet Room (2)

**Space Requirements**

<b>Adjacencies:</b> Facility Workshop ITS Office	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Tile	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted Tile wainscot	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> GWB Painted	<b>Communications</b> Nurse call
<b>Access Security</b> Privacy Set	<b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

## Facility Support / Administration

## Environmental Services

## Trash Room (1)

## Space Requirements

<b>Adjacencies:</b> Shipping/Receiving  <b>Room Finishes</b> <b>Floor:</b> Textured Epoxy flooring  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Exposed Structure  <b>Access Security</b> Card access	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

## Room Data Sheet

## Facility Support / Administration

## Environmental Services

## Break Room (1)

## Space Requirements

<b>Adjacencies:</b> Facility Workshop  <b>Room Finishes</b> <b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Passage Set	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> 4 <b>Assignable:</b> yes <b>Occupant Load:</b> 10  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input checked="" type="checkbox"/> Ice Maker feed <input checked="" type="checkbox"/> Sink <input type="checkbox"/>
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>  <b>Owner Furnished/</b> <b>Contr. Installed</b>  <b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Garbage disposal, <b>Contr. Installed</b> backing for computer rail  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Microwave, refrigerators <b>Owner Installed</b> computer, ice maker
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## Special Requirements

## Room Data Sheet

**Facility Support / Administration**
**Shipping/Receiving**
**Loading (1)**
**Space Requirements**

<b>Adjacencies:</b> Shipping/Receiving Office  <b>Room Finishes</b> <b>Floor:</b> Exposed concrete  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Exposed structure  <b>Access Security</b> Keyed Lock	<b>Program Net Area:</b> 1,000 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 5  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> Curtain over receiving <b>Contr. Installed</b> doors, dock leveler, receiving pads  <b>Owner Furnished/</b> Baler <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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**Special Requirements**

Trash compactor and chute

## Room Data Sheet

**Facility Support / Administration**
**Shipping/Receiving**
**Shipping/Receiving Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Loading  <b>Room Finishes</b> <b>Floor:</b> Epoxy paint  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality  <b>Access Security</b> Keyed Lock	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Workstation, office chair, <b>Owner Installed</b> side chairs (2)	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> None <b>Contr. Installed</b>   <b>Owner Furnished/</b> Computer <b>Owner Installed</b>
---	---

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Shipping/Receiving**
**Med Gas (1)**
**Space Requirements**

<b>Adjacencies:</b>	Loading	<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	no
		<b>Occupant Load:</b>	2
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC, exhaust
<b>Floor:</b>	Exposed concrete	<b>Electrical</b>	120V, outlets above 5'-0"
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Exposed Ceiling	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
<b>Access Security</b>	Card access	<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Owner Installed

**Special Requirements**

1 hour rated room

## Room Data Sheet

**Facility Support / Administration**
**Administration/Business Offices**
**Office (6)**
**Space Requirements**

<b>Adjacencies:</b> Open Office Copy Break	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td><td>Floor Drain</td> <td><input type="checkbox"/></td><td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td><td>Toilet</td> <td><input type="checkbox"/></td><td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td><td>Urinal</td> <td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>Sink</td> <td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Keyed Lock																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Workstation, office chair, <b>Owner Installed</b> side chairs (2), signage	<b>Owner Furnished/</b> Computer, phone <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Administration/Business Offices**
**Toilet Room (2)**
**Space Requirements**

<b>Adjacencies:</b> Office Open Office	<b>Program Net Area:</b> 50 SF <b>Footprint (Section K):</b> 3 <b>Assignable:</b> yes <b>Occupant Load:</b> 1
<b>Room Finishes</b>	
<b>Floor:</b> Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Tile	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted Tile wainscot	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> GWB Painted	<b>Communications</b> Nurse call
<b>Access Security</b> Privacy Set	<b>Plumbing Fixtures</b> <input checked="" type="checkbox"/> Floor Drain <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Mirror, toilet accessories, <b>Contr. Installed</b> ADA accessories	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

 Farmington, Utah  
 Programming Services

**Facility Support / Administration**
**Administration/Business Offices**
**Open Office (1)**
**Space Requirements**

<b>Adjacencies:</b> Office Copy Break	<b>Program Net Area:</b> 900 SF <b>Footprint (Section K):</b> 5 (sim) <b>Assignable:</b> no <b>Occupant Load:</b> 9																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Card access																	

**Special Furnishing Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Workstations, office chairs, <b>Owner Installed</b> signage	

**Special Equipment Requirements**

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	
<b>Owner Furnished/</b> Computers, phone <b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Administration/Business Offices**
**Conference (1)**
**Space Requirements**

<b>Adjacencies:</b> Office Open Office	<b>Program Net Area:</b> 220 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 15
<b>Room Finishes</b>	
<b>Floor:</b> Carpet Tile	<b>Mechanical</b> HVAC
<b>Base:</b> Carpet	<b>Electrical</b> 120V
<b>Walls:</b> GWB Painted	<b>Lighting</b> Fluorescent/Emergency
<b>Ceiling:</b> Acoustic Panel High Quality	<b>Communications</b> Data (wireless and hard con.)
<b>Access Security</b> Keyed Lock	<b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> AV systems <b>Contr. Installed</b> Powered projection screen
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Conference tables, chairs <b>Owner Installed</b>	<b>Owner Furnished/</b> None <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Administration/Business Offices**
**Copy (1)**
**Space Requirements**

<b>Adjacencies:</b> Open Office Office	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 2																
<b>Room Finishes</b>																	
<b>Floor:</b> Carpet Tile  <b>Base:</b> Carpet  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="display: inline-table; margin-right: 20px;"> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Toilet</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> </table> <table border="0"> <tr><td><input type="checkbox"/></td><td>Lavatory</td></tr> <tr><td><input type="checkbox"/></td><td>Shower Head</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain																
<input type="checkbox"/>	Toilet																
<input type="checkbox"/>	Urinal																
<input type="checkbox"/>	Sink																
<input type="checkbox"/>	Lavatory																
<input type="checkbox"/>	Shower Head																
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<b>Access Security</b> None																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> None <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Copy machine <b>Owner Installed</b>

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Administration/Business Offices**
**Break Room (1)**
**Space Requirements**

<b>Adjacencies:</b> Office Open Office	<b>Program Net Area:</b> 200 SF <b>Footprint (Section K):</b> <b>Assignable:</b> yes <b>Occupant Load:</b> 8																
<b>Room Finishes</b>																	
<b>Floor:</b> Anti-microbial sheet vinyl  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Acoustic Panel Moderate Quality	<b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> Telephone/Data (wireless and hard con.)  <b>Plumbing Fixtures</b> <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Lavatory</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Toilet</td> <td><input type="checkbox"/></td> <td>Shower Head</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Sink</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Urinal	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Lavatory														
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Shower Head														
<input type="checkbox"/>	Urinal	<input type="checkbox"/>															
<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>															
<b>Access Security</b> Passage Set																	

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b> Millwork <b>Contr. Installed</b>	<b>Contr. Furnished/</b> Garbage disposal <b>Contr. Installed</b>
<b>Owner Furnished/</b> <b>Contr. Installed</b>	<b>Owner Furnished/</b> None <b>Contr. Installed</b>
<b>Owner Furnished/</b> Tables, chairs, signage <b>Owner Installed</b>	<b>Owner Furnished/</b> Microwave, refrigerator <b>Owner Installed</b>

**Special Requirements**

Room Data Sheet

Facility Support / Administration

Communications

Communications (5)

**Space Requirements**

<b>Adjacencies:</b>		<b>Program Net Area:</b>	120 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	no
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC (2 sources of cooling)
<b>Floor:</b>	Exposed concrete	<b>Electrical</b>	120V, UPS, generator power
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	Painted fire resistant plywood	<b>Communications</b>	None
<b>Ceiling:</b>	Exposed Ceiling	<b>Plumbing Fixtures</b>	
<b>Access Security</b>	Card access	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	Cable racking
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

FE 227 Fire suppression

Room Data Sheet

Facility Support / Administration

Communications

Communications (1)

**Space Requirements**

<b>Adjacencies:</b>		<b>Program Net Area:</b>	270 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	no
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC (2 sources of cooling)
<b>Floor:</b>	Exposed concrete	<b>Electrical</b>	120V, UPS, generator power
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	Painted fire resistant plywood	<b>Communications</b>	None
<b>Ceiling:</b>	Exposed Ceiling	<b>Plumbing Fixtures</b>	
<b>Access Security</b>	Card access	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	Cable racking
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

FE 227 Fire suppression

## Room Data Sheet

## Facility Support / Administration

## Electrical

## Electrical (3)

## Space Requirements

<b>Adjacencies:</b>  <b>Room Finishes</b> <b>Floor:</b> Exposed concrete  <b>Base:</b> Rubber base  <b>Walls:</b> GWB Painted  <b>Ceiling:</b> Exposed Ceiling  <b>Access Security</b> Keyed lock and punch pad	<b>Program Net Area:</b> 120 SF <b>Footprint (Section K):</b> <b>Assignable:</b> no <b>Occupant Load:</b> 1  <b>Mechanical</b> HVAC  <b>Electrical</b> 120V  <b>Lighting</b> Fluorescent/Emergency  <b>Communications</b> None  <b>Plumbing Fixtures</b> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Lavatory <input type="checkbox"/> Toilet <input type="checkbox"/> Shower Head <input type="checkbox"/> Urinal <input type="checkbox"/> Sink
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## Special Furnishing Requirements      Special Equipment Requirements

<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> Signage <b>Owner Installed</b>	<b>Contr. Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Contr. Installed</b>  <b>Owner Furnished/</b> None <b>Owner Installed</b>
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## Special Requirements

Room Data Sheet

Facility Support / Administration

Electrical

Electrical (1)

**Space Requirements**

<b>Adjacencies:</b>		<b>Program Net Area:</b>	300 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	no
		<b>Occupant Load:</b>	1
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Exposed concrete	<b>Electrical</b>	120V
<b>Base:</b>	Rubber base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Exposed Ceiling	<b>Plumbing Fixtures</b>	
		<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input type="checkbox"/>
		<input type="checkbox"/> Sink	<input type="checkbox"/>
<b>Access Security</b>	Keyed lock and punch pad		

**Special Furnishing Requirements      Special Equipment Requirements**

<b>Contr. Furnished/</b>	None	<b>Contr. Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	None	<b>Owner Furnished/</b>	None
<b>Contr. Installed</b>		<b>Contr. Installed</b>	
<b>Owner Furnished/</b>	Signage	<b>Owner Furnished/</b>	None
<b>Owner Installed</b>		<b>Owner Installed</b>	

**Special Requirements**

## Room Data Sheet

**Facility Support / Administration**
**Mechanical/Plumbing**
**Mechanical Penthouse**
**Space Requirements**

<b>Adjacencies:</b>		<b>Program Net Area:</b>	5,450 SF
		<b>Footprint (Section K):</b>	
		<b>Assignable:</b>	no
		<b>Occupant Load:</b>	4
<b>Room Finishes</b>		<b>Mechanical</b>	HVAC
<b>Floor:</b>	Epoxy	<b>Electrical</b>	120V, Emergency power
<b>Base:</b>	Coved epoxy base	<b>Lighting</b>	Fluorescent/Emergency
<b>Walls:</b>	GWB Painted	<b>Communications</b>	None
<b>Ceiling:</b>	Exposed Ceiling	<b>Plumbing Fixtures</b>	
<b>Access Security</b>	Keyed Lock and punch pad	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory
		<input type="checkbox"/> Toilet	<input type="checkbox"/> Shower Head
		<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Hose bib
		<input type="checkbox"/> Sink	<input type="checkbox"/>

**Special Furnishing Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ Signage  
 Owner Installed

**Special Equipment Requirements**

 Contr. Furnished/ None  
 Contr. Installed

 Owner Furnished/ None  
 Contr. Installed

 Owner Furnished/ CCTV  
 Owner Installed

**Special Requirements**

SIGNATURE SHEET	A
EXECUTIVE SUMMARY	B
SITE ANALYSIS	C
BUILDING REQUIREMENTS	D
INDIVIDUAL SPACE OUTLINES	E
DETACHED ANALYSIS OF EACH SPACE	F
<b>AREA SPACE SUMMARY SHEET</b>	<b>G</b>
DEPARTMENT ADJACENCIES DIAGRAMS	H
BUILDING ADJACENCIES DIAGRAMS	I
BUILDING ONE-LINE DIAGRAMS	J
ROOM DIAGRAMS	K
COST MODEL	L
PROJECT SCHEDULE	M
GEOTECHNICAL REPORT (PRELIMINARY)	N
SITE SCHEMATIC UTILITY PLAN	O

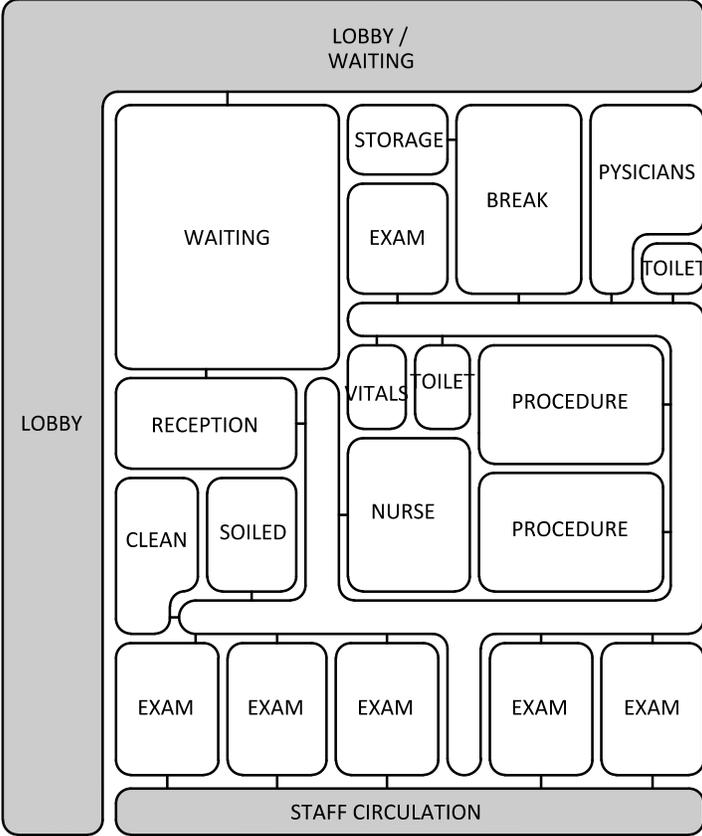
## Area Space Summary

Area	Floor	NSF	Space Common Factor	Dept. Area	Building Common Factor	GSF
<b>Primary Care</b>						
Urgent Care	Main	3,300	35%	4,455	15%	5,123
Pediatrics/Family Med./Internal Med.	Second	4,985	35%	6,730	15%	7,739
Group Visit	Second	800	20%	960	15%	1,104
<b>Specialty Clinics and Services</b>						
OB/GYN - Women's Center	Second	4,025	35%	5,434	15%	6,249
Ambulatory Surgical Center (ASC)	Second	9,000	45%	13,050	15%	15,008
Gastro/Endoscopy Center	Second	4,965	45%	7,199	15%	8,279
Dermatology Center	Second	3,460	35%	4,671	15%	5,372
ENT Clinic/Audiology	Second	1,875	35%	2,531	15%	2,911
Allergy and Immunology/Endocrinology/ Rheumatology/Urology/Neurology/ Neurosurgery/Pulmonology/Nephrology	Second	4,630	40%	6,482	15%	7,454
<b>Musculoskeletal/Sports Med./Orthopaedics</b>						
Orthopaedic Surgery/PT/PM&R/Podiatry	Main	5,095	10%	5,605	15%	6,445
<b>Cardio/Vascular</b>						
Cardiology	Second	1,845	30%	2,399	15%	2,758
<b>Moran Eye Center</b>						
Ophthalmology/Optometry/Optical	Main	3,250	20%	3,900	15%	4,485
<b>Huntsman Cancer Center</b>						
Hematology/Oncology/General Infusion	Main	7,985	35%	10,780	15%	12,397
<b>Ancillary Services</b>						
Pharmacy	Main	4,135	10%	4,549	15%	5,231
Radiology	Main	5,305	40%	7,427	15%	8,541
Central Processing	Second	950	10%	1,045	15%	1,202
ARUP Laboratory	Main	1,030	10%	1,133	15%	1,303
Patient Laboratory	Main	550	10%	605	15%	696
Delicatessen	Main	865	10%	952	15%	1,094
Security Office	Main	150	10%	165	15%	190
Command Center	Main	300	10%	330	15%	380
Medical Records/ROI	Main	200	10%	220	15%	253
Main Lobby/Guest Relations	Main	10,000	10%	11,000	15%	12,650
Meeting Rooms	Main	3,120	10%	3,432	15%	3,947
Central Stores	Main	1,500	10%	1,650	15%	1,898
Environmental Services	Main	1,530	10%	1,683	15%	1,935
Shipping/Receiving	Main	1,240	10%	1,364	15%	1,569
Administration/Business Offices	Main	2,260	25%	2,825	15%	3,249
Main Communications Room	Main	870	10%	957	15%	1,101
Main Electrical Room	Main	660	10%	726	15%	835
Main Water Room	Main	100	10%	110	15%	127
<b>TOTAL:</b>		<b>89,980</b>		<b>114,367</b>		<b>131,522</b>
Main Mechanical/Boiler Room	Penthouse	5,450	5%	0%	273	5,723

SIGNATURE SHEET	A
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AREA SPACE SUMMARY SHEET	G
<b>DEPARTMENT ADJACENCIES DIAGRAMS</b>	<b>H</b>
BUILDING ADJACENCIES DIAGRAMS	I
BUILDING ONE-LINE DIAGRAMS	J
ROOM DIAGRAMS	K
COST MODEL	L
PROJECT SCHEDULE	M
GEOTECHNICAL REPORT (PRELIMINARY)	N
SITE SCHEMATIC UTILITY PLAN	O

# DEPARTMENT ADJACENCY DIAGRAMS

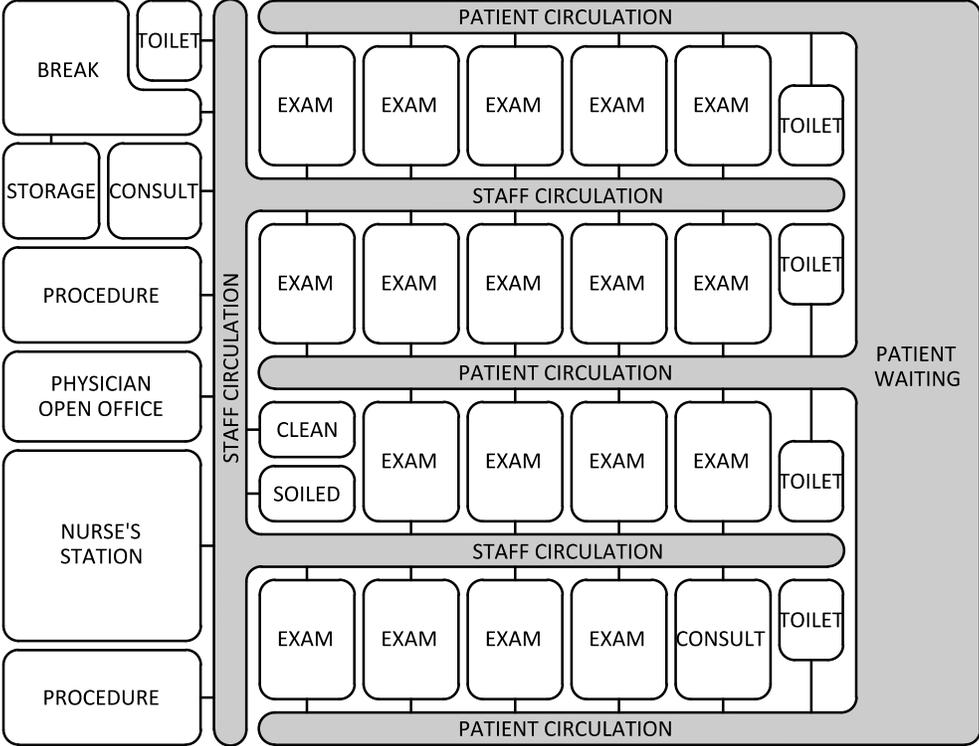
PRIMARY CARE SERVICES  
URGENT CARE



# DEPARTMENT ADJACENCY DIAGRAMS

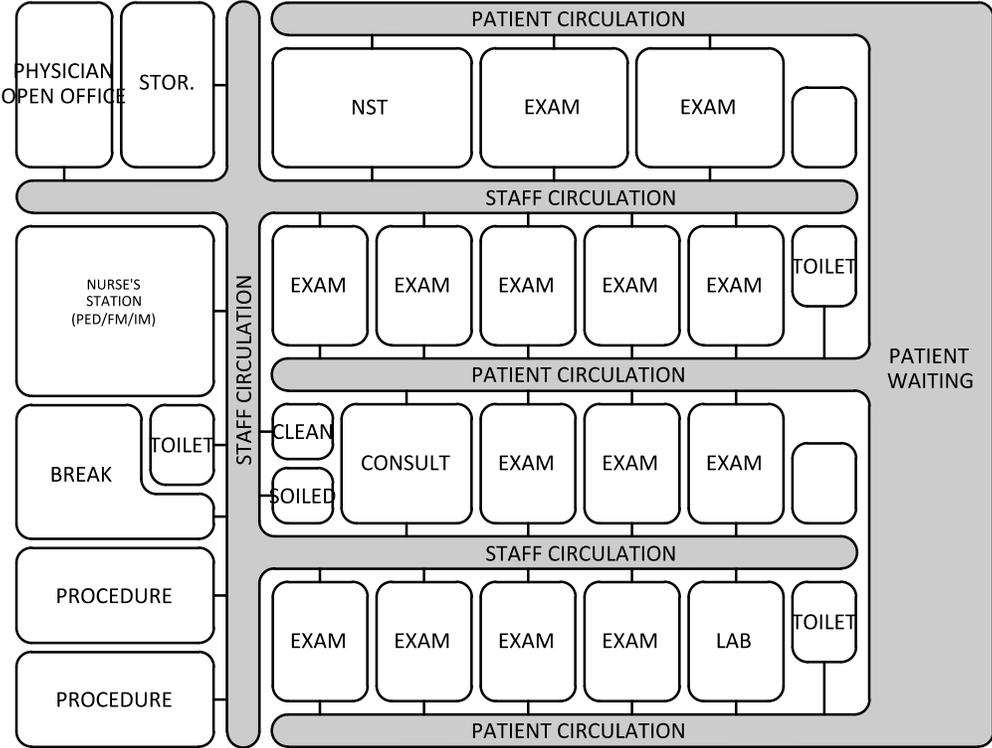
PRIMARY CARE

PEDIATRICS / FAMILY MEDICINE / INTERNAL MEDICINE



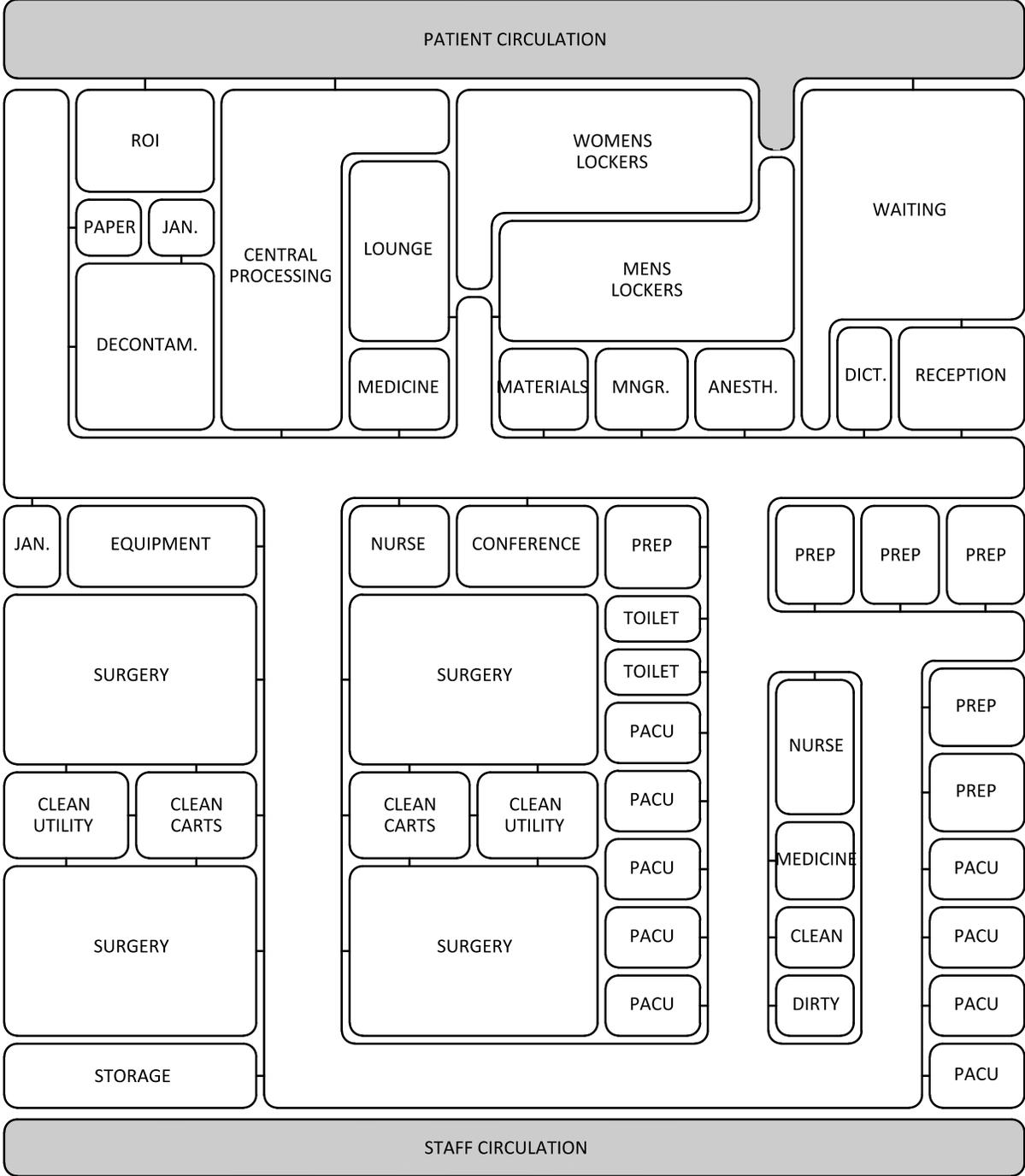
# DEPARTMENT ADJACENCY DIAGRAMS

SPECIALTY CLINICS AND SERVICES  
OB / GYN - WOMEN'S CENTER



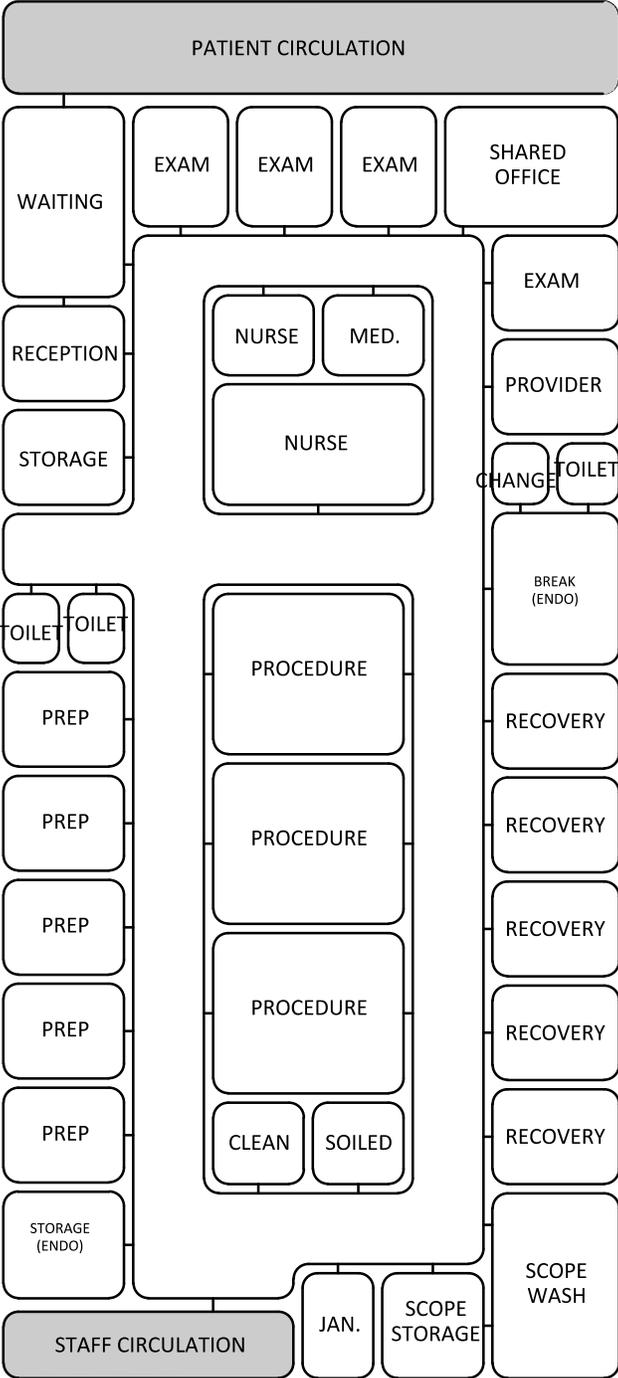
# DEPARTMENT ADJACENCY DIAGRAMS

SPECIALTY CLINICS AND SERVICES / ANCILLARY SERVICES  
 AMBULATORY SURGICAL CENTER / CENTRAL PROCESSING /  
 MEDICAL RECORDS / ROI



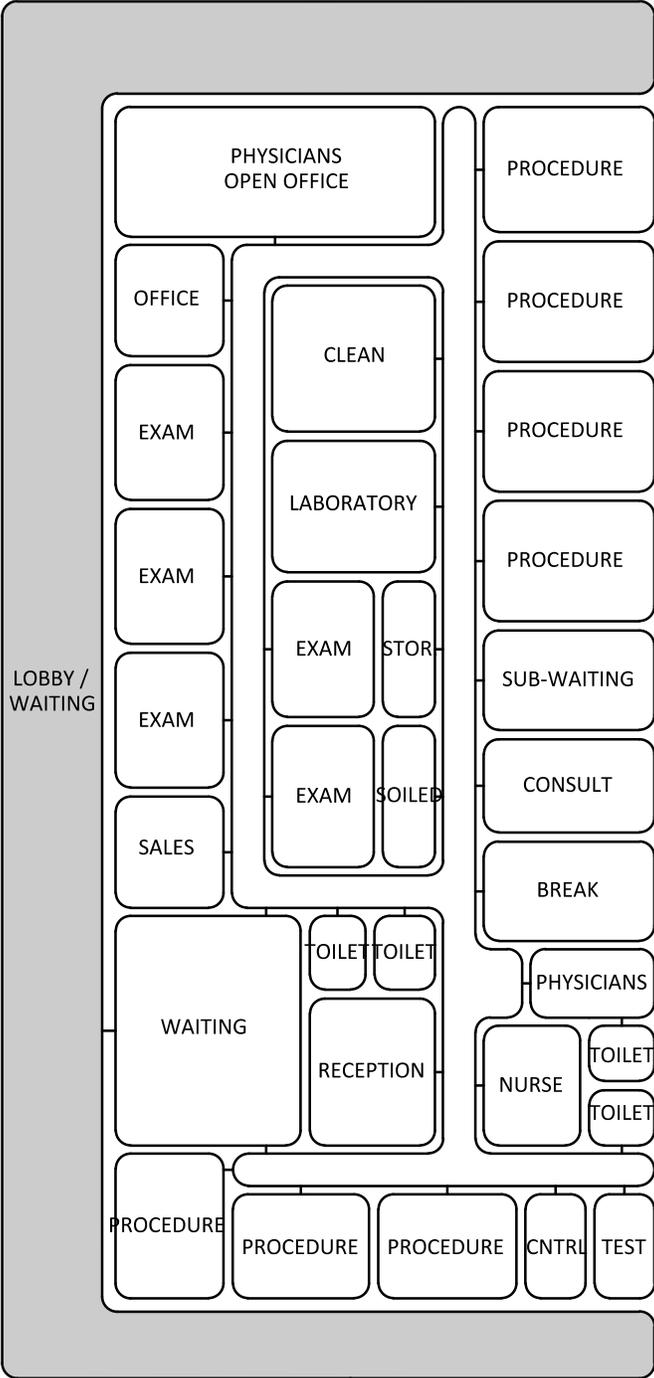
# DEPARTMENT ADJACENCY DIAGRAMS

SPECIALTY CLINICS AND SERVICES  
ENDOSCOPY / GASTROENTEROLOGY



# DEPARTMENT ADJACENCY DIAGRAMS

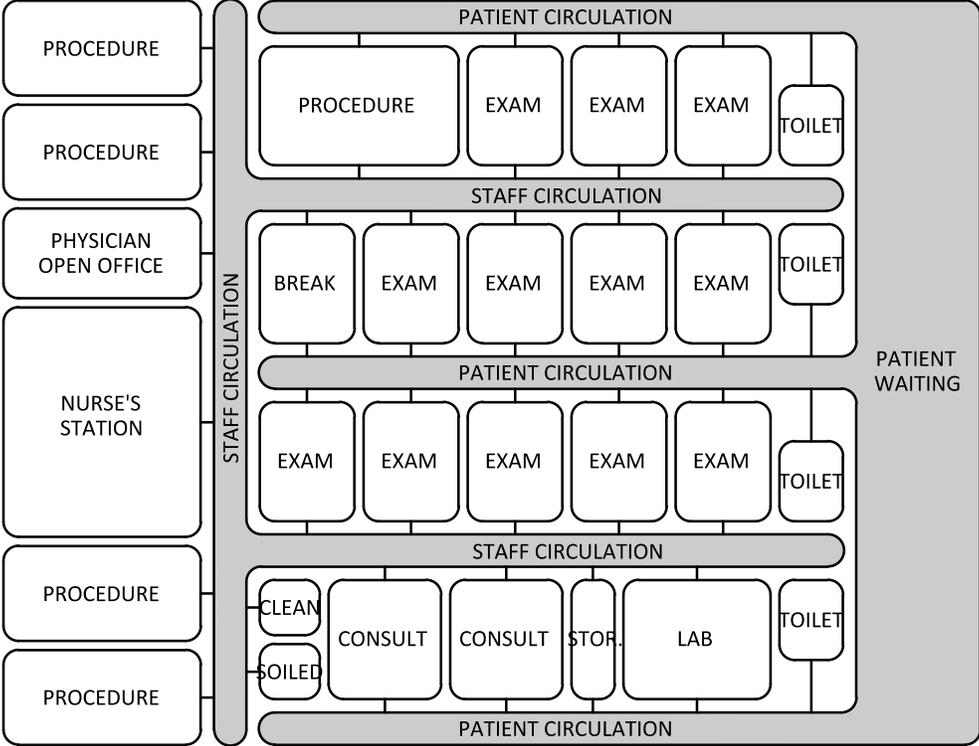
SPECIALTY CLINICS AND SERVICES  
DERMATOLOGY / ENT / AUDIOLOGY / ESTHETICS



# DEPARTMENT ADJACENCY DIAGRAMS

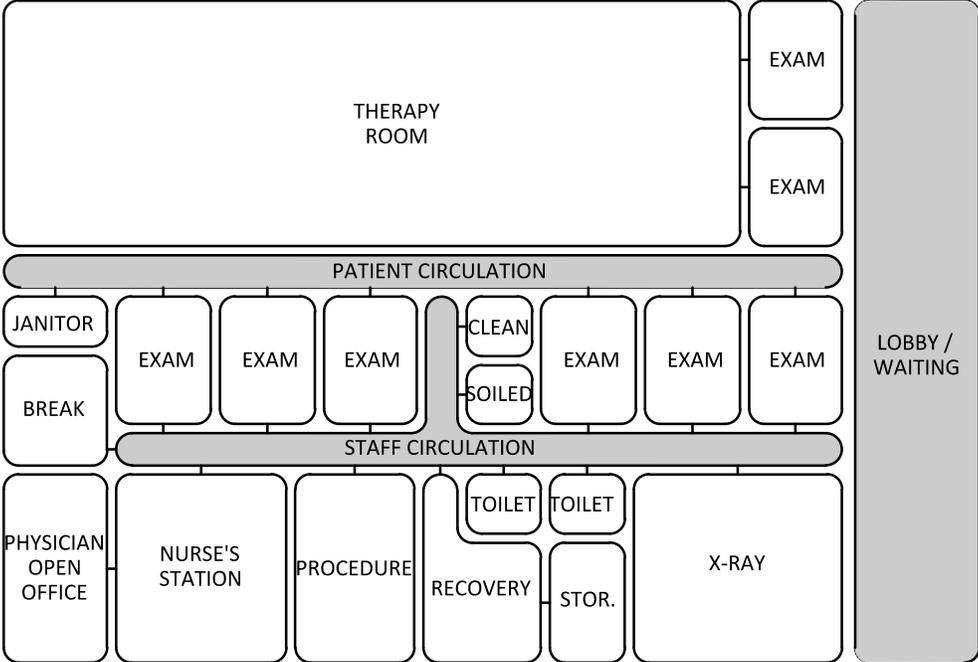
## SPECIALTY CLINICS AND SERVICES

ALLERGY AND IMMUNOLOGY / ENDOCRINOLOGY AND METABOLISM /  
RHEUMATOLOGY / UROLOGY AND MALE FERTILITY / NEUROLOGY /  
PULMONOLOGY / NEPHROLOGY



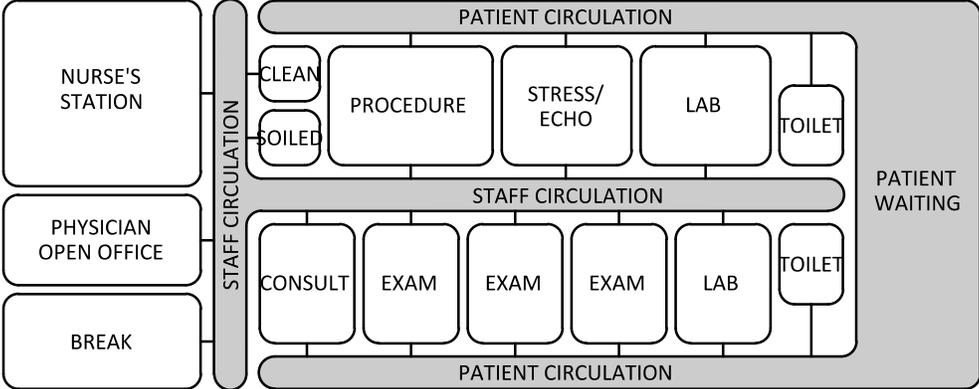
# DEPARTMENT ADJACENCY DIAGRAMS

MUSCULOSKELETAL / SPORTS MEDICINE / ORTHOPAEDICS  
ORTHOPAEDIC SURGERY / PT / PM&R / REHABILITATION / PODIATRY



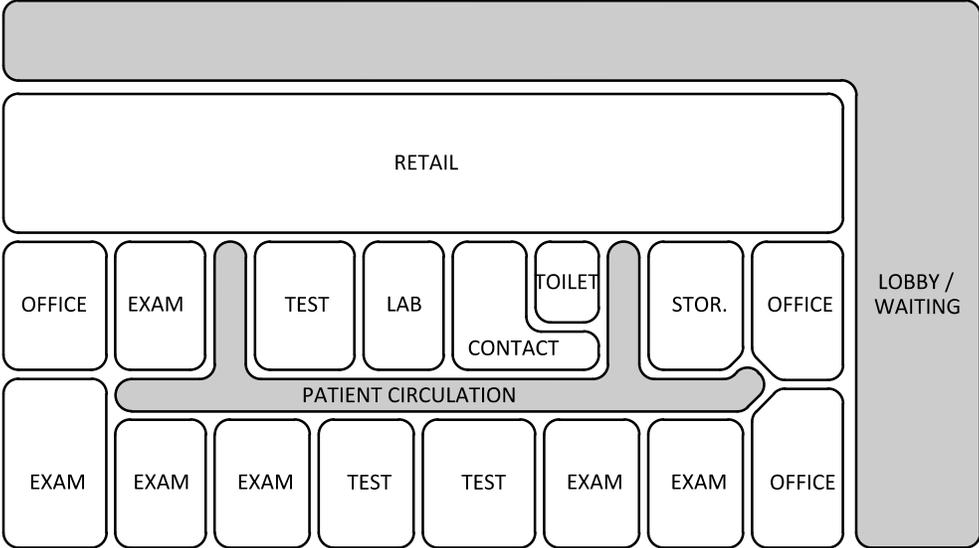
# DEPARTMENT ADJACENCY DIAGRAMS

CARDIO / VASCULAR  
CARDIOLOGY



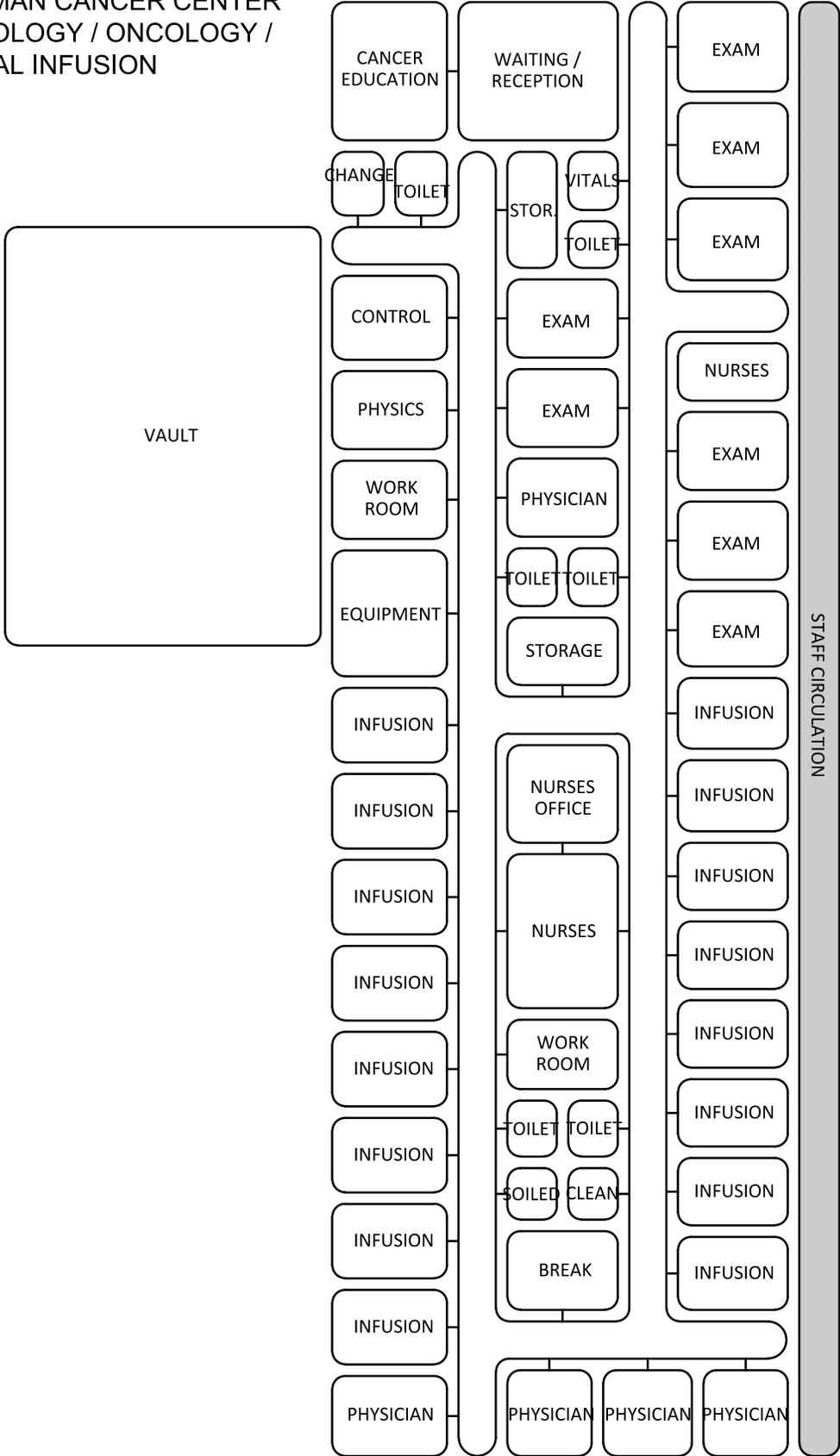
# DEPARTMENT ADJACENCY DIAGRAMS

MORAN EYE CENTER  
OPHTHAMOLOGY / OPTOMETRY / OPTICAL



# DEPARTMENT ADJACENCY DIAGRAMS

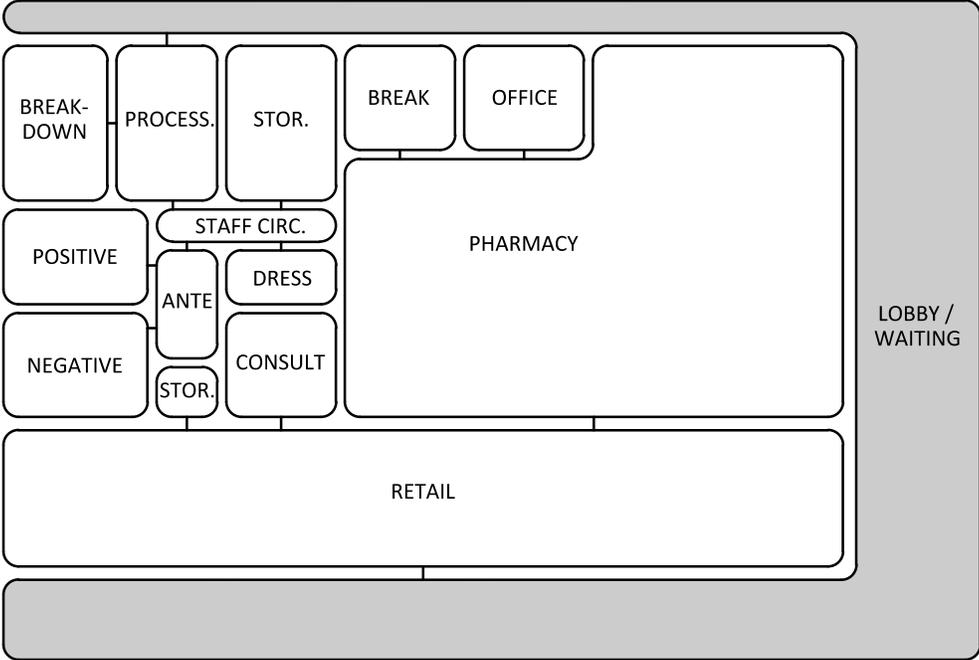
HUNTSMAN CANCER CENTER  
 HEMATOLOGY / ONCOLOGY /  
 GENERAL INFUSION



# DEPARTMENT ADJACENCY DIAGRAMS

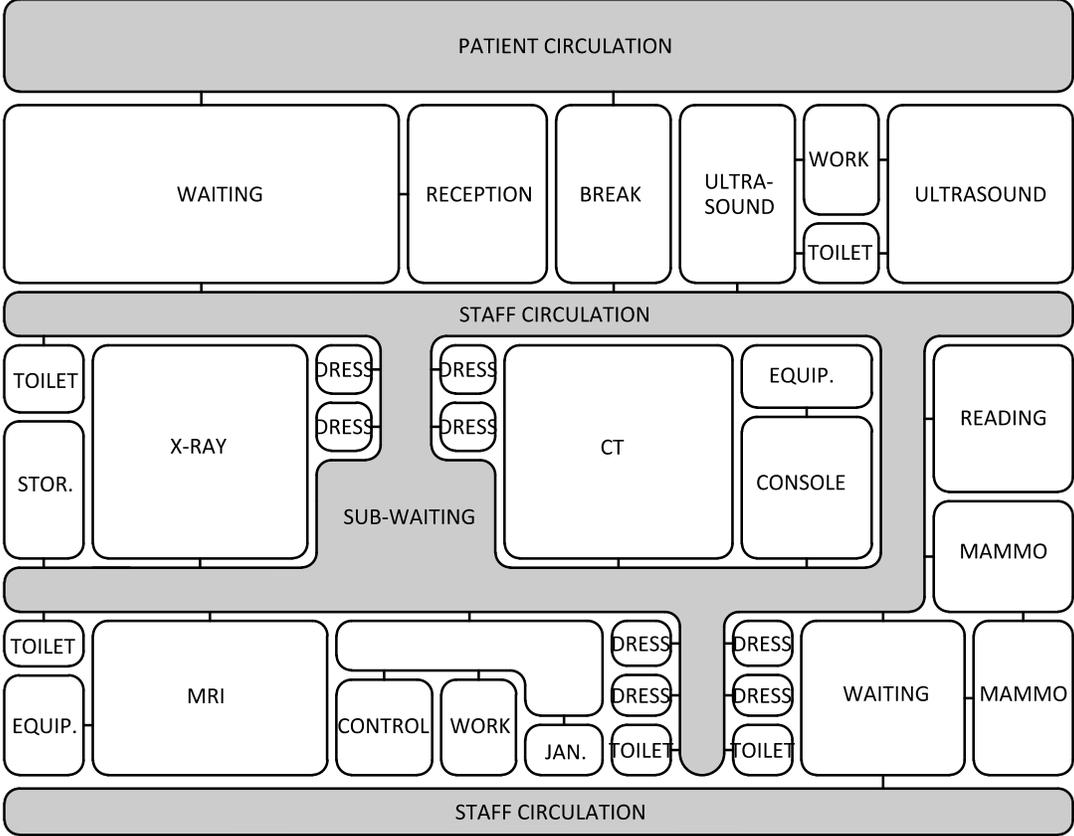
ANCILLARY SERVICES

PHARMACY



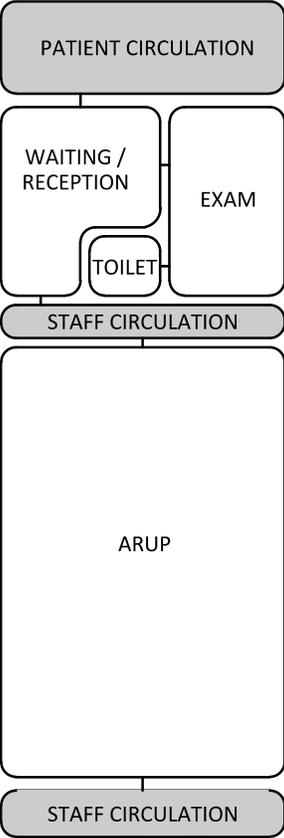
# DEPARTMENT ADJACENCY DIAGRAMS

ANCILLARY SERVICES  
RADIOLOGY



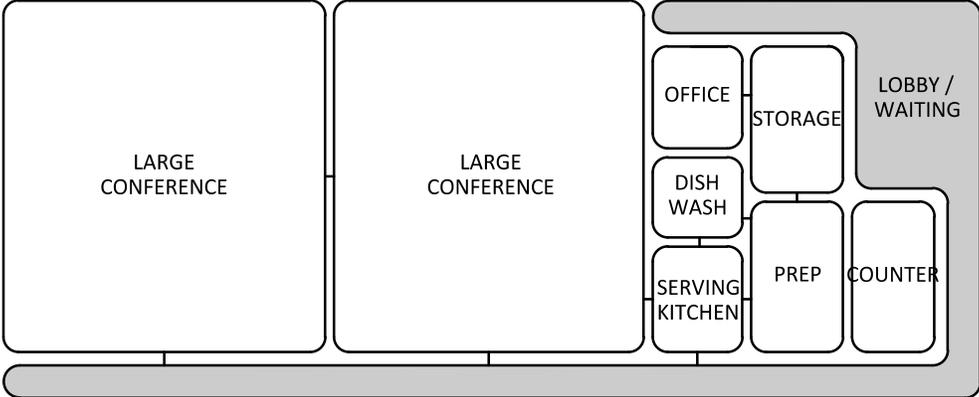
# DEPARTMENT ADJACENCY DIAGRAMS

ANCILLARY SERVICES  
PATIENT LABORATORY / ARUP



# DEPARTMENT ADJACENCY DIAGRAMS

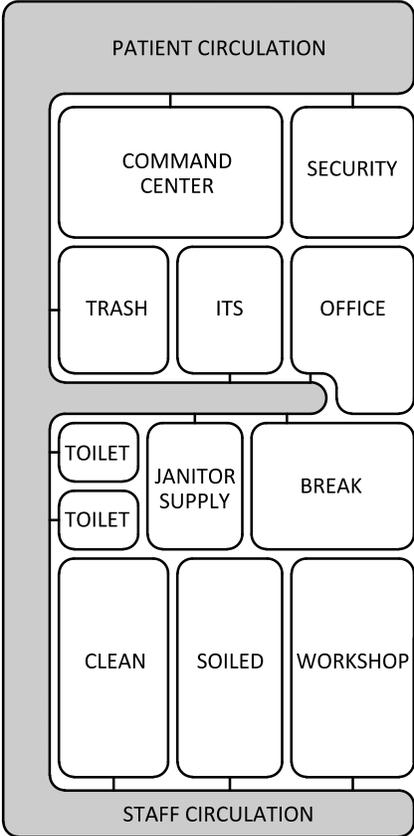
FACILITY SUPPORT / ADMINISTRATION / ANCILLARY SERVICES  
MEETING ROOMS / DELICATESSEN



# DEPARTMENT ADJACENCY DIAGRAMS

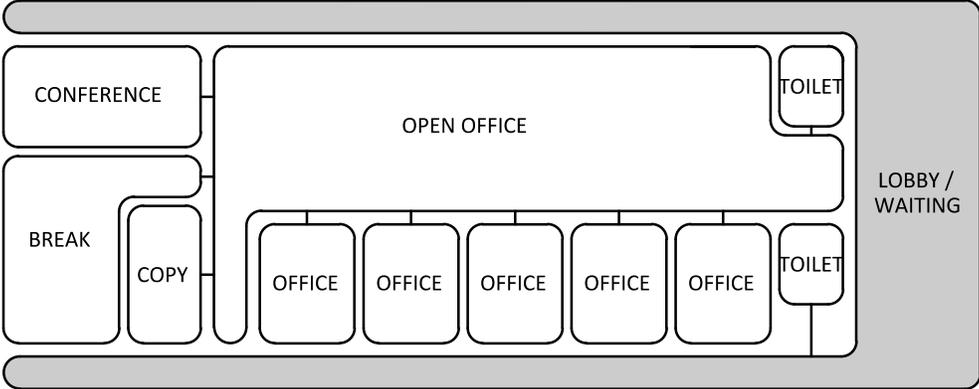
ANCILLARY SERVICES

COMMAND CENTER / SECURITY / ENVIRONMENTAL SERVICES



# DEPARTMENT ADJACENCY DIAGRAMS

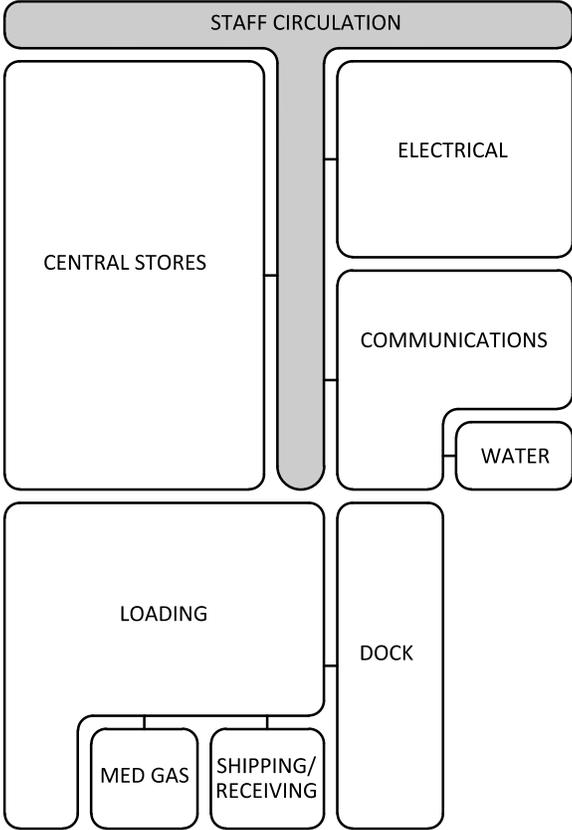
FACILITY SUPPORT / ADMINISTRATION  
ADMINISTRATION / BUSINESS OFFICES



# DEPARTMENT ADJACENCY DIAGRAMS

ANCILLARY SERVICES

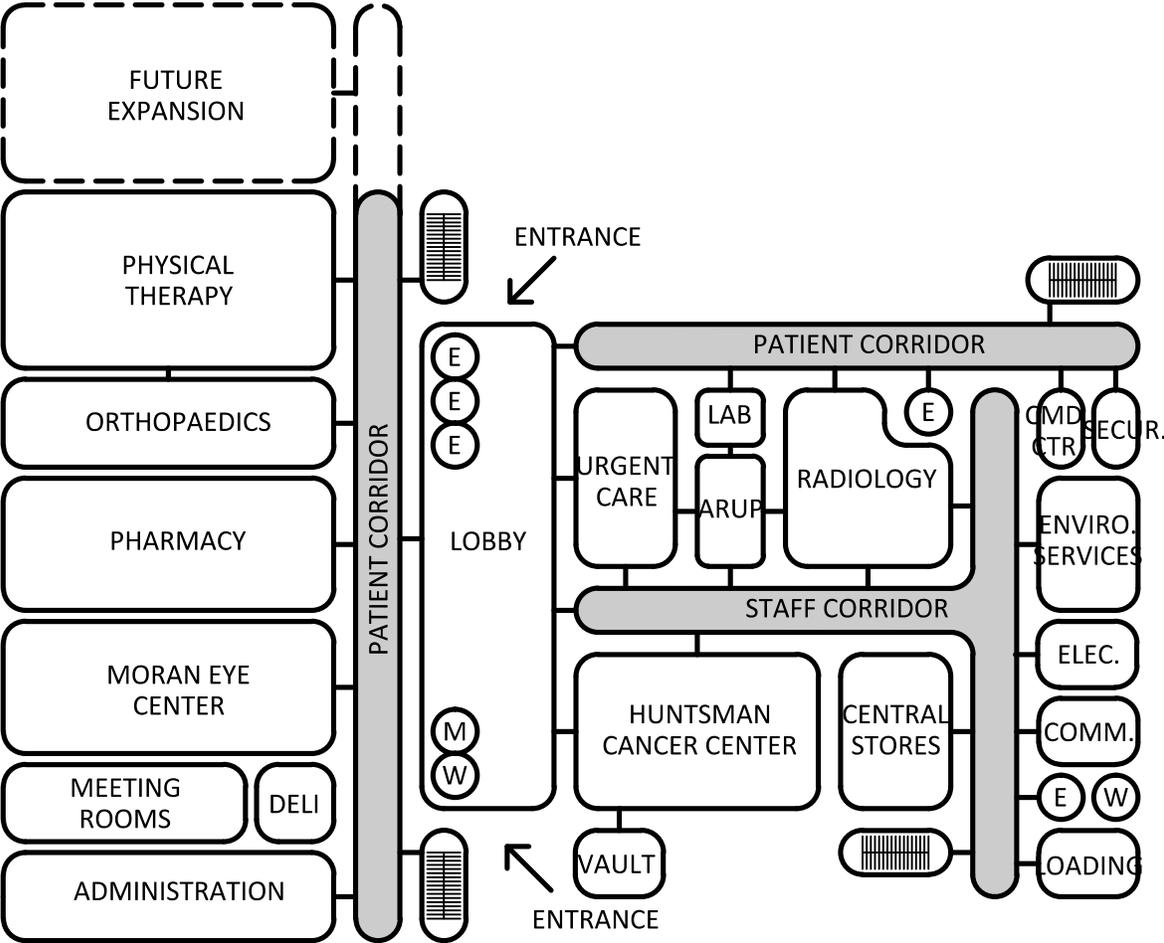
CENTRAL STORES / ELECTRICAL / COMMUNICATIONS / DOCK



SIGNATURE SHEET	A
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SITE SCHEMATIC UTILITY PLAN	O

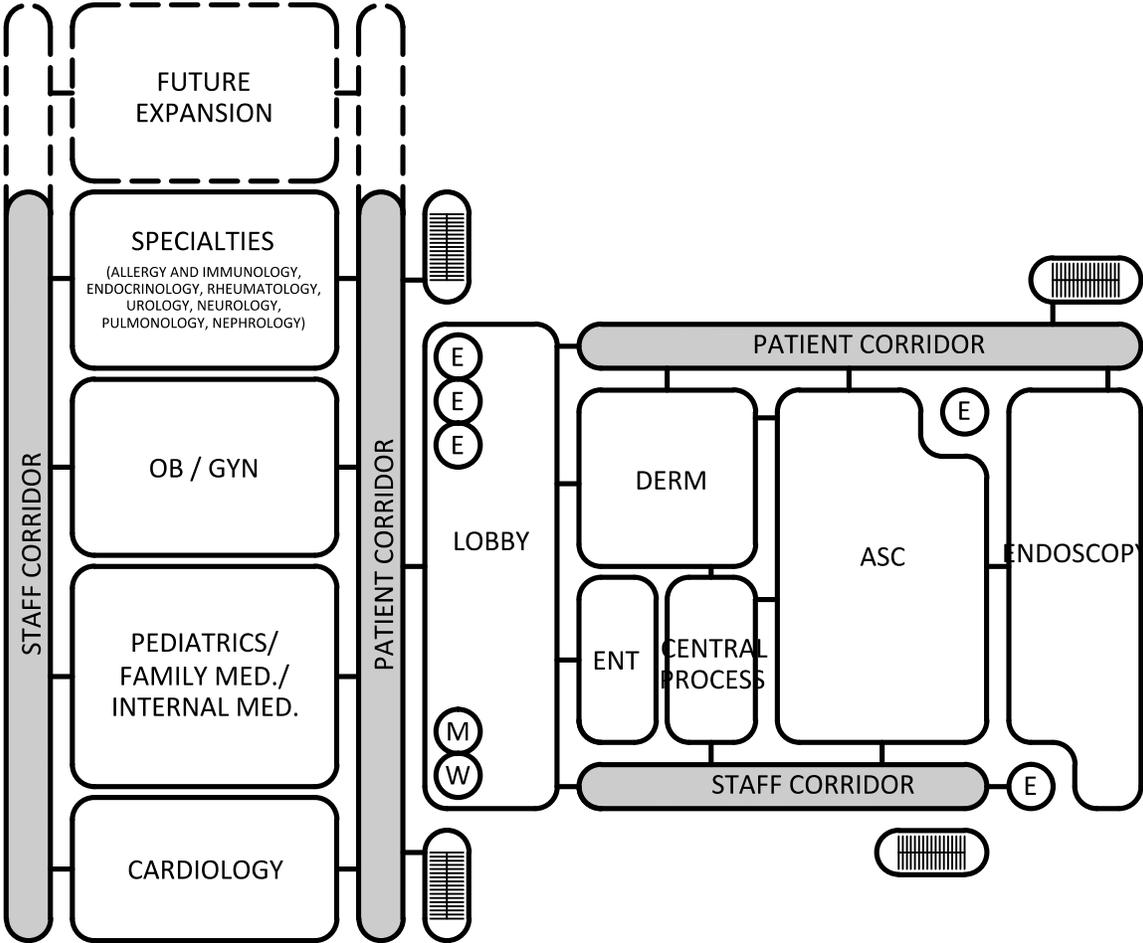
# BUILDING ADJACENCY DIAGRAMS

## MAIN LEVEL



# BUILDING ADJACENCY DIAGRAMS

## SECOND LEVEL



SIGNATURE SHEET	A
EXECUTIVE SUMMARY	B
SITE ANALYSIS	C
BUILDING REQUIREMENTS	D
INDIVIDUAL SPACE OUTLINES	E
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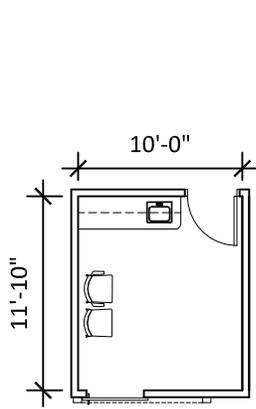
# 2ND LEVEL - CONCEPTUAL FLOOR PLAN

NOT TO SCALE

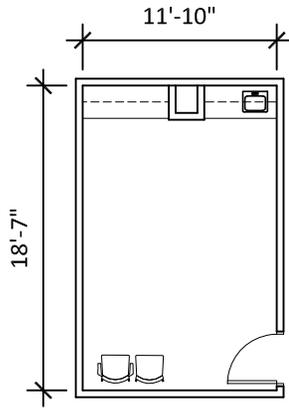


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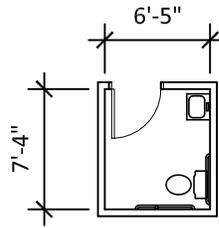
# ROOM DIAGRAMS



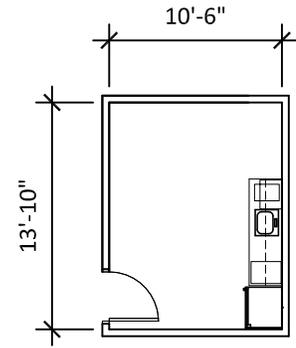
1-EXAM



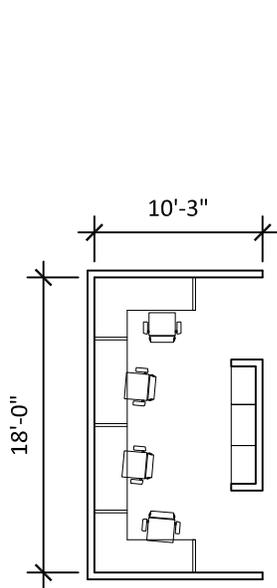
2-PROCEDURE - CLINICAL



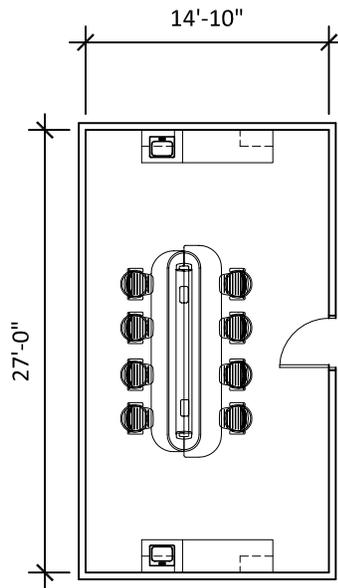
3-TOILET RM.



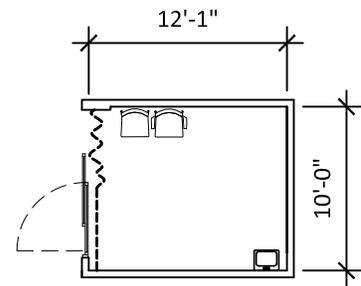
4-BREAK ROOM



5-PHYS. SHARED OFFICE

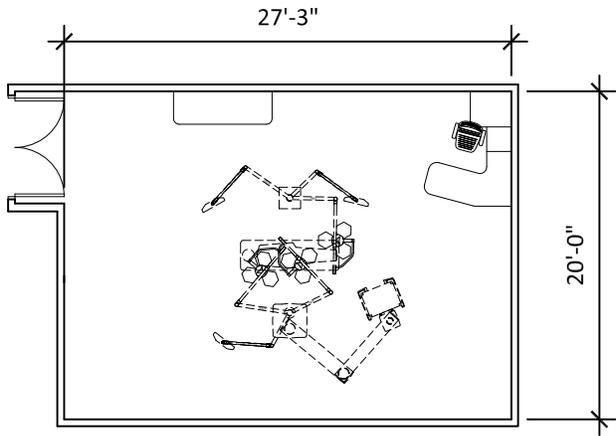


6-NURSE'S STATION

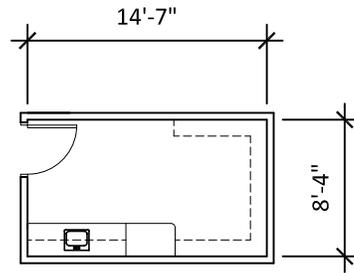


7-PREP/RECOVERY

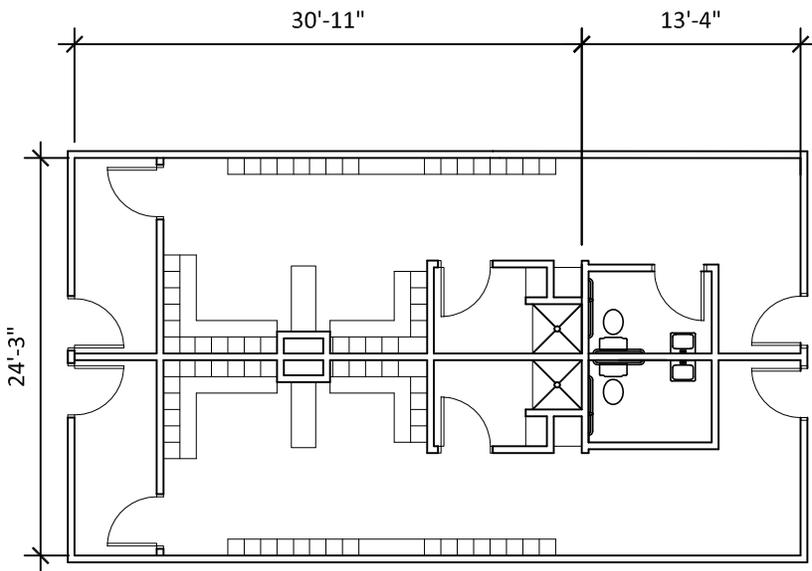
# ROOM DIAGRAMS



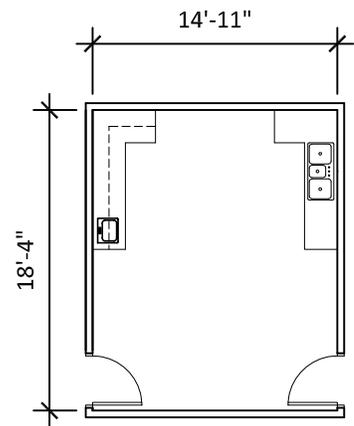
8-OR



9-ANESTHESIOLOGIST

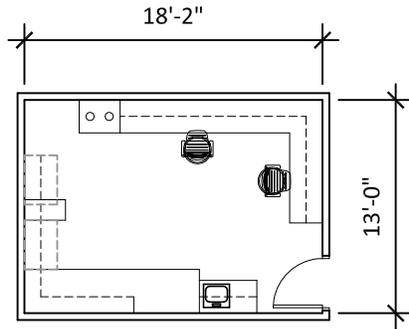


10-LOCKER RM / SHOWER

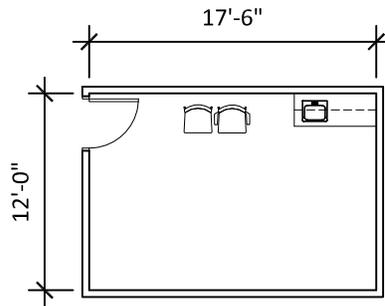


11-SCOPE WASH

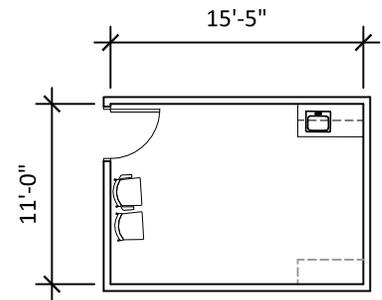
# ROOM DIAGRAMS



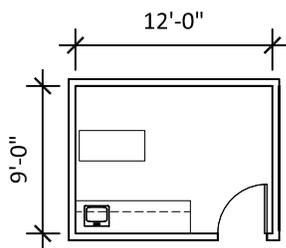
12-LAB



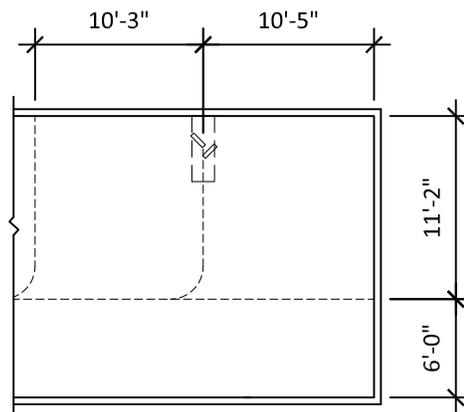
13-PROCEDURE



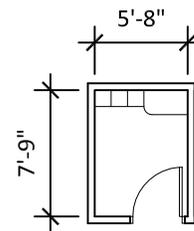
14-PROCEDURE



15-EYE EXAM

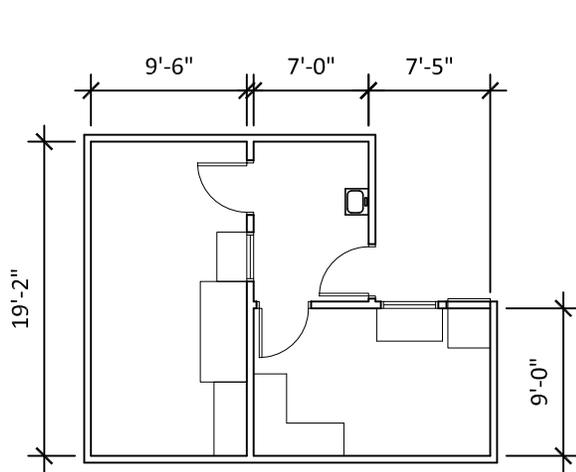


16-INFUSION STATION

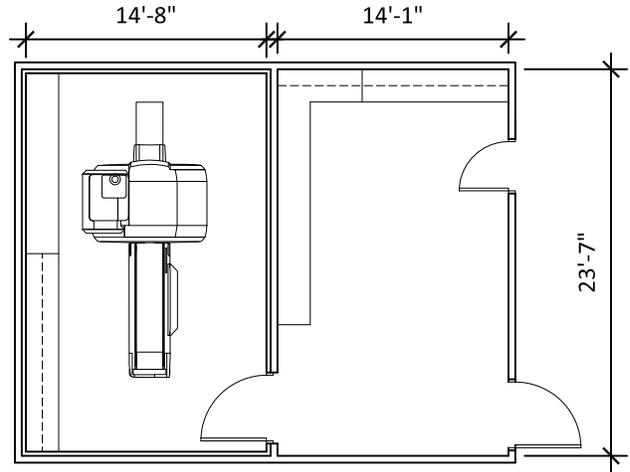


17-CHANGING ROOM

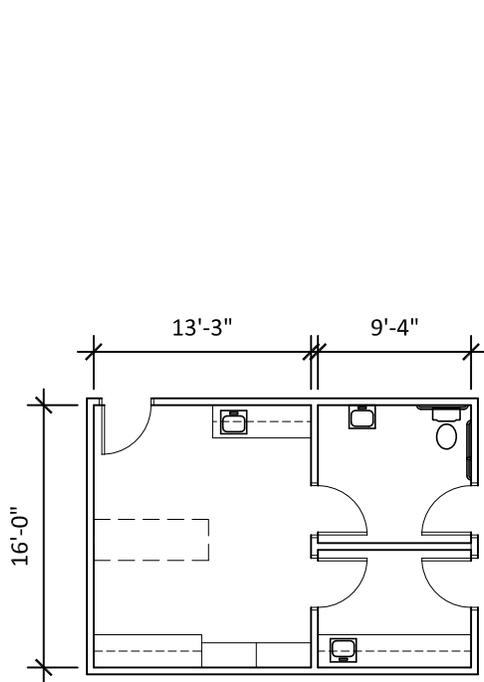
# ROOM DIAGRAMS



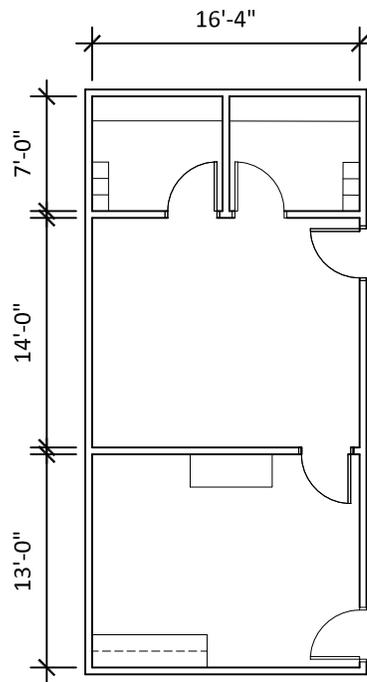
18-POSITIVE PRESSURE / NEG. PRESSURE / ANTERM.



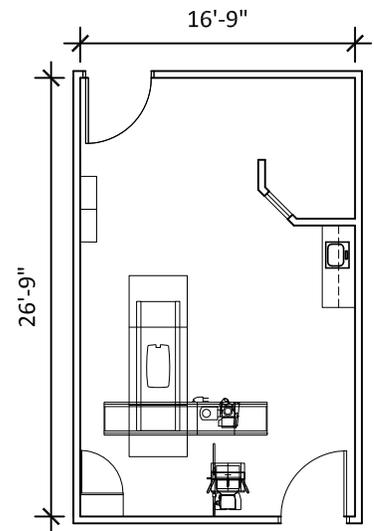
19-MRI / CONTROL



20-ULTRASOUND / TOILET

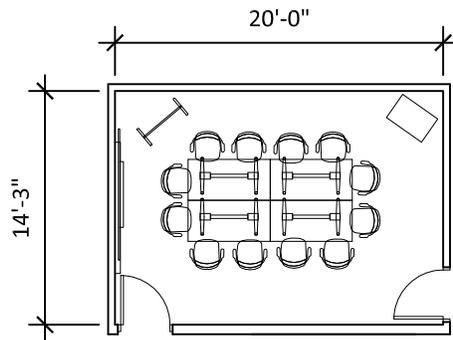


21-MAMMO / WAITING / CHANGE

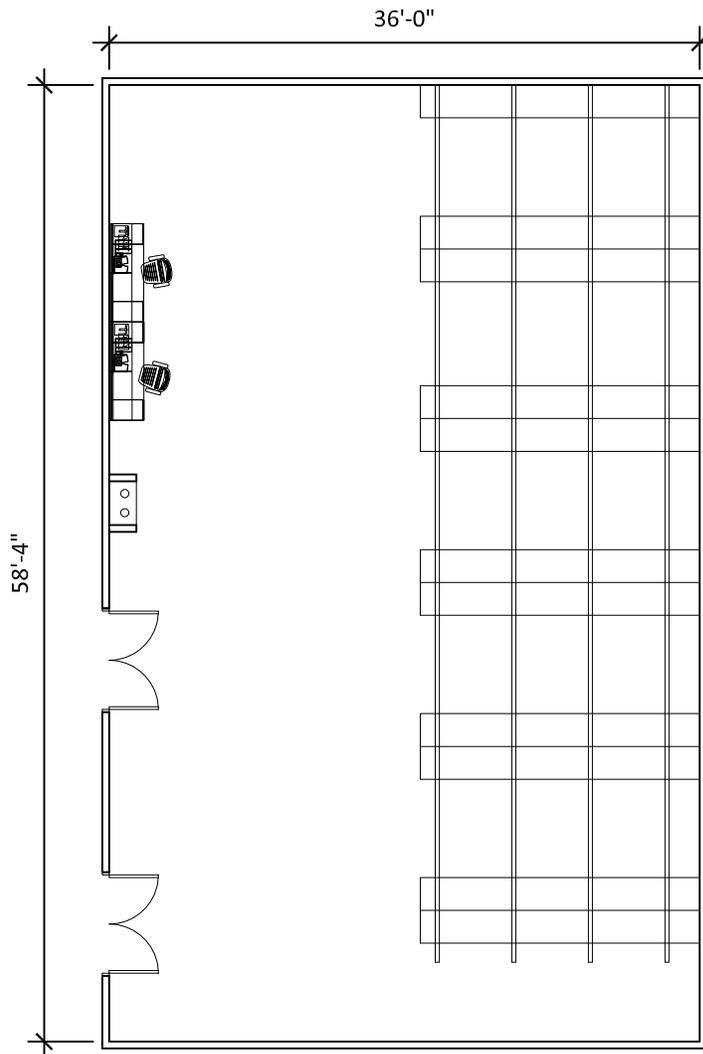


22-X-RAY

# ROOM DIAGRAMS



23-COMMAND CENTER



24-CENTRAL STORES / MOVABLE SHELVING

SIGNATURE SHEET	A
EXECUTIVE SUMMARY	B
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<b>COST MODEL</b>	<b>L</b>
PROJECT SCHEDULE	M
GEOTECHNICAL REPORT (PRELIMINARY)	N
SITE SCHEMATIC UTILITY PLAN	O

# Farmington Health Center

## Cost Model

November 5, 2014

CSI #	Description	Amount	Unit Price	Units	Estimated Amount
<b>1 General Requirements</b>					
	General conditions	131,500 SF	11.00	SF	1,446,500
<b>3 Concrete</b>					
	Concrete	131,500 SF	12.00	SF	1,578,000
	Rebar	131,500 SF	1.25	SF	164,375
<b>4 Masonry</b>					
	Concrete Block	131,500 SF	0.60	SF	78,900
<b>5 Metals</b>					
	Structural Steel	131,500 SF	26.00	SF	3,419,000
	Ornamental Guardrail	131,500 SF	1.00	SF	131,500
	Unistrut	131,500 SF	0.30	SF	39,450
<b>6 Wood and Plastics</b>					
	Rough Carpentry	131,500 SF	0.70	SF	92,050
	Architectural Woodwork	131,500 SF	10.00	SF	1,315,000
<b>7 Thermal and Moisture</b>					
	Dampproofing	131,500 SF	0.50	SF	65,750
	Insulation (see roofing & ext. walls)				0
	Roofing/Flashing	131,500 SF	1.25	SF	164,375
	Fireproofing	131,500 SF	0.00	SF	0
	Joint Sealers	131,500 SF	0.10	SF	13,150
	Expansion Control	131,500	0.15	SF	19,725
<b>8 Doors and Windows</b>					
	Exterior Skin	131,500 SF	30.00	SF	3,945,000
	Doors, Frames, Hardware	131,500 SF	4.50	SF	591,750
	Elevator Smoke Doors	131,500 SF	1.00	SF	131,500
	Coiling Doors & Grilles	131,500 SF	0.50	SF	65,750
	Glazing	131,500 SF	1.80	SF	236,700

CSI #	Description	Amount	Unit Price	Units	Estimated Amount
<b>9 Finishes</b>					
	Gypsum Drywall	131,500 SF	16.00	SF	2,104,000
	Ceramic Tile	131,500 SF	4.00	SF	526,000
	Acoustical Treatment	131,500 SF	5.50	SF	723,250
	Flooring	131,500 SF	8.50	SF	1,117,750
	Epoxy Flooring	131,500 SF	0.15	SF	19,725
	Painting	131,500 SF	2.40	SF	315,600
<b>10 Specialties</b>					
	Accessories	131,500 SF	2.00	SF	263,000
	Operable Partitions	131,500 SF	0.60	SF	78,900
	Exterior Signage	131,500 SF	0.65	SF	85,475
<b>11 Equipment</b>					
	Dock Equipment	131,500 SF	0.10	SF	13,150
	Kitchen Equipment	131,500 SF	0.30	SF	39,450
<b>13 Furnishings</b>					
	Window Treatments	131,500 SF	0.60	SF	78,900
	Site Furniture	131,500 SF	0.40	SF	52,600
	MRI Shielding	131,500 SF	0.60	SF	78,900
<b>14 Conveying Equipment</b>					
	Elevators	131,500 SF	2.90	SF	381,350
	Pneumatic Tube System	131,500 SF	1.55	SF	203,825
<b>21 Fire Suppression</b>					
	Automatic Fire Sprinklers	131,500 SF	3.25	SF	427,375
<b>22 Plumbing (see mechanical)</b>					
<b>23 Mechanical</b>		131,500 SF	75.50	SF	9,928,250
<b>26 Electrical</b>		131,500 SF	50.00	SF	6,575,000
<b>31 Earthwork</b>					
	Site Grubbing	30,000 CY	1.00	CY	30,000
	Excavation for Footings	700 CY	10.00	CY	7,000
	Site Imported Fill	80,000 CY	15.00	CY	1,200,000
	Rammed Aggregate Piers	300 EA	2,000.00	EA	600,000

CSI #	Description	Amount	Unit		Amount
			Price	Units	
<b>32 Exterior Improvements</b>					
	Asphalt Paving	400,000 SF (Site)	1.40	SF	560,000
	Site Concrete	131,500 SF	3.50	SF	460,250
	Fences and Gates	131,500 SF	0.36	SF	47,340
	Landscaping	120,000 SF (Site)	5.00	SF	600,000
<b>33 Utilities</b>					
	Water				100,000
	Sewer/Sewer Pump Station				200,000
	Storm Drainage w/detention area				500,000
<b>Total Estimated Cost of Construction:</b>			<b>\$310.38 /SF</b>		<b>\$40,815,565</b>

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<b>PROJECT SCHEDULE</b>	<b>M</b>
GEOTECHNICAL REPORT (PRELIMINARY)	N
SITE SCHEMATIC UTILITY PLAN	O



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<b>GEOTECHNICAL REPORT (PRELIMINARY)</b>	<b>N</b>
SITE SCHEMATIC UTILITY PLAN	O

**REPORT  
GEOTECHNICAL STUDY  
PROPOSED U OF U THREE-LEVEL  
MEDICAL BUILDING  
NORTHEAST OF 1100 WEST AND 100 NORTH  
FARMINGTON, UTAH**

March 1, 2013

Job No. 098-006-13

**Prepared for:**

The Boyer Company  
90 South 400 West, Suite 200  
Salt Lake City, Utah 84101

**Prepared by:**

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Salt Lake City, Utah 84123  
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Fax: 801-327-9601  
[www.gordongeotech.com](http://www.gordongeotech.com)



The results of the tests showed that the natural clay soils encountered have minimal moisture sensitivity, but only moderate preconsolidation pressures. When loaded below the preconsolidation pressure, the natural soils have moderate compressibility characteristics; but when loaded above the preconsolidation pressure will exhibit higher compressibility. Detailed results of the tests are maintained within our files and can be transmitted to you, at your request.

### 3.2.4 Partial Gradation Tests

To aid in classifying the soils and to provide general index parameters, partial gradation tests were performed upon representative samples of the soils encountered in the exploration borings. The results of the tests are tabulated below:

Sieve Size	Percent Passing				
	B-1 @ 10.5'	B-1 @ 25.5'	B-2 @ 15.5'	B-2 @ 30.5'	B-4 @ 4.5'
No. 200	81.5	69.2	76.4	84.2	76.7
<b>Soils Classification</b>	ML	CL/ML	ML	ML	ML/SM

### 3.2.5 Atterberg Limits

To aid in classifying the soils and to provide general index parameters an Atterberg Limits test was performed upon a representative sample of the natural soils encountered in the exploration borings. The results of the tests are tabulated below:

Boring No.	Depth (feet)	Soil Classification	Liquid Limit	Plasticity Index
B-2	20.5	ML	N.P.*	N.P.

\* Non-plastic

### 3.2.6 Chemical Tests

To determine if the site soils will react detrimentally with concrete, chemical tests were performed on a representative sample of the natural soils. The results of the chemical tests are tabulated on the following page.

Boring No.	Depth (feet)	Soil Classification	pH	Total Water Soluble Sulfate (ppm)
B-2	2.5	CL	8.54	13.7

#### 4. SITE CONDITIONS

##### 4.1 SURFACE

The subject site is relatively level horse pasture. At the time the borings were drilled, the site was covered with several inches of snow. Site grade is four to six feet lower than the surrounding roads and existing developments to the east. There are some trees on the site and fences crossing the property. The site is bounded on the north and west by Highway 225 (1100 West), on the south by 100 North street, and on the east by commercial development.

Representative photographs of the site area are shown on Figure 6, Photographs.

##### 4.2 SUBSURFACE SOIL AND GROUNDWATER

At the boring locations on the surface, beneath the snow, approximately four to five inches of clayey silt with roots and organic material (topsoil) was encountered. Below the topsoil, soft to stiff silt, sandy silt, silty clay, and sandy clay layers were encountered extending to the maximum depths explored of 6.5 to 41.5 feet below the existing grade. Laboratory test results indicate that the natural soils exhibit only moderate preconsolidation pressures. When loaded below the preconsolidation pressures, the natural soils will experience moderate settlement; but if loaded above these pressures, much higher settlement will result. Laboratory test results also indicate that these soils are predominantly fine-grained and of low plasticity. Based upon these conditions, and the shallow groundwater, the subsurface soils are susceptible to liquefaction during a seismic event.

Immediately following drilling operations, groundwater was measured at depths ranging from two and one-half to four feet below existing grade. Slotted PVC pipes were placed in four of the eight borings prior to backfilling. We returned to the site about two weeks after drilling and measured groundwater in the pipes at about two feet below the ground surface. Seasonal and longer-term groundwater fluctuations on the order of one-half to two feet are projected with the highest seasonal levels generally occurring during the late spring and early summer months. This could result in groundwater very near or at the ground surface.

## **5. DISCUSSIONS AND RECOMMENDATIONS**

### **5.1 SUMMARY OF FINDINGS**

Based upon the results of our investigation the most significant geotechnical aspects of this site are as follows:

1. The site soils are predominantly fine-grained and exhibit low preconsolidation pressures.
2. The soils are susceptible to significant total and differential settlements resulting from the static loads associated with site grading fill and the proposed facilities.
3. Settlements of the foundations can be controlled to within tolerable limits if they are underlain by moderately thick amounts of replacement granular fill.
4. Saturated subsurface soils will exhibit moderate to moderately high total and differential settlements due to liquefaction.
5. Replacement granular fill underneath the footings would not be practically thick enough to reduce the liquefaction settlement potential.
6. Therefore, it is our opinion that using conventional spread and continuous wall foundations underlain by even reasonably thick deposits of replacement granular fill would not be a viable solution. This is based upon the projected amount of settlements that could occur and the type of facility proposed.
7. Groundwater table in conjunction with this study was measured at approximately two feet below the existing ground surface. This level will most likely rise during the late spring and early summer months.
8. If there is a point of suitable gravity discharge nearby, an area subdrain should be installed in order to lower and control the groundwater table. Based upon the information available to us to date, it does not appear that an area subdrain is workable.
9. The site will have to be raised with granular structural fill to ultimately minimize the effect of the groundwater and stabilize the subgrade.

Considering all of these factors, it is our recommendation that the following design and construction sequence be followed:

1. Area subdrains should be installed if possible. The possibility will be dependent upon a nearby source of gravity discharge. The subsurface drains should extend at least three to four feet below existing grade.
2. After the subdrains are installed initially if possible, the building pad and all other areas to ultimately be structurally loaded should be stripped of surface vegetation.
3. Topsoil may remain in proposed pavements and non-sensitive outside flatwork areas. The root mat will act somewhat as a geotextile fabric and will facilitate the installation and long-term performance of the pavements.
4. Structural site grading fill should be placed to grade and to provide a "working mat" for subsequent construction.
5. Rammed aggregate piers/Geopiers<sup>®</sup> should be installed beneath the footprint of the building in order to:
  - a. Control total and differential static settlements.
  - b. To minimize total and differential settlements associated with potential liquefaction.
  - c. Allow for the utilization of higher bearing pressures that would be unreasonable for replacement fill only.
6. Initial earthwork operations would best be initiated in the summer, late summer or fall months when the groundwater table will be at its lowest and the surface soils the driest.

Detailed discussions pertaining to earthwork, foundations, lateral resistance and pressure, floor slabs, pavements, and the geoseismic setting of the site affecting the conclusions and suggestions as stated above are presented in the following sections.

## **5.2 EARTHWORK**

### **5.2.1 Site Preparation**

Initial site grading must include the removal of all surface vegetation, topsoil, root bulbs, sod, rubbish, construction debris, non-engineered fill, and any other deleterious materials from beneath the footprint of the proposed building and immediately adjacent flatwork areas which

will ultimately be structurally loaded. We estimate that approximately four to five inches of stripping will be necessary to remove major roots, vegetation, and organics. Beneath pavements and non-critical flatwork, the root mat need not be removed. Vegetation and other deleterious materials should be removed from the site. Stripped topsoil will be unsuitable for structural fill but may be stockpiled for subsequent landscaping purposes.

Subsequent to stripping and prior to the placement of floor slabs, structural site grading fill and pavements, the exposed subgrade, consisting of undisturbed natural soils, must be proofrolled by passing moderate-weight rubber tire-mounted construction equipment over the surface at least twice. If excessively soft or loose soils are encountered, they must be removed to a maximum depth of two feet, and replaced with structural fill.

Following the above operations, pavements or structural site grading fill may be placed. All topsoil, vegetation, non-engineered fill, and agriculturally-disturbed or weathered surficial soils must be completely removed from beneath the proposed structure.

### **5.2.2 Excavations**

Temporary construction excavations not exceeding four feet in depth and not encountering the groundwater table may be constructed with near-vertical sideslopes. If cohesive soils and groundwater are encountered, near-vertical sideslopes may still be used. If granular soils are encountered below the water table, much flatter sideslopes will be required.

Deeper excavations not exceeding 8 to 10 feet in depth nor encountering loose granular soils or groundwater may be constructed with sideslopes no steeper than three-quarters horizontal to one vertical. If granular soils and groundwater are encountered, flatter sideslopes, shoring and bracing, and/or dewatering will be required. Some sloughing of the silty and sandy soils on the sides of the excavations is anticipated. Deep excavations below the water table and through granular soils will be very difficult.

To minimize disturbance to the underlying soils, it is our recommendation that footings be excavated with a backhoe equipped with a smooth-lip bucket.

All excavations must be inspected periodically by qualified personnel. If any signs of instability or excessive sloughing are noted, immediate remedial action must be initiated.

### **5.2.3 Structural Fill**

Structural fill is defined as all fill which will ultimately be subjected to structural loadings, such as imposed by footings, floor slabs, pavements, etc. Structural fill will be required as backfill over foundations and utilities, as site grading fill, and in some areas, replacement fill below footings. It is recommended that all structural fill must be free of sod, rubbish, topsoil, frozen soil, and other deleterious materials. Structural site grading fill is defined as fill placed over fairly large open areas to raise the overall site grade. To stabilize soft subgrade conditions or where

structural fill is required to be placed below a level one foot above the water table at the time of construction, a mixture of coarse gravels and cobbles and/or one and one-half- to two-inch gravel (stabilizing fill) should be utilized.

For general structural site grading fill, the maximum particle size should generally not exceed four inches; although, occasional larger particles, not exceeding eight inches in diameter may be incorporated if placed randomly in a manner such that "honeycombing" does not occur and the desired degree of compaction can be achieved. The maximum particle size within structural fill placed within confined areas should generally be restricted to two inches.

The on-site fine-grained soils may be utilized as structural site grading fill. It should be noted that unless moisture control is maintained, utilization of these natural soils as structural site grading fill will be very difficult, if not impossible, during wet and cold periods of the year. Only granular soils are recommended as structural fill in confined areas, such as around foundations and within utility trenches and as the upper 12 inches of the structural site grading fill sequence in pavement and outside flatwork areas.

Non-structural site grading fill is defined as all fill material not designated as structural fill and may consist of any cohesive or granular soils not containing excessive amounts of degradable material.

#### **5.2.4 Fill Placement and Compaction**

Coarse gravel and cobble mixtures (stabilizing fill) if utilized, should be end-dumped, spread to a maximum loose lift thickness of 15 inches, and compacted by dropping a backhoe bucket onto the surface continuously at least twice. As an alternative, the fill may be compacted by passing moderately heavy construction equipment or large self-propelled compaction equipment at least twice. Subsequent fill material placed over the coarse gravels and cobbles should be adequately compacted so that the "fines" are "worked into" the voids in the underlying coarser gravels and cobbles.

All structural fill should be placed in lifts not exceeding eight inches in loose thickness. Fills beneath an area extending out 5 feet from all footings and floor slabs, as well as all other fills 5 to 10 feet thick, must be compacted to at least 95 percent of the maximum dry density as determined by the AASHTO<sup>1</sup> T-180 (ASTM<sup>2</sup> D-1557) compaction criteria. Structural fills greater than 5 feet thick are not anticipated. Fills less than 5 feet thick, which are not beneath an area extending out at least 5 feet from the perimeter of the structure, should be compacted to at least 90 percent of the above-defined criteria.

<sup>1</sup> American Association of State Highway and Transportation Officials  
<sup>2</sup> American Society for Testing and Materials

Subsequent to stripping and prior to the placement of structural site grading fill, the subgrade should be prepared as discussed in Section 5.2.1, Site Preparation, of this report. In confined areas, subgrade preparation should consist of the removal of all loose or disturbed soils.

Non-structural fill may be placed in lifts not exceeding 12 inches in loose thickness and compacted by passing construction, spreading, or hauling equipment over the surface at least twice.

### **5.2.5 Utility Trenches**

All utility trench backfill material below structurally loaded facilities (flatwork, floor slabs, roads, etc.) should be placed at the same density requirements established for structural fill. If the surface of the backfill becomes disturbed during the course of construction, the backfill should be proofrolled and/or properly compacted prior to the construction of any exterior flatwork over a backfilled trench. Proofrolling may be performed by passing moderately loaded rubber tire-mounted construction equipment uniformly over the surface at least twice. If excessively loose or soft areas are encountered during proofrolling, they should be removed to a maximum depth of two feet below design finish grade and replaced with structural fill.

Most utility companies and City-County governments are now requiring that Type A-1 or A-1-a (AASHTO Designation – basically granular soils with limited fines) soils be used as backfill over utilities. These organizations are also requiring that in public roadways the backfill over major utilities be compacted over the full depth of fill to at least 96 percent of the maximum dry density as determined by the AASHTO T-180 (ASTM D-1557) method of compaction. We recommend that as the major utilities continue onto the site that these compaction specifications are followed.

The natural fine-grained cohesive soils are not recommended for use as trench backfill.

### **5.2.6 Areal Settlements**

Areal settlements resulting from site grading fills as much as five feet will be less than one inch. This settlement is in addition to settlements induced by foundation and floor slab loads and liquefaction. To reduce the total settlement that the structure will realize, site grading fill must be placed as far in advance of other construction as possible. The majority of this settlement will occur during placement.

## **5.3 SPREAD AND CONTINUOUS WALL FOUNDATIONS**

### **5.3.1 Design Data**

To limit potential settlements due to compressible and potential liquefiable natural fine-grained soils, it is recommended that rammed aggregate piers/Geopiers® be installed beneath the building footprint. The piers/columns will be installed from the top of the building pad grade.

Footings in this zone are part of the design-build process developed by the selected subcontractor. To aid in the initial design, the following parameters are provided:

Minimum Recommended Depth of Embedment for Frost Protection	- 30 inches
Minimum Recommended Depth of Embedment for Non-frost Conditions	- 15 inches
Recommended Minimum Width for Continuous Wall Footings	- 18 inches
Minimum Recommended Width for Isolated Spread Footings	- 24 inches
Recommended Net Bearing Pressure for Real Load Conditions	
Footings established on the rammed aggregate piers/Geopiers®	- Estimated 4,000 to 5,000 pounds per square foot
Lightly loaded footings over at least one foot of granular fill	- 1,500 pounds per square foot
Bearing Pressure Increase for Seismic Loading	- 50 percent

The term "net bearing pressure" refers to the pressure imposed by the portion of the structure located above lowest adjacent final grade. Therefore, the weight of the footing and backfill to lowest adjacent final grade need not be considered. Real loads are defined as the total of all dead plus frequently applied live loads. Total load includes all dead and live loads, including seismic and wind.

### 5.3.2 Installation

Under no circumstances should the footings be installed directly on the natural near-surface soils, or upon soft or disturbed soils, construction debris, frozen soil, or within ponded water.

We anticipate that footings will be installed over the ground improvement elements. Very lightly loaded footings can be placed upon the site grading fill placed to create a "working mat" for the ground improvement contractor.

The width of the "working mat" fill should be extended laterally at least five feet beyond the edges of the building in all directions.

### **5.3.3 Settlements**

Maximum settlements of foundations due to consolidation of the undisturbed near-surface natural soils under the projected foundation loads were estimated to be on the order of one to one and one-quarter inches. If at least two feet of granular structural fill was placed below footings, settlements were calculated to be about three-quarters to one inch. Additional total and differential settlements of one and one-half to four inches were estimated to occur as a result of liquefaction. As discussed earlier, it is our opinion that these settlements are too high for the type of building proposed.

If:

1. Areal settlement, due to site grading fill, occurs prior to major construction.
2. Rammed aggregate piers/Geopiers® are initiated to 20 feet beneath the building footprint.

The static-induced settlement of the foundations should be on the order of one-half to five-eighths of an inch while the liquefaction-related settlement would be controlled to one-half to seven-eighths of an inch.

Approximately 60 percent of the quoted static settlement should occur during construction.

### **5.4 LATERAL RESISTANCE**

Lateral loads imposed upon foundations due to wind or seismic forces may be resisted by the development of passive earth pressures and friction between the base of the footings and the supporting soils. In determining frictional resistance, a coefficient of 0.45 should be used for the pier elements and granular structural fill. Passive resistance provided by properly placed and compacted granular structural fill above the water table may be considered equivalent to a fluid with a density of 300 pounds per cubic foot. Below the water table, this granular soil should be considered equivalent to a fluid with a density of 150 pounds per cubic foot.

A combination of passive earth resistance and friction may be utilized provided that the friction component of the total is divided by 1.5.

### **5.5 LATERAL PRESSURES**

The lateral pressure parameters as presented within this section, assume that the backfill will consist of a drained granular soil placed and compacted in accordance with the recommendations presented herein. The lateral pressures imposed upon subgrade facilities

will, therefore, be basically dependent upon the relative rigidity and movement of the backfilled structure. For more rigid walls that are not more than six feet in height, such as loading dock bulkhead, elevator pits, etc., three-quarter- to one-inch minus clean gap-graded gravel should be used as backfill extending out at least 18 inches back of the wall. The gravel should be procedurally compacted and may be considered equivalent to a lateral pressure with an equivalent fluid density of 45 pounds per cubic foot.

For seismic loading, a uniform pressure of 100 pounds per square foot should be added.

## **5.6 FLOOR SLABS**

Floor slabs should be established above the existing ground surface and supported on a minimum of 12 inches of granular structural fill placed over the ground improvement elements, rammed aggregate piers/Geopiers<sup>®</sup>. Topsoil is not considered suitable. To provide a capillary break, it is recommended that floor slabs be directly underlain by at least four inches of "free-draining" fill, such as "pea" gravel or three-quarters- to one-inch minus clean gap-graded gravel. Static settlements of lightly to moderately loaded floor slabs are anticipated to be minor. Settlements due to liquefaction if the soils are improved by rammed aggregate piers/Geopiers<sup>®</sup> should be on the order of one-half to seven-eighths of an inch.

## **5.7 PAVEMENTS**

The natural fine-grained soils will exhibit poor pavement support characteristics when saturated or nearly saturated. Due to the shallow groundwater, the natural soils should be considered nearly saturated. Considering these conditions, and the projected traffic conditions, the pavement sections on the following pages are recommended.

Flexible Pavements:  
(Asphalt Concrete)

Driveway Areas

(Moderate Volume of Automobiles and Light Trucks  
with Occasional Medium- and Heavy-Weight Trucks)  
[10 equivalent 18-kip axle loads per day]

3.5 inches	Asphalt concrete
6.0 inches	Aggregate base course
8.0 inches	Granular subbase*
Over	Properly prepared disturbed and/or natural subgrade soils, and/or structural site grading fill extending to properly prepared disturbed and/or natural subgrade soils

- \* Suitable granular site grading fills can be utilized as granular subbase.

Parking Areas

(Light Volume of Automobiles and Light Trucks  
with Occasional Medium- and Heavy-Weight Trucks)  
[4 equivalent 18-kip axle loads per day]

3.0 inches	Asphalt concrete
6.0 inches	Aggregate base course
6.0 inches	Granular subbase*
Over	Properly prepared disturbed and/or natural subgrade soils, and/or structural site grading fill extending to properly prepared disturbed and/or natural subgrade soils

- \* Suitable granular site grading fills can be utilized as granular subbase.

Rigid Pavements:  
(Non-reinforced Concrete)

Driveway Areas

(Moderate Volume of Automobiles and Light Trucks  
with Occasional Medium- and Heavy-Weight Trucks)  
[10 equivalent 18-kip axle loads per day]

6.0 inches	Portland cement concrete (non-reinforced)
6.0 inches	Aggregate base course
Over	Properly prepared disturbed and/or natural subgrade soils, and/or structural site grading fill extending to properly prepared disturbed and/or natural subgrade soils

Parking Areas

(Moderate Volume of Automobiles and Light Trucks  
with Occasional Medium- and Heavy-Weight Trucks)  
[4 equivalent 18-kip axle loads per day]

5.0 inches	Portland cement concrete (non-reinforced)
6.0 inches	Aggregate base course
Over	Properly prepared disturbed and/or natural subgrade soils, and/or structural site grading fill extending to properly prepared disturbed and/or natural subgrade soils

For dumpster pads, we recommend a pavement section consisting of six and one-half inches of Portland cement concrete, four inches of aggregate base course, over properly prepared natural subgrade or site grading structural fills.

Utilization of a filter fabric, such as Mirafi 500X or equivalent, over soft subgrade may also be advantageous.

Suitable granular structural site grading fill will satisfy the requirements for granular subbase.

Asphalt concrete and base course components should meet the requirements and be placed in accordance with the Farmington City specifications.

The above rigid pavement sections are for non-reinforced Portland cement concrete. Construction of the rigid pavement should be in sections 10 to 12 feet in width with construction or expansion joints or one-quarter depth saw-cuts on no more than 12-foot centers. Saw-cuts must be completed within 24 hours of the "initial set" of the concrete and should be performed under the direction of the concrete paving contractor. The concrete should have a minimum 28-day unconfined compressive strength of 4,000 pounds per square inch and contain 6 percent  $\pm 1$  percent air-entrainment.

## **5.8 GEOSEISMIC SETTING**

### **5.8.1 General**

Utah municipalities have adopted the International Building Code (IBC) 2009. The IBC 2009 code determines the seismic hazard for a site based upon 2002 mapping of bedrock accelerations prepared by the United States Geologic Survey (USGS) and the soil site class. The USGS values are presented on maps incorporated into the IBC code and are also available based on latitude and longitude coordinates (grid points).

The structure must be designed in accordance with the procedure presented in Section 1613, Earthquake Loads, of the IBC 2009 edition.

### **5.8.2 Faulting**

Based on our review of available literature, no active faults pass through or immediately adjacent to the site. The nearest mapped fault trace, approximately one and one-quarter miles northeast of the site, is part of the Weber section of the Wasatch Fault

### **5.8.3 Soil Class**

Static groundwater measured about 14 days after drilling was encountered at depths of about 2 feet below the surface. Many of the subsurface natural soil layers are silts which exhibit low plasticity to non-plastic characteristics.

Our analysis shows that these soils could liquefy during the design seismic event (see Section 5.9.5, Liquefaction). Because of the shallow groundwater, these potentially liquefiable soils extend near the surface which could also result in ground rupture and lateral spread. According to the IBC 2009 Table 1613.5.2, "Soils vulnerable to potential failure or collapse under seismic loading such as liquefiable soils..." are designated under site Class F. However, following the ground improvements recommended in this report, ground rupture should not occur and the site may be classified as Site Class D.

#### 5.8.4 Ground Motions

The IBC 2009 code is based on 2002 USGS mapping, which provides values of short and long period accelerations for the Site Class B-C boundary for the Maximum Considered Earthquake (MCE). This Site Class B-C boundary represents a hypothetical bedrock surface and must be corrected for local soil conditions. The following table summarizes the peak ground and short and long period accelerations for a MCE event and incorporates a soil amplification factor for a Site Class D soil profile in the second column. Based on the site latitude and longitude (40.9838 degrees north and 111.9096 degrees west, respectively), the values for this site are tabulated below:

Spectral Acceleration Value, T Seconds	Site Class B-C Boundary [mapped values] (% g)	Site Class D [adjusted for site class effects] (% g)
Peak Ground Acceleration	59.8	59.8
0.2 Seconds, (Short Period Acceleration)	$S_S = 139.1$	$S_{MS} = 139.1$
1.0 Seconds (Long Period Acceleration)	$S_1 = 58.1$	$S_{M1} = 87.2$

The IBC 2009 code design accelerations ( $S_{DS}$  and  $S_{D1}$ ) are based on multiplying the above accelerations (adjusted for site class effects) for the MCE event by two-thirds ( $\frac{2}{3}$ ).

#### 5.8.5 Liquefaction

The site is located in an area that has been identified by the Utah Geological Survey as having "high" liquefaction potential. Liquefaction is defined as the condition when saturated, loose, finer-grained sand-type soils lose their support capabilities because of excessive pore water pressure which develops during a seismic event.

Shallow groundwater was encountered in each of the borings and thus all but the upper couple of feet of the soil profile encountered is saturated. Gradation test results indicate that the subsurface soils are predominately fine grained with about 69 to 84 percent passing the No. 200 sieve; however, these soils have low plasticity or are non-plastic. These soils have a potential to liquefy during the design seismic event represented by a horizontal acceleration of 0.4 g which is two-thirds of the ground motion with a 2 percent probability of being exceeded in 50 years. We estimate that liquefaction could result in settlements of one and one-half to four inches. Calculations were performed with the computer program NovoLiq using procedures

described in the NCEER Workshop Report (1997) and 2004 Liquefaction Resistance Report by Idriss and Boulanger<sup>3</sup>.

Ground improvement with rammed aggregate piers/Geopiers<sup>®</sup> is recommended to reduce the liquefaction potential and control these settlements. This is a design-build system. Contractors in the area that provide this service are:

Geopiers <sup>®</sup>	Geopiers <sup>®</sup> Foundation Company David Plehn @ 801-269-8012
Rammed Aggregate Piers/ Stone Columns	Nicholson Construction Company Tom Hurley or Mark Goodsell @ 801-296-5899
Rammed Aggregate Piers/ Stone Columns	Jones Drilling & Shoring Kevin Garside @ 801-280-2908
Rammed Aggregate Piers/ Stone Columns	Hayward Baker Inc. Todd E. Ross @ 801-363-0546

## 5.9 CEMENT TYPES

The laboratory tests indicate that the site soils contain negligible amounts of water soluble sulfates. Therefore, all concrete which will be in contact with the site soils may be prepared using Type I cement.

<sup>3</sup> State Normalization of Penetration Resistance and the Effect of Overburden Stress on Liquefaction Resistance, R. W. Boulanger, I. M. Idriss, 2004

The Boyer Company

Job No. 098-006-13  
Geotechnical Study  
March 1, 2013



We appreciate the opportunity of providing this service for you. If you have any questions or require additional information, please do not hesitate to contact us.

Respectfully submitted,

**Gordon Geotechnical Engineering, Inc.**

And

  
Jeffrey J. Egbert, State of Utah No. 374995  
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William J. Gordon, State of Utah No. 146417  
Principal Engineer

JJE/WJG:sn

- Encl. Figure 1, Vicinity Map  
Figure 2, Area Map  
Figure 3, Site Plan  
Figures 4A through 4H, Log of Borings  
Figure 5, Unified Soil Classification System  
Figure 6, Photographs

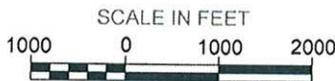
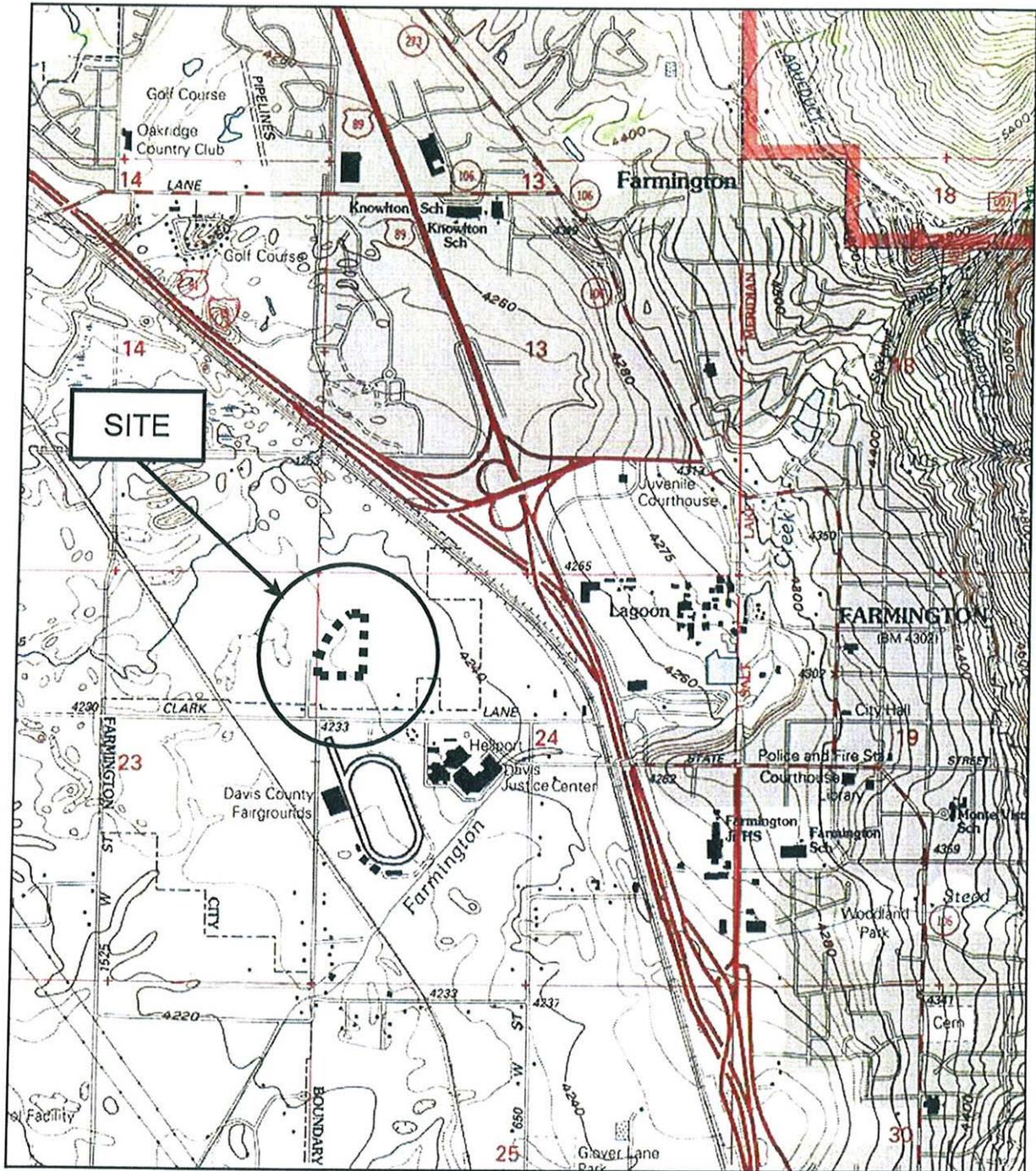


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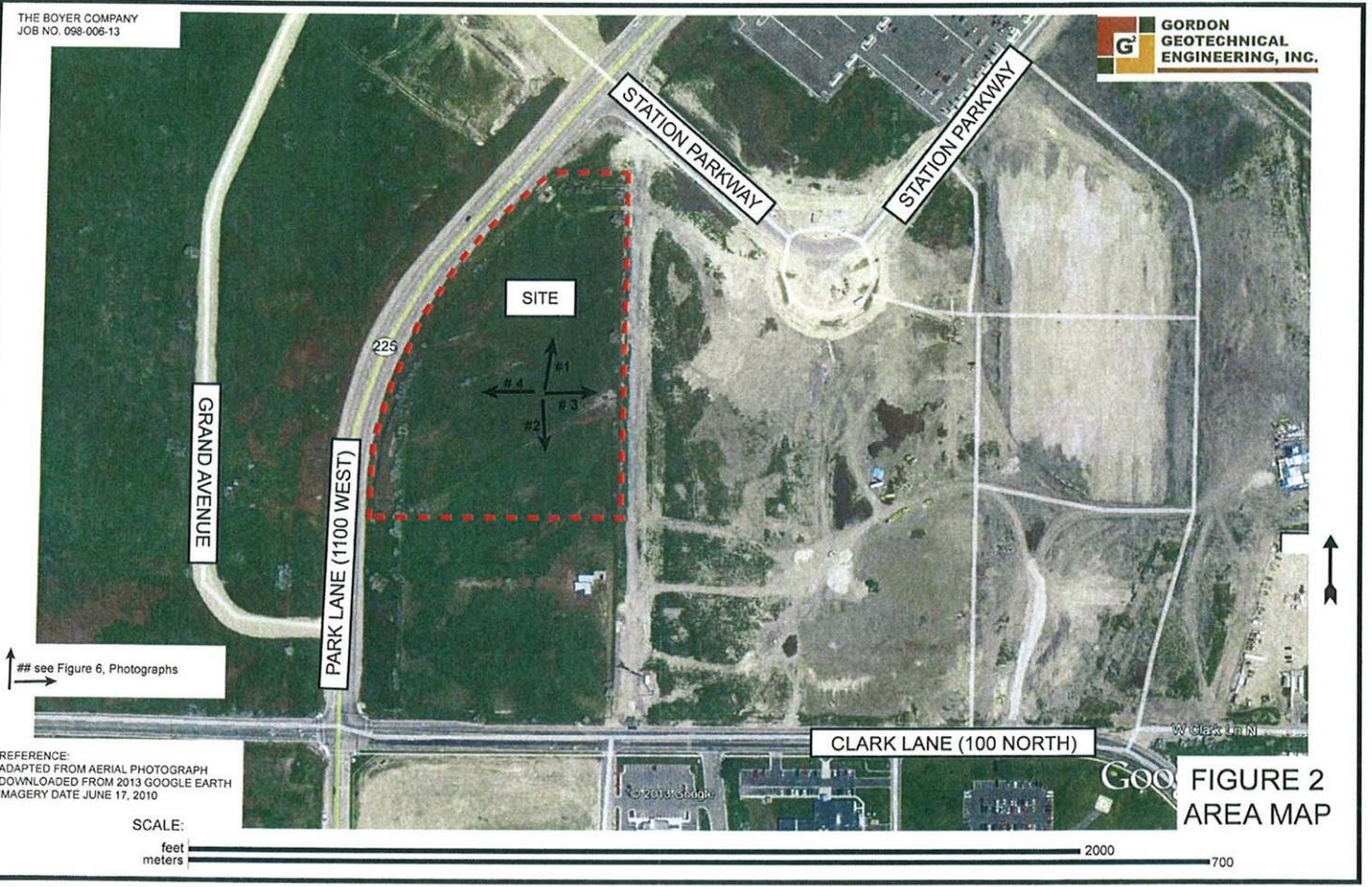


REFERENCE:  
USGS 7.5 MINUTE TOPOGRAPHIC QUADRANGLE MAPS  
TITLED "FARMINGTON, UTAH", DATED 1997  
"KAYSVILLE, UTAH" DATED 1998

**FIGURE 1**  
**VICINITY MAP**

THE BOYER COMPANY  
JOB NO. 098-006-13

**G** GORDON  
GEOTECHNICAL  
ENGINEERING, INC.



↑ # see Figure 6, Photographs

REFERENCE:  
ADAPTED FROM AERIAL PHOTOGRAPH  
DOWNLOADED FROM 2013 GOOGLE EARTH  
IMAGERY DATE JUNE 17, 2010

SCALE:  
feet  
meters

2000 700

FIGURE 2  
AREA MAP

THE BOYER COMPANY  
JOB NO. 098-006-13



REFERENCE:  
ADAPTED FROM DRAWING PROVIDED  
BY CLIENT - NOT DATED

NOT TO SCALE

↑  
FIGURE 3  
SITE PLAN

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-22-13  
 Water Level: 3.0' (01-22-13), 2.0' (02-04-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS	
Ground Surface			0									frozen moist loose	
SILT with some fine sand; vegetation; major roots (topsoil) to 4"-5"+; organics; brown (ML)					D	12						saturated	
grades silty fine sand												stiff	
				5	SPT		14						
grades clayey silt and clayey fine sand; oxidation				10	SPT		8	28.7		81.5			
grades with occasional layers to 1" thick of clayey silt			15	SPT		7						medium stiff	
			20	SPT		11				NP	NP	stiff	
			25										

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material

FIGURE 4A

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-22-13  
 Water Level: 3.0' (01-22-13), 2.0' (02-04-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
SILTY CLAY AND CLAYEY SILT with numerous interbedded layers to 1" thick of silty fine sand; brown (ML/CL)				SPT		7	30.2		69.2			saturated medium stiff
grades clayey silt and silty clay with some fine sand and occasional layers to 1" thick of silty fine sand; gray			30	SPT		7						
grades grayish-brown			35	SPT		5						
grades with numerous layers to 1/8" thick of silty fine sand			40	SPT		8						stiff
Stopped drilling at 40.0'. Stopped sampling at 41.5'. Installed slotted PVC pipe to 10.0'.			45									
			50									

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material

**FIGURE 4A**  
(cont)

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-22-13  
 Water Level: 2.5' (01-22-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS	
Ground Surface			0									loose to 3"-4" moist	
SILTY CLAY with some fine sand, vegetation; major roots (topsoil) to 5"+; organics; brown (CL)  grades light brown with cemented nodules		▲		B								medium stiff	
				D		8						saturated	
				D		6	34.6	87					soft
SILT with occasional layers to 1" thick of silty fine sand; cemented nodules; brown (ML)  grades with occasional layers to 1" thick of silty fine sand;  no recovery with Dames & Moore Sampler pushed SPT  grades with numerous layers to 1" thick of silty fine sand; grayish-brown			10	D		10						medium stiff	
			15	D		17	27.4	76.4				stiff	
			20	D		15							medium stiff
			25										

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material

FIGURE 4B

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-22-13  
 Water Level: 2.5' (01-22-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
grades with occasional layers to 1" thick of silty sand; brown				SPT		12						saturated stiff/medium dense
			30	SPT		13	28.7	84.2				stiff
grades with numerous to alternating layers to 2" thick of silt with some fine sand and fine sandy clay; gray and brown			35	SPT		14						
			40	SPT		9						
FINE SANDY CLAY with numerous to alternating layers to 1" thick of silty fine sand; brown (CL)												
Stopped drilling at 40.0'. Stopped sampling at 41.5'. Installed slotted PVC pipe to 10.0'.			45									
			50									

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material

FIGURE 4B  
(con't)

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-22-13  
 Water Level: 3.0' (01-22-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS	
Ground Surface			0									moist loose	
FINE SANDY CLAY with occasional layers to 1" thick of silty fine sand; vegetation; major roots (topsoil) to 4"-5"+; organics; brown (CL/SC)  no recovery with Dames & Moore Sampler pushed SPT		▼		D	20							very moist stiff	
												saturated	
SILTY FINE SAND/FINE SANDY SILT brown (ML/SM)  no recovery with Dames & Moore Sampler pushed SPT			5	D	25							saturated medium dense	
SILTY CLAY with some fine sand with occasional layers to 3" thick of fine to medium sandy clay; brown (CL/SC)    no recovery with Dames & Moore Sampler grades with occasional to numerous layers to 1" thick of silty fine sand; grayish-brown   no recovery with Dames & Moore Sampler grades with numerous layers to 1" thick of silty fine sand; grayish-brown				D	9	32.1	90					saturated medium stiff	
				D	35								very stiff
				D	20								
Stopped drilling at 18.0'.  Stopped sampling at 19.5'.			20										
			25										

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material.

FIGURE 4C

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-23-13  
 Water Level: 4.0' (01-23-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
Ground Surface			0									moist loose
SILTY CLAY with some fine sand/FINE SANDY SILT vegetation; major roots (topsoil) to 4"-5"+; organics: brown (CL/ML)				D		P						very moist medium stiff
FINE SANDY SILT with numerous interbedded layers to 1/8" thick of clayey silt/silty clay; brown with oxidation (ML/SM)			5	D		28	23.2		76.7			saturated stiff
no recovery with Dames & Moore Sampler pushed SPT				D		29						
			10	D		17						saturated stiff
				SPT		11						
grades with occasional layers to 6" thick of fine sandy clay; brown and grayish-brown			15	SPT		6						medium stiff
grades with occasional layers to 3" thick of fine sandy clay; gray				SPT		13						stiff
Stopped drilling at 20.0'. Stopped sampling at 21.5'.												

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material

FIGURE 4D

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-23-13  
 Water Level: 3.5' (01-23-13), 1.8' (02-04-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
Ground Surface			0									moist loose
SILTY CLAY with some fine sand/FINE SANDY CLAY with occasional layers to 1" thick of silty fine sand; vegetation; major roots (topsoil) to 4"-5+"; brown (CL/SC)		▼		0		28						very moist stiff
												saturated very stiff
grades with occasional layers to 3" thick of silty fine sand			5	SPT		18						
Stopped drilling at 5.0'. Stopped sampling at 6.5'. Installed slotted PVC pipe to 6.5'.			10									
			15									
			20									
			25									

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material.

FIGURE 4E

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-C06-13  
 Client: The Boyer Company  
 Date Drilled: 01-23-13  
 Water Level: 3.5' (01-23-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
Ground Surface			0									moist loose
SILTY CLAY with some fine sand/FINE SANDY CLAY vegetation; major roots (topsoil) to 4'-5"; trace organics; grayish-brown (CL/SC)		▼			⬇							stiff
												saturated
grades brown with light brown mottling			5	SPT		8						
Stopped drilling at 4.0'. Stopped sampling at 5.5'.			10									
			15									
			20									
			25									

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material.

FIGURE 4F

Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-23-13  
 Water Level: 4.0' (01-23-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
Ground Surface			0									moist loose
SILTY CLAY with some fine sand/FINE SANDY CLAY vegetation; major roots (topsoil) to 4'-5'; grayish-brown (CL/SC)				D		13						very moist medium stiff
no recovery with Dames & Moore Sampler pushed SPT												
grades brown with light brown mottling				5	SPT		11					
Stopped drilling at 4.0'. Stopped sampling at 5.5'. Installed slotted PVC pipe to 5.5'.												
			10									
			15									
			20									
			25									

The discussion in the text under the section titled, SUBSURFACE CONDITIONS is necessary for a proper understanding of the nature of the subsurface material

FIGURE 4G

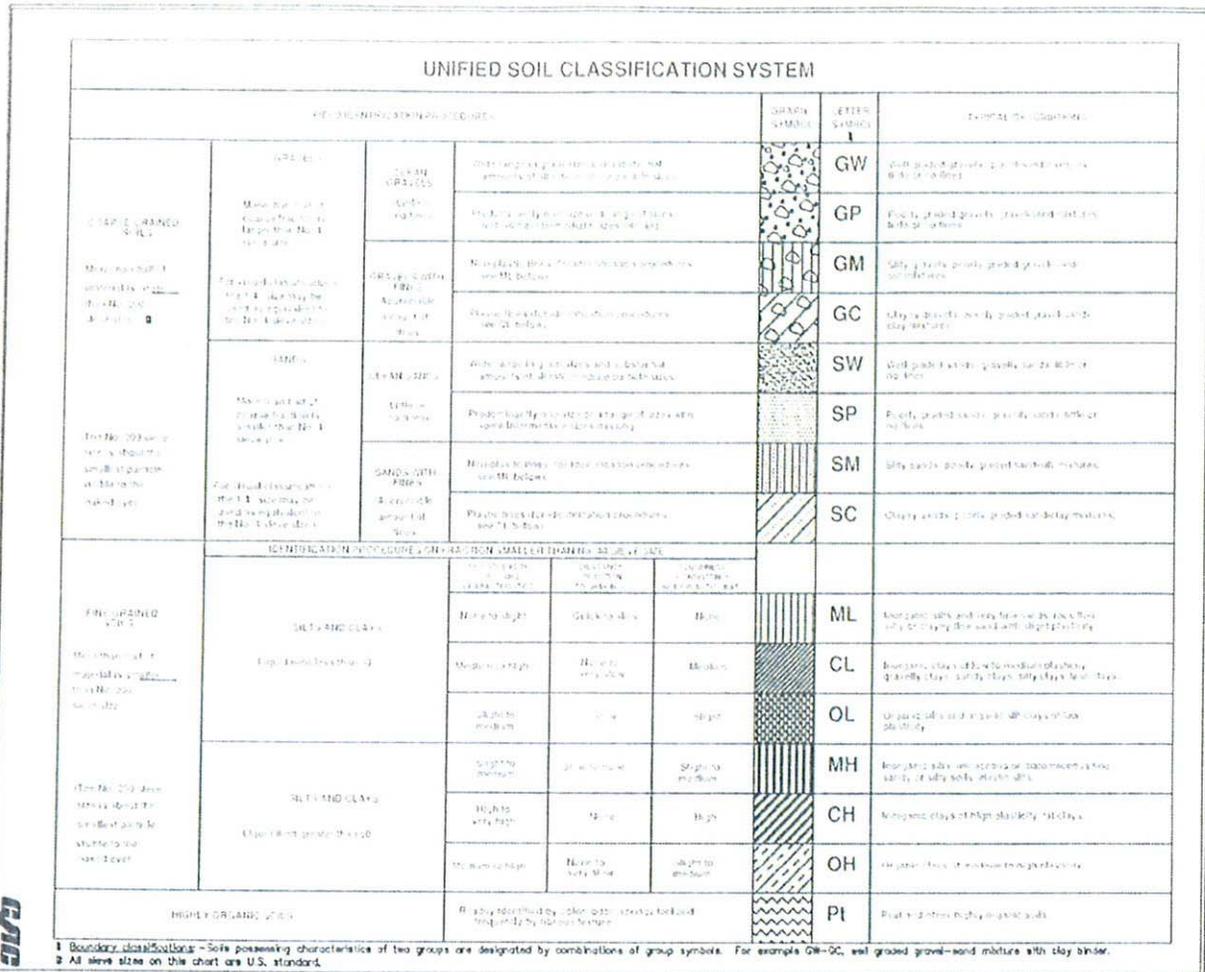
Project Name: Proposed U of U Three-Level Medical Building  
 Location: Northeast of 1100 West & 100 North, Farmington, Utah  
 Drilling Method: 3.75" ID Hollow-Stem Auger  
 Elevation: ---  
 Remarks: \_\_\_\_\_

Project No.: 098-006-13  
 Client: The Boyer Company  
 Date Drilled: 01-23-13  
 Water Level: 3.5' (01-23-13)

DESCRIPTION	GRAPHIC LOG	Water Level	DEPTH FT.	SAMPLE TYPE	SAMPLE SYMBOL	BLOWS/FT.	MOISTURE (%)	DRY DENSITY (PCF)	% PASSING 200	LIQUID LIMIT (%)	PLASTIC LIMIT (%)	REMARKS
Ground Surface			0									moist loose
SILTY CLAY with some fine sand/FINE SANDY CLAY vegetation; major roots (topsoil) to 4"-5"; brown (CL/SC)												very moist stiff
grades with occasional layers to 1" thick of silty fine sand;				D	19							saturated
grades with cemented nodules; light grayish-brown				5	SPT	6						
Stopped drilling at 5.0'. Stopped sampling at 6.5'.			10									
			15									
			20									
			25									

The discussion in the text under the section titled, SUBSURFACE CONDITIONS, is necessary for a proper understanding of the nature of the subsurface material

FIGURE 4H



1. Boundary classifications - Soils possessing characteristics of two groups are designated by combinations of group symbols. For example, GW-GC, well graded gravel-sand mixture with clay binder.  
 2. All sizes are on this chart are U.S. standard.

- GENERAL NOTES**
- In general, Unified Soil Classification Designations presented on the logs were evaluated by visual methods only. Therefore, actual designations based on laboratory testings may differ.
  - Lines separating strata on the logs represent approximate boundaries only. Actual transitions may be gradual.
  - Logs represent general soil conditions observed at ten point of exploration on the date indicated.
  - No warranty is provided as to the continuity of soil conditions between individual sample locations.

**LOG KEY SYMBOLS**

	Bulk Bag Sample		Thin Wall
	Standard Penetration Split Spoon Sampler		No Necessary
	Rock Core		3-1/2\"/>
	Water Level		1-1/2\"/>
	Core Logging Sampler		Core Logging Sampler

FINE-GRAINED SOIL	TORVANE		POCKET PENETROMETER		FIELD TEST
	CONSISTENCY	SPT (blows/ft)	UNDRAINED SHEAR STRENGTH (psi)	UNCONFINED COMPRESSIVE STRENGTH (psi)	
Very Soft	< 2	< 0.125	< 0.25	Easily penetrated several inches by Thumb. Squeezes through fingers.	
Soft	2 - 4	0.125 - 0.25	0.25 - 0.5	Easily penetrated 1" by Thumb. Molded by light finger pressure.	
Medium Soft	4 - 8	0.25 - 0.5	0.5 - 1.0	Penetrated over 1.2" by Thumb with moderate effort. Molded by strong finger pressure.	
Stiff	8 - 15	0.5 - 1.0	1.0 - 2.0	Indented about 1.2" by Thumb but penetrated only with great effort.	
Very Stiff	15 - 30	1.0 - 2.0	2.0 - 4.0	Readily indented by Thumb nail.	
Hard	> 30	> 2.0	> 4.0	Indented with difficulty by Thumb nail.	

COARSE-GRAINED SOIL			FIELD TEST	
APPARENT DENSITY	SPT (blows/ft)	RELATIVE DENSITY (%)	DESCRIPTION	THICKNESS
Very Loose	< 4	0 - 15	Easily penetrated with 1.2" reinforcing rod pushed by hand.	
Loose	4 - 10	15 - 35	Difficult to penetrate with 1.2" reinforcing rod pushed by hand.	
Medium Dense	10 - 30	35 - 65	Easily penetrated a foot with 1.2" reinforcing rod driven with 5-lb hammer.	
Dense	30 - 50	65 - 85	Difficult to penetrate a foot with 1.2" reinforcing rod driven with 5-lb hammer.	
Very Dense	> 50	85 - 100	Penetrated only a few inches with 1.2" reinforcing rod driven with 5-lb hammer.	

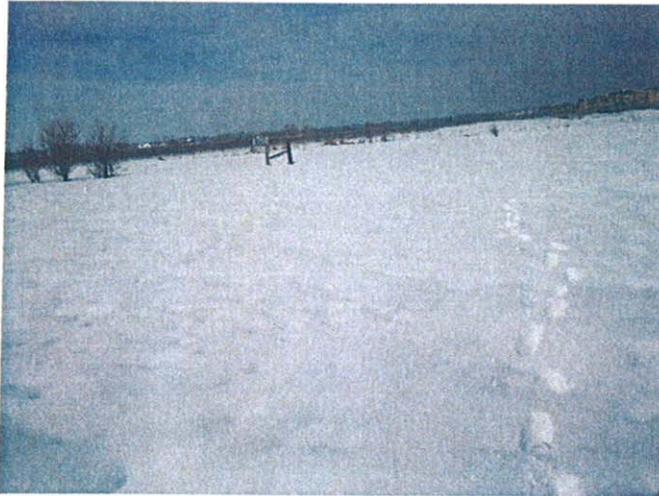
STRATIFICATION	
DESCRIPTION	THICKNESS
SEAM	1/16 - 1/2"
LAYER	1/2 - 12"

STRATIFICATION	
DESCRIPTION	THICKNESS
Occasional	One or less per foot of thickness
Frequent	More than one per foot of thickness

CEMENTATION		MODIFIERS		MOISTURE CONTENT	
DESCRIPTION	DESCRIPTION	DESCRIPTION	%	DESCRIPTION	FIELD TEST
Weakly	Crumbles or breaks with handling of all finger pressure	Trace	< 5	Dry	Absence of moisture. Dusty/dry to the touch
Mod. rately	Crumbles or breaks with considerable finger pressure	Some	5 - 12	Moist	Damp but no visible water
Strongly	Will not crumble or break with finger pressure	Wet	> 12	Wet	Visible water, usually soil below Water Table

**FIGURE 5**



#1 View north-northwest from central portion of the site.



#2 View south-southeast from central portion of the site.



#3 View east from central portion of the site.



#4 View west from central portion of the site.

March 1, 2013  
Job No. 098-006-13

The Boyer Company  
90 South 400 West, Suite 200  
Salt Lake City, Utah 84101

**Attention: Mr. Spencer Summerhays**

Ladies and Gentlemen:

Re: Report  
Geotechnical Study  
Proposed U of U Three-Level Medical Building  
Northeast of 1100 West and 100 North  
Farmington, Utah

## **1. INTRODUCTION**

### **1.1 GENERAL**

This report presents the results of our geotechnical study performed at the site of a proposed three-level medical building, which is located northeast of the intersection of 1100 West and 100 North in Farmington, Utah. The general location of the site with respect to major topographic features and existing facilities, as of 1997, is presented on Figure 1, Vicinity Map. A detailed location of the site showing existing roadways and surrounding facilities, on an air photograph base, is presented on Figure 2, Area Map. A more detailed layout of the site showing the proposed locations of the building and parking areas is presented on Figure 3, Site Plan. The locations of the borings drilled in conjunction with this study are also presented on Figure 3.

During the course of this study, many of the conclusions and recommendations were presented to the design team and owner.

### **1.2 OBJECTIVES AND SCOPE**

The objectives and scope of our study were planned in discussions between Mr. Spencer Summerhays of The Boyer Company and Mr. Bill Gordon of Gordon Geotechnical Engineers, Inc. (G<sup>2</sup>).

In general, the objectives of this study were to:

1. Accurately define and evaluate the subsurface soil and groundwater conditions across the site.
2. Provide appropriate foundation, earthwork, subdrain, geoseismic, and pavement recommendations to be utilized in the design and construction of the proposed development.

In accomplishing these objectives, our scope has included the following:

1. A field program consisting of the drilling, logging, and sampling of eight borings.
2. A laboratory testing program.
3. An office program consisting of the correlation of available data, engineering analyses, and the preparation of this summary report.

### **1.3 AUTHORIZATION**

Authorization was provided by returning a signed copy of our Professional Services Agreement No. 13-0104 dated January 11, 2013 and executed on January 17, 2013.

### **1.4 PROFESSIONAL STATEMENTS**

Supporting data upon which our recommendations are based are presented in subsequent sections of this report. Recommendations presented herein are governed by the physical properties of the soils encountered in the exploration borings, measured and projected groundwater conditions, and the layout and design data discussed in Section 2., Proposed Construction, of this report. If subsurface conditions other than those described in this report are encountered and/or if design and layout changes are implemented, G<sup>2</sup> must be informed so that our recommendations can be reviewed and amended, if necessary.

Our professional services have been performed, our findings developed, and our recommendations prepared in accordance with generally accepted engineering principles and practices in this area at this time.

## **2. PROPOSED CONSTRUCTION**

The structure is proposed to be a three-level, steel-frame, slab-on-grade medical building. Foundation loads are anticipated to not exceed 6 kips per lineal foot for bearing walls, 330 to 400 kips for columns, and 150 to 200 pounds per square foot uniform floor loads.

Site development will require a moderate amount of earthwork in the form of site grading. We estimate that maximum cuts to achieve design grades will be on the order of one foot. Fills up to three to four feet above existing grade are anticipated.

Extensive at-grade parking with accompanying access driveways on the north side of the building will also be a part of the overall development. Traffic over the driveways will consist of a moderate volume of automobiles and light trucks, and a light volume of medium- and heavy-weight trucks. Traffic over the parking surface is anticipated to consist of a moderate volume of automobiles and light trucks, and an occasional medium-weight truck.

### **3. INVESTIGATIONS**

#### **3.1 FIELD PROGRAM**

In order to define and evaluate the subsurface soil and groundwater conditions across the site, 8 borings were drilled to depths ranging from 6.5 to 41.5 feet below the existing grade. The borings were drilled using a rubber tire all-terrain drill rig equipped with hollow-stem augers. Locations of the borings are presented on Figure 3.

The field portion of our study was under the direct control and continual supervision of an experienced member of our geotechnical staff. During the course of the drilling operations, a continuous log of the subsurface conditions encountered was maintained. In addition, relatively undisturbed and small disturbed samples of the typical soils encountered were obtained for subsequent laboratory testing and examination. The soils were classified in the field based upon visual and textural examination. These classifications have been supplemented by subsequent inspection and testing in our laboratory. Detailed graphical representation of the subsurface conditions encountered is presented on Figures 4A through 4H, Log of Borings. Soils were classified in accordance with the nomenclature described on Figure 5, Unified Soil Classification System.

A 3.25-inch outside diameter, 2.42-inch inside diameter drive sampler (Dames & Moore) was utilized in the majority of the subsurface sampling at the site. Additionally, a 2.0-inch outside diameter, 1.38-inch inside diameter drive sampler (SPT) was utilized at select locations and depths. The blow counts recorded on the boring logs were those required to drive the sampler 12 inches with a 140-pound hammer dropping 30 inches.

Following completion of drilling operations, one and one-quarter-inch diameter slotted PVC pipe was installed in four of the eight borings in order to provide a means of monitoring the groundwater fluctuations.

### 3.2 LABORATORY TESTING

#### 3.2.1 General

In order to provide data necessary for our engineering analyses, a laboratory testing program was performed. The program included moisture and density tests, collapse-consolidation tests, partial gradation tests, an Atterberg Limits test, and chemical tests. The following paragraphs describe the tests and summarize the test data.

#### 3.2.2 Moisture and Density Tests

To aid in classifying the soils and to help correlate other test data, moisture and density tests were performed on selected undisturbed samples. The results of these tests are presented on the boring logs, Figures 4A through 4H.

#### 3.2.3 Consolidation Tests

A collapse-consolidation test was performed on each of two representative samples of the existing natural soils in order to assess their moisture sensitivity and load deformation characteristics. A collapse-consolidation test is performed as follows:

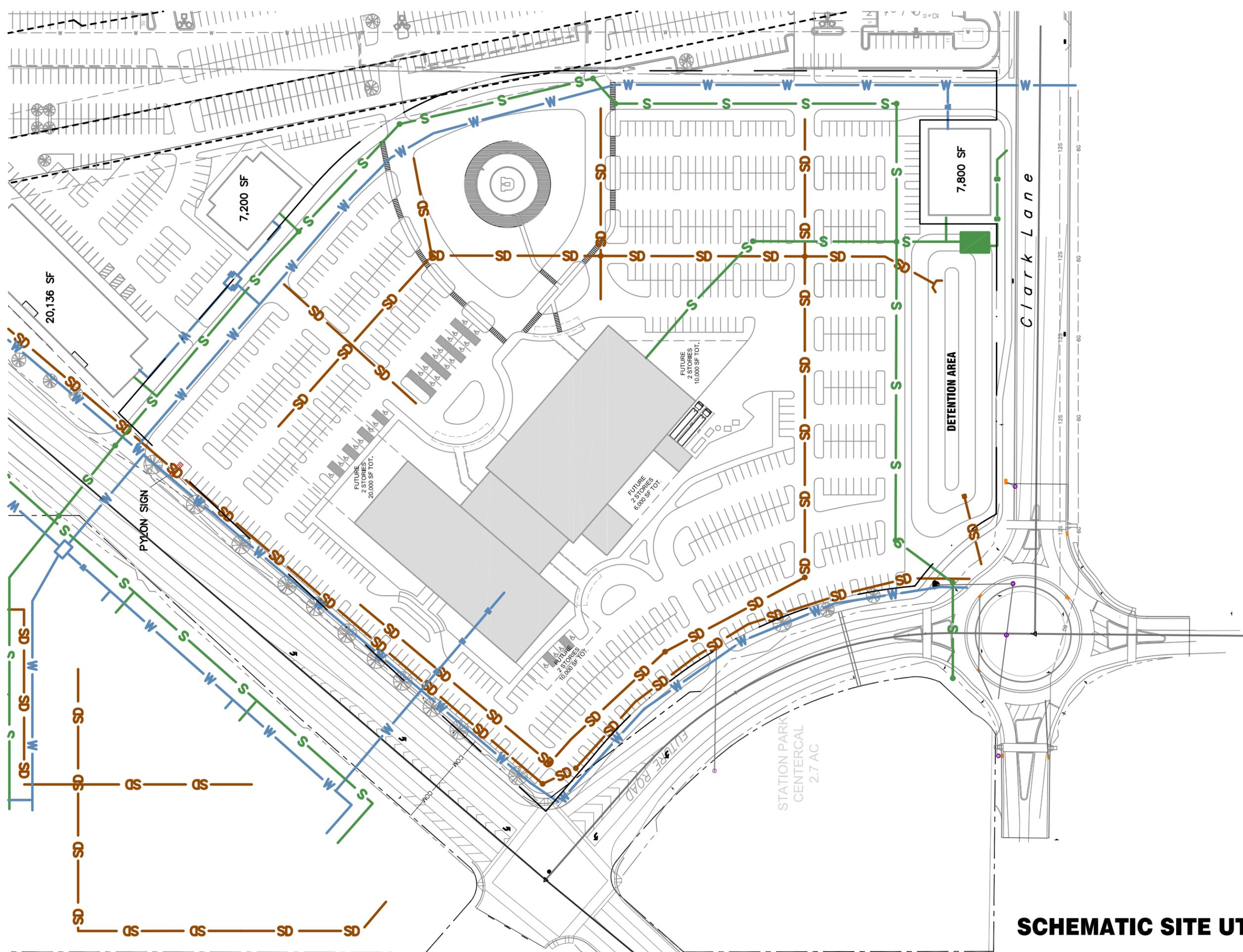
1. Load sample at in-situ moisture content to specific axial pressure.
2. Measure and record axial deflection.
3. Saturate sample.
4. Measure and record resulting collapse.

The test results are tabulated below:

Boring No.	Depth (feet)	Soil Classification	In-Situ Dry Density (pcf)	In-Situ Moisture Content (percent)	Axial Load When Saturated (psf)	Collapse (-) or Swell (+) (percent)
B-2	5.5	CL	87.1	34.6	100	+0.01
B-3	8.5	CL	90.3	32.0	100	-0.95

Following completion of the collapse portion of the test, normal consolidation test loading was applied.

<b>SIGNATURE SHEET</b>	<b>A</b>
<b>EXECUTIVE SUMMARY</b>	<b>B</b>
<b>SITE ANALYSIS</b>	<b>C</b>
<b>BUILDING REQUIREMENTS</b>	<b>D</b>
<b>INDIVIDUAL SPACE OUTLINES</b>	<b>E</b>
<b>DETACHED ANALYSIS OF EACH SPACE</b>	<b>F</b>
<b>AREA SPACE SUMMARY SHEET</b>	<b>G</b>
<b>DEPARTMENT ADJACENCIES DIAGRAMS</b>	<b>H</b>
<b>BUILDING ADJACENCIES DIAGRAMS</b>	<b>I</b>
<b>BUILDING ONE-LINE DIAGRAMS</b>	<b>J</b>
<b>ROOM DIAGRAMS</b>	<b>K</b>
<b>COST MODEL</b>	<b>L</b>
<b>PROJECT SCHEDULE</b>	<b>M</b>
<b>GEOTECHNICAL REPORT (PRELIMINARY)</b>	<b>N</b>
<b>SITE SCHEMATIC UTILITY PLAN</b>	<b>O</b>



**SCHEMATIC SITE UTILITIES**

04-092sub1

# U of U Farmington

A part of the Northeast Quarter of Section 23, and the Northwest Quarter of 24,  
Township 3 North, Range 1 West, Salt Lake Basin & Meridian, U.S. Survey  
Farmington City, Davis County, Utah  
November 2014

### NARRATIVE

This Survey and Subdivision was requested by Dixon and Associates prerequisite to development of this property.

This Survey retraces and honors a previous 2007 Survey by CLC Associates for the entire shopping center which interprets the then existing deeds in order to fit them together and the 2011 Station Park Subdivision abutting to the East.

A line between monuments found for West Quarter Corner and the Northwest Corner of Section 24 was assigned the bearing of North 0°09'31" East as the Basis of Bearings to retrace and honor the previous Survey.

### DESCRIPTION

A part of the Northeast Quarter of Section 23 and the Northwest Quarter of Section 24, Township 3 North, Range 1 West, Salt Lake Basin and Meridian, U.S. Survey in Farmington City, Davis County, Utah:

Beginning at a point on the North Line of Clark Lane located 751.43 feet North 0°09'31" East along the Section Line and 108.12 feet South 89°37'47" East from the West Quarter Corner of said Section 24; and running thence Northwesterly along the arc of a 80.50 foot radius curve to the right a distance of 55.67 feet (Center bears North 15°04'58" East, Central Angle equals 39°37'32" and Long Chord bears North 55°06'16" West 54.57 feet) to a point of reverse curvature; thence Northwesterly along the arc of a 109.50 foot radius curve to the left a distance of 23.31 feet (Central Angle equals 12° 11'57" and Long Chord bears North 41°23'28" West 23.27 feet) to a point of reverse curvature; thence Northwesterly along the arc of a 80.50 foot radius curve to the right a distance of 19.84 feet (Central Angle equals 14°07'06" and Long Chord bears North 40°25'53" West 19.79 feet) to a point on the Northeastery line of 1100 West Street; thence along said Northeastery line the following two courses: Northwesterly along the arc of a 560.00 foot radius curve to the left a distance of 468.47 feet (Center bears South 89°06'44" West, Central Angle equals 47°55'50" and Long Chord bears North 24°51'11" West 454.92 feet) to a point of tangency; and North 48°49'06" West 68.51 feet to a point of curvature; thence Northwesterly, Northerly and Northeastery along the arc of a 26.00 foot radius curve to the right a distance of 40.57 feet (Central Angle equals 89°24'49" and Long Chord bears North 4°06'43" West 36.58 feet) to a point of tangency on the Southeastery line of Park Lane; thence along said Southeastery Line the following three courses: North 40°35'39" East 293.10 feet; North 43°56'01" East 478.53 feet; and North 44°49'26" East 273.01 feet; thence South 89°26'11" East 147.15 feet to the Westerly Line of Station Park Subdivision; thence South 0°38'44" West 1321.00 feet along said Subdivision Boundary to the North Line of Clark Lane; thence North 89°37'47" West 529.09 feet along said North Line to the point of beginning.

Contains 769,129 sq. ft.  
or 17.657 acres

### OWNER'S DEDICATION

We, the undersigned owners of the hereon described tract of land, hereby set apart and subdivide the same into lots, parcels and streets as shown on this plat, and name said tract Farmington Fields, and hereby dedicate, grant and convey to FARMINGTON City, Davis County, Utah, all those parts or portions of said tract of land designated as streets, the same to be used as public thoroughfares forever, and also dedicate to FARMINGTON City those certain strips as easements for public utility and drainage purposes over and across the portions of the lots designated as public utility and drainage easements, as shown hereon, the same to be used for the installation, maintenance and operation of public utility service lines and drainage, as may be authorized by FARMINGTON City.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

XXXX

XXXX

### ACKNOWLEDGMENT

State of \_\_\_\_\_ } SS  
County of \_\_\_\_\_ }  
On the \_\_\_\_\_ Day of \_\_\_\_\_, A.D., 20\_\_\_\_, Personally appeared before me, the undersigned Notary Public, in and for said State and County, XXXXX who after being duly sworn, acknowledged to me that He is the \_\_\_\_\_ of XXXXX, LC and has signed the owners dedication freely and voluntarily for and in behalf of said L.C. for the purposes therein mentioned and that said L.C. executed the same.

My commission expires \_\_\_\_\_  
Residing in \_\_\_\_\_ county

Notary Public

### SURVEYOR'S CERTIFICATE

I, Ken B. Hawkes, a Professional Land Surveyor in the State of Utah, do hereby certify that this plat of U OF U FARMINGTON in FARMINGTON City, Davis County, Utah has been correctly drawn to the designated scale and is a true and correct representation of the herein described lands in said subdivision based on data compiled from records in the Davis County Recorder's Office and from a survey made on the ground.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

8707113  
License No.

Ken B. Hawkes

PRELIMINARY

### FARMINGTON CITY ATTORNEY

Approved by the FARMINGTON City Attorney  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature

### FARMINGTON CITY ENGINEER

I hereby certify that I have carefully investigated the lines of Survey of the foregoing plat and legal description of the land embraced therein and find them to be correct and to agree with the lines and monuments on record in this office.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature

### FARMINGTON AREA PRESSURIZED IRRIGATION DISTRICT

Approved by the FARMINGTON AREA PRESSURIZED IRRIGATION DISTRICT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature

### FARMINGTON CITY PLANNING COMMISSION

Approved by the FARMINGTON City Planning Commission on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Chairperson

### CENTRAL DAVIS SEWER DISTRICT

Approved by the CENTRAL DAVIS SEWER DISTRICT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature

### FARMINGTON CITY APPROVAL

This is to certify that this plat and dedication of this plat were duly approved and accepted by the City Council of FARMINGTON City, Utah this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Attest \_\_\_\_\_  
City Recorder

Mayor

### DAVIS COUNTY RECORDER

ENTRY NO. \_\_\_\_\_ FEE PAID \_\_\_\_\_  
FILED FOR RECORD AND  
RECORDED \_\_\_\_\_ AT \_\_\_\_\_  
IN BOOK \_\_\_\_\_ OF OFFICIAL  
RECORDS, PAGE \_\_\_\_\_ RECORDED  
FOR \_\_\_\_\_

DAVIS COUNTY RECORDER

BY: \_\_\_\_\_  
DEPUTY

# U of U Farmington

A part of the Northeast Quarter of Section 23, and the Northwest Quarter of 24,  
Township 3 North, Range 1 West, Salt Lake Basin & Meridian, U.S. Survey

Farmington City, Davis County, Utah  
November 2014



Scale : 1" = 60'

