

KEY PLAN

NO.	DESCRIPTION	DATE
0		
1		
2		
3		
4		
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10		
11		
12		
13		
14		

HKS PROJECT NUMBER  
0  
DATE  
12/31/12  
ISSUE  
CONSTRUCTION DOCUMENTS  
SHEET TITLE  
EQUIPMENT / SIGNAGE / SPECIALTY PLAN  
SHEET NO.

EQUIPMENT PROCUREMENT AND INSTALLATION SHALL BE AS NOTED BELOW

OWNER FURNISHED AND OWNER INSTALLED (OF/OI)  
OWNER FURNISHED AND VENDOR INSTALLED (OF/VI)  
OWNER FURNISHED AND CONTRACTOR INSTALLED (OF/CI)  
MOUNTING HEIGHTS AND BACKING REQUIREMENTS FOR EQUIPMENT IS INDICATED ON SHEET A3.00

**NON-CLINICAL**

REF1	REFRIGERATOR / FREEZER W/ ICEMAKER	OF/OI
REF	REFRIGERATOR/FREEZER	OF/OI
DW	DISHWASHER	OF/OI
MW	MICROWAVE OVEN	OF/OI
VEND	VENDING MACHINE	OF/OI

**IT/EQUIPMENT**

MM	MONITOR	OF/OI
PC	PC COMPUTER	OF/OI
COW	COMPUTER ON WHEELED CART	OF/OI
LP	LASER PRINTER	OF/OI
NP	NETWORK PRINTER	OF/OI
RSP	RESCRIPTION PRINTER	OF/OI
LBP	LABEL PRINTER	OF/OI
CM	COMBID COPPER, PRINTER	OF/OI
CP	COPPER, PRINTER, SCANNER, FAX	OF/OI
EPC	EMERGENCY CALL SYSTEM MONITOR (COMPUTER RAIL IS CONTRACTOR INSTALLED)	OF/OI
FS	FAX SERVER	OF/OI
FX	FAX MACHINE	OF/OI

**EXAM ROOM EQUIPMENT**

TLB	EXAM TOOLBOARD WITH SCOPESET, BP (SEE INTERIOR ELEVATION FOR LAYOUT)	OF/OI
EKG	EKG MACHINE	OF/OI
DP	DOPPLER	OF/OI
SP	SPIROMETER	OF/OI
ST	PHYSICIAN STOOL	OF/OI
EX	EXAM TABLE	OF/OI
PT	PROCEDURE TABLE	OF/OI
EL	CEILING MOUNTED EXAM LIGHT (SEE A4.012 & 3 FOR MOUNTING INFORMATION) SUPPORT STRUCTURE IS CONTRACTOR FURNISHED AND INSTALLED	OF/OI
MS	MONITOR	OF/OI
PL	PROCEDURE LAMP, PORTABLE	OF/OI
SC	SCALES, ADULT	OF/OI
CM	COMBID COPPER, PRINTER	OF/OI
F	PATIENT CARE FLAG (WALL MOUNTED)	OF/OI
SH	SHARPS CONTAINER	OF/OI
GL	SEE INTERIOR ELEVATION FOR LAYOUT	OF/OI
EYE	GLOVE BOX HOLDERS FOR LAYOUT	OF/OI
PH	PHYSICIAN STATION	OF/OI
BH	BROCHURE HOLDER	OF/OI
CRP	CARPET PROTECTORS	OF/OI
AG	HAND GEL DISPENSERS	OF/OI
SD	STADIOMETER, WALL MOUNTED	OF/OI

**LABORATORY EQUIPMENT**

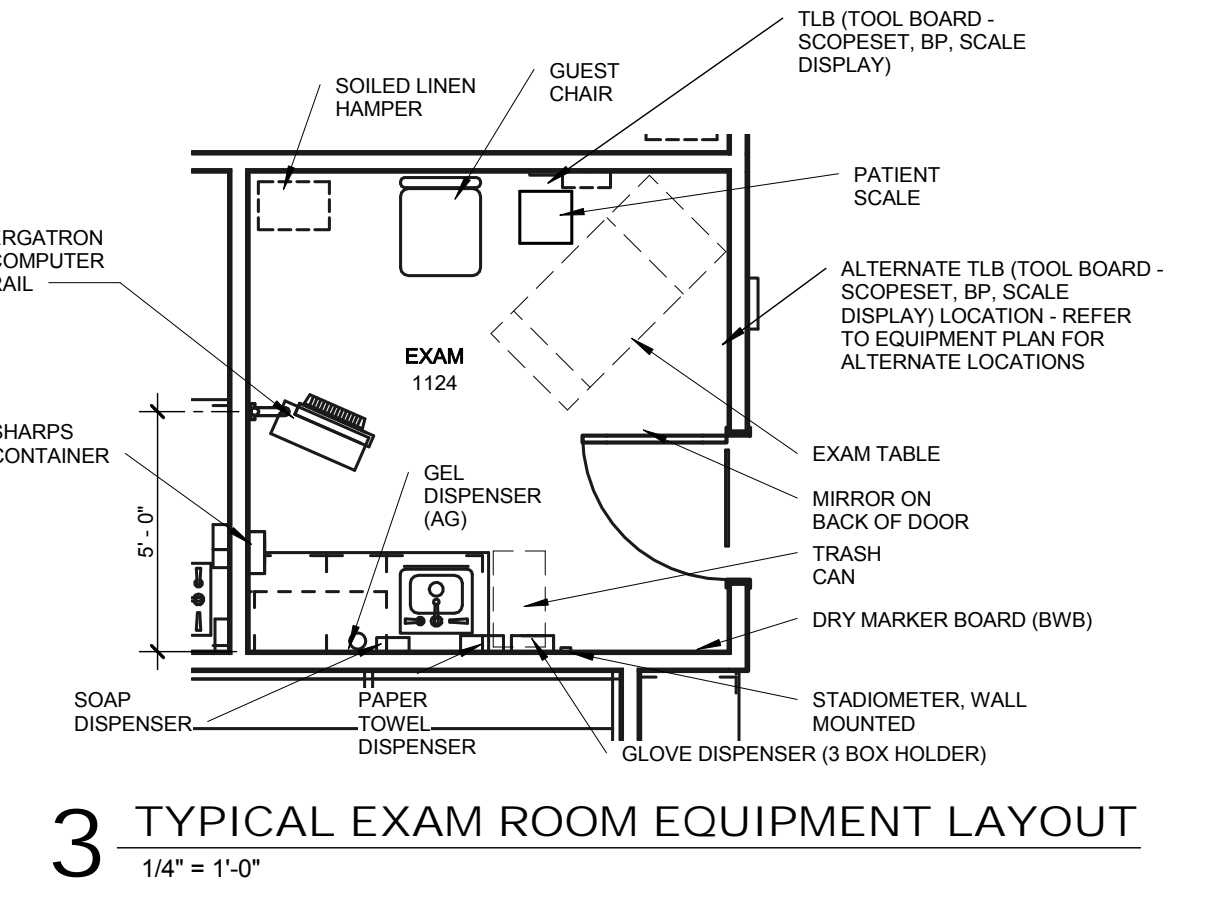
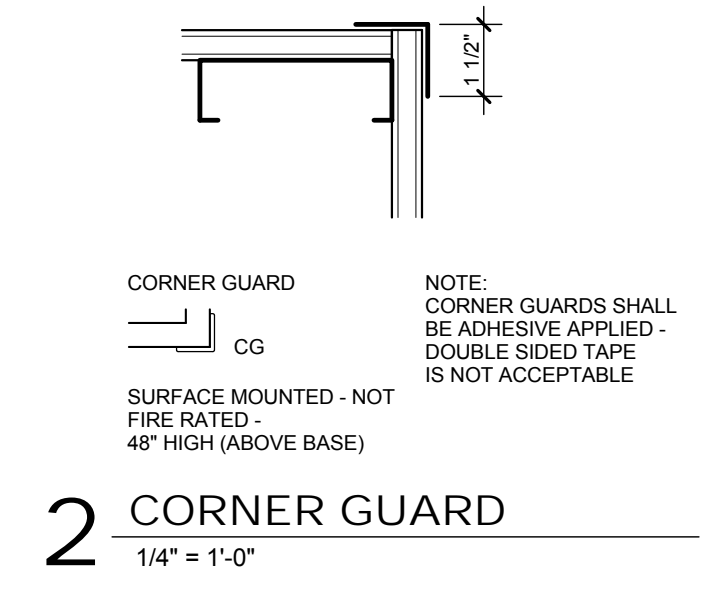
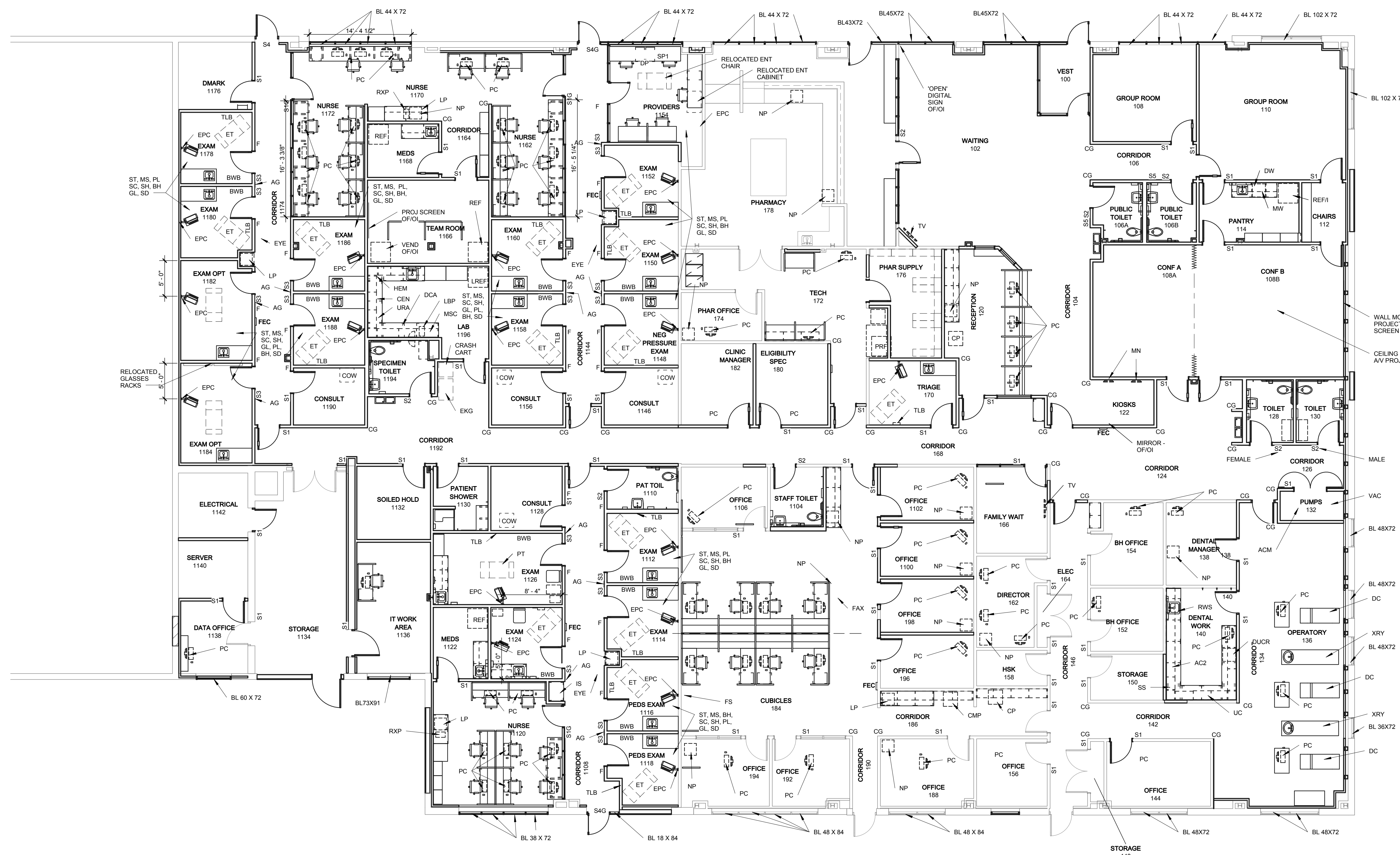
DCA	DCA ANALYZER	OF/OI
URA	URINALYSIS UNIT	OF/OI
HEM	HEMOCLIN	OF/OI
MSC	MICROSCOPE	OF/OI
CEN	CENTRIFUGE	OF/OI
BDC	BLOOD DRAW CHAIR	OF/OI
AUC	AUTOCLAVE	OF/OI
LRF	LABORATORY REFRIGERATOR	OF/OI

**DENTAL EQUIPMENT**

DC	DENTAL CHAIR	OF/VI
UC	ULTRASONIC CLEANER	OF/OI
DUOR	DENTAL UNDERCOUNTER REFRIGERATOR	OF/OI
SS	STATUS STERILIZER	OF/OI
AC2	AIR CLEANER	OF/OI
ACM	AIR COMPRESSOR	OF/OI
VAC	VACUUM SYSTEM	OF/OI
XRY	DIGITAL X-RAY SYSTEM	OF/OI
RVS	RADIATION SENSING SYSTEM FOR X-RAY	OF/OI
RWS	RO WATER SYSTEM	OF/OI

**PHARMACY EQUIPMENT**

PRF	PHARMACY REFRIGERATOR	OF/OI
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**PLAN NOTES**

- HORIZONTAL BLIND LOCATIONS ARE INDICATED BY 'BL' ON THE WINDOW LOCATIONS, FOLLOWED BY THE APPROXIMATE SIZE OF THE WINDOW IN INCHES (BL = X x H). FIELD VERIFY DIMENSIONS.
- BULLETIN BOARD (BB) AND DRY MARKER BOARD (BWB) ARE OWNER FURNISHED AND OWNER INSTALLED AT LOCATIONS OF OWNER'S DISCRETION.
- ST, MS, SC, SH AND GL INDICATIONS IN EXAM AND PROCEDURE ROOMS ARE GENERIC INDICATIONS FOR MOVABLE EQUIPMENT FOR THAT ROOM. REFER TO INTERIOR ELEVATIONS IN EXAM 1124 FOR WALL MOUNTED LOCATIONS FOR SH (SHARPS) AND GL (GLOVES).
- PROVIDE 'CG' CORNER GUARDS AS INDICATED. SEE A2.042 FOR CORNER GUARD DESCRIPTION AND LAYOUT.
- FURNISHINGS ARE SHOWN FOR REFERENCE ONLY. THEY WILL BE IN A SEPARATE BID PACKAGE.

**SIGNAGE TYPES**  
(REFER TO SPECIFICATIONS AND TO MISC EQUIPMENT MOUNTING INFORMATION ON SHEET A3.00)

TYPE S1: ROOM ID SIGNAGE (OFFICES, ETC.)  
ROOM TITLE / #  
BRILLE

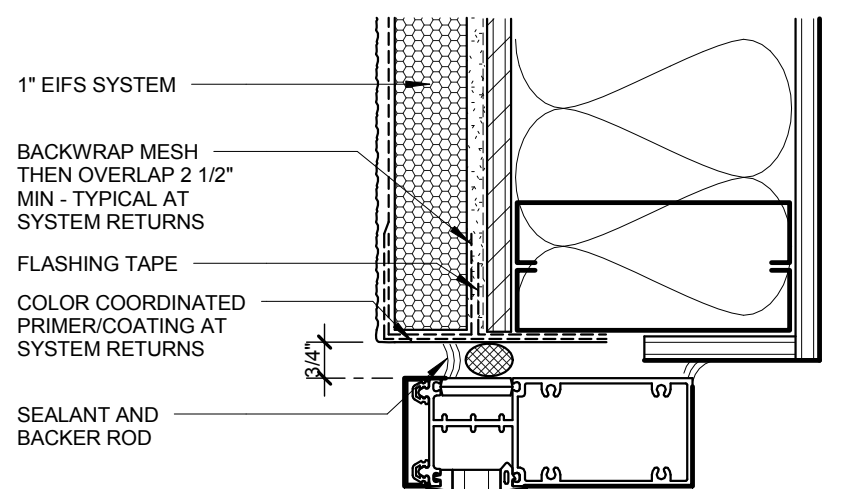
TYPE S1G: ROOM ID SIGNAGE (GLASS MOUNTED)  
ROOM TITLE / #  
BRILLE

TYPE S2: ROOM SIGNAGE (TOILET ROOMS)  
ROOM TITLE / #  
BRILLE

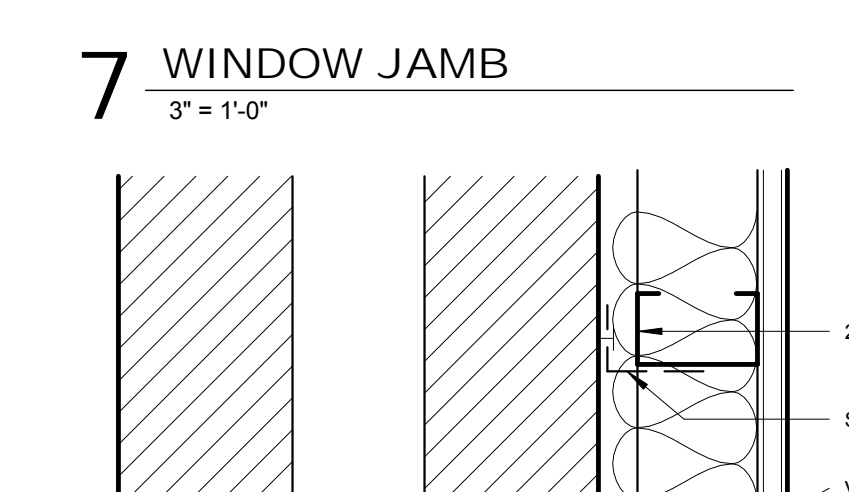
TYPE S4: EXITING SIGNAGE  
DESCRIPTION (EMERGENCY EXIT ONLY)  
BRILLE

TYPE S4G: EXITING SIGNAGE (GLASS MOUNTED)  
DESCRIPTION (EMERGENCY EXIT ONLY)  
BRILLE

TYPE S5: TOILET USE SIGN  
DESCRIPTION (SEE REGISTRATION FOR ACCESS CODE)



**4 WINDOW HEAD**  
3" = 1'-0"



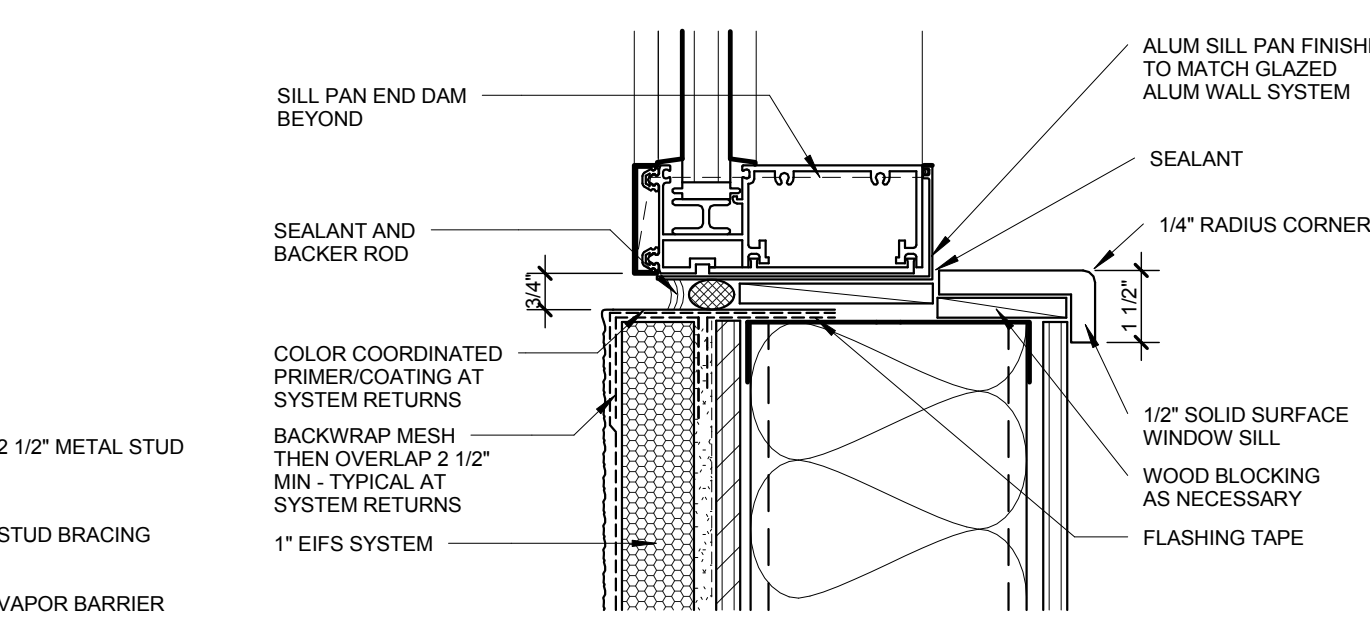
**7 WINDOW JAMB**  
3" = 1'-0"



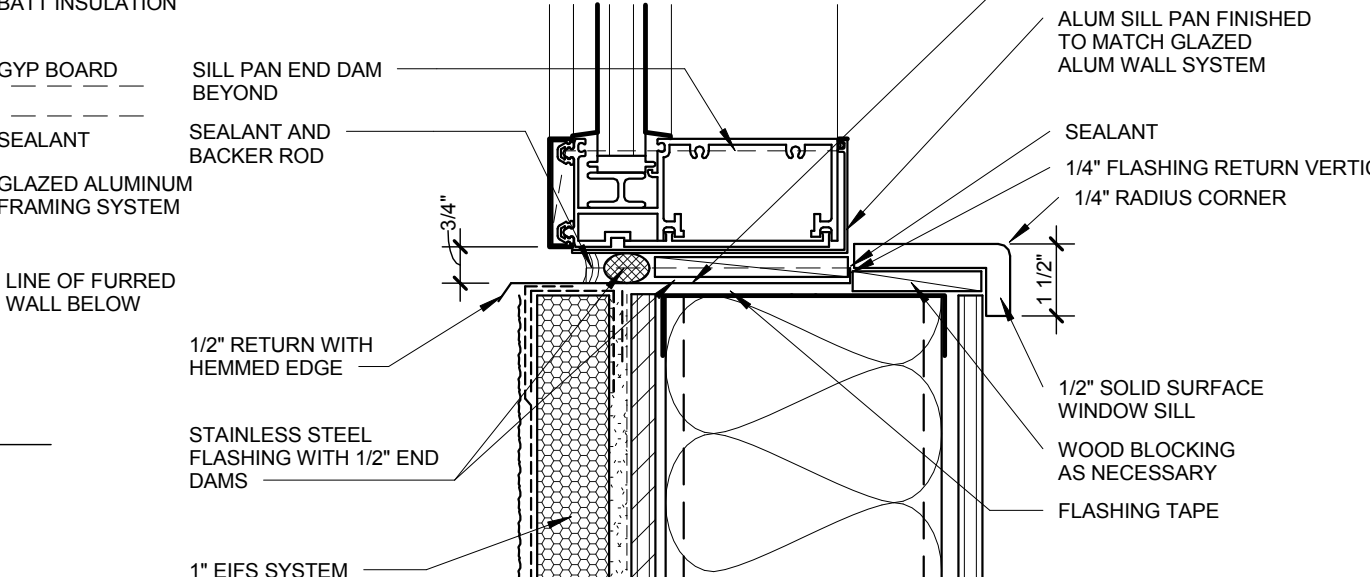
**10 WINDOW SILL AT FDN**  
3" = 1'-0"



**8 ALUM JAMB AT BRICK / HEAD SIM**  
3" = 1'-0"



**5 WINDOW SILL**  
3" = 1'-0"



**5A WINDOW SILL EXIST FLASHING**  
3" = 1'-0"

**1 EQUIPMENT PLAN**  
1/8" = 1'-0"

**14 BRAKE METAL ALUM JAMB AT BRICK**  
3" = 1'-0"

**12 WINDOW HEAD AT CANOPY**  
3" = 1'-0"

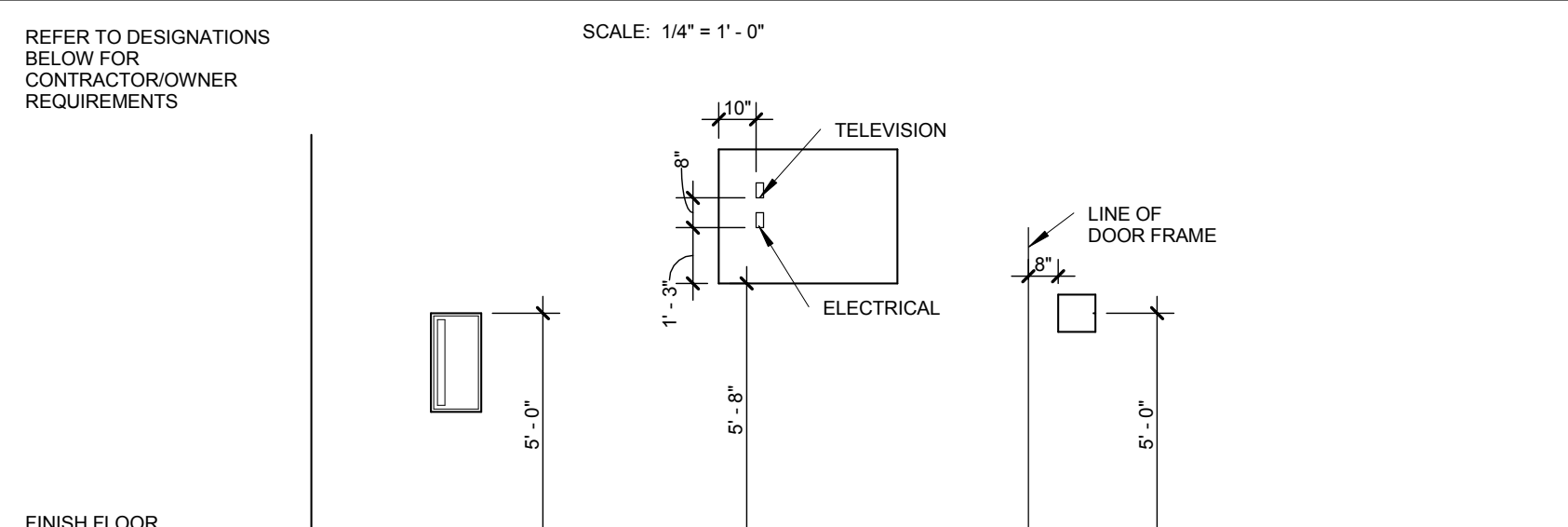
**13 HM AT INTERIOR BRICK**  
3" = 1'-0"  
JAMB / HEAD SIMILAR

**11 ALUM WIN AT CONC SILL**  
3" = 1'-0"

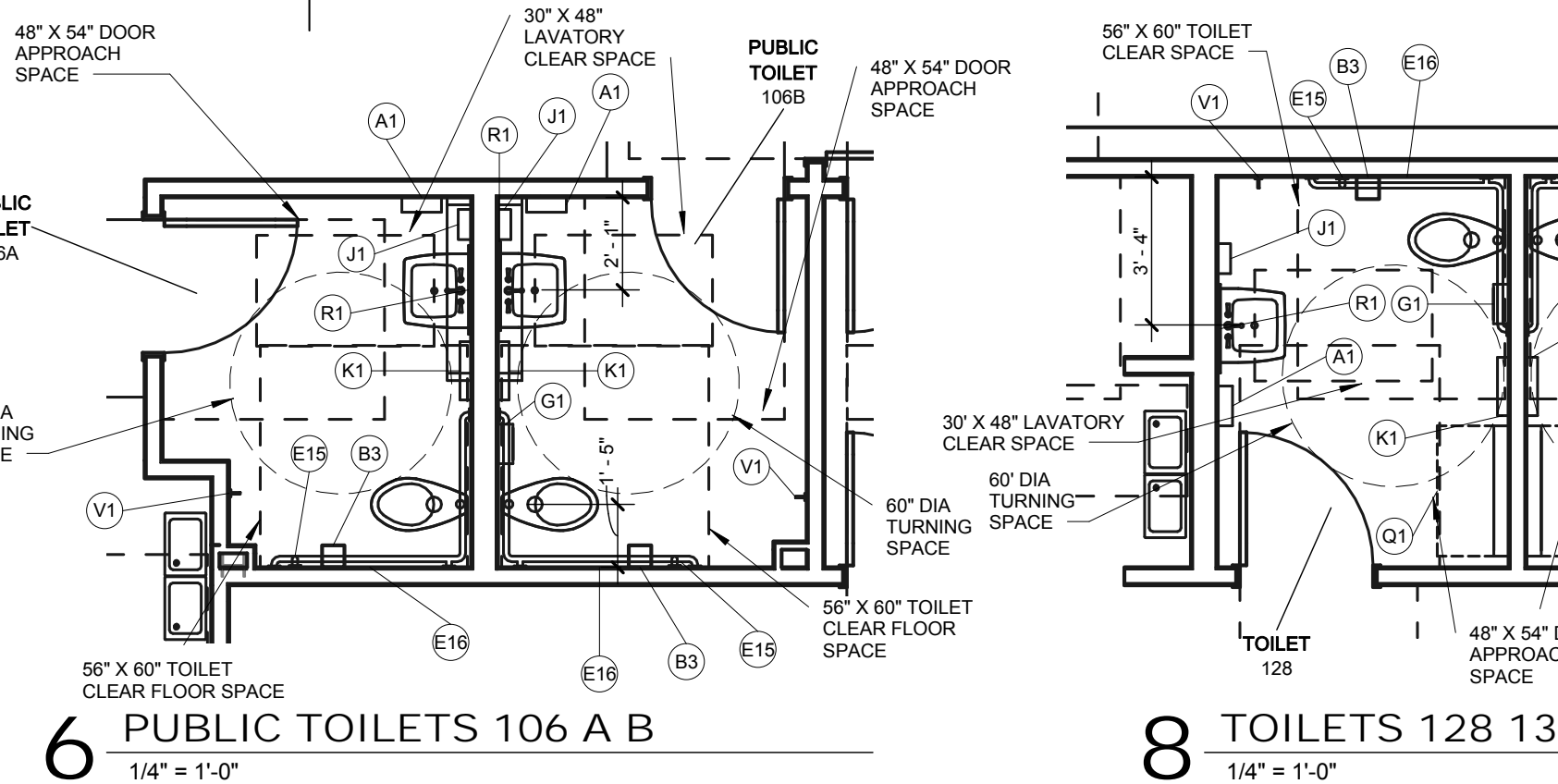
**9 HM JAMB AT BRICK / HEAD SIM**  
3" = 1'-0"

**6 FOUNDATION DETAIL**  
3" = 1'-0"

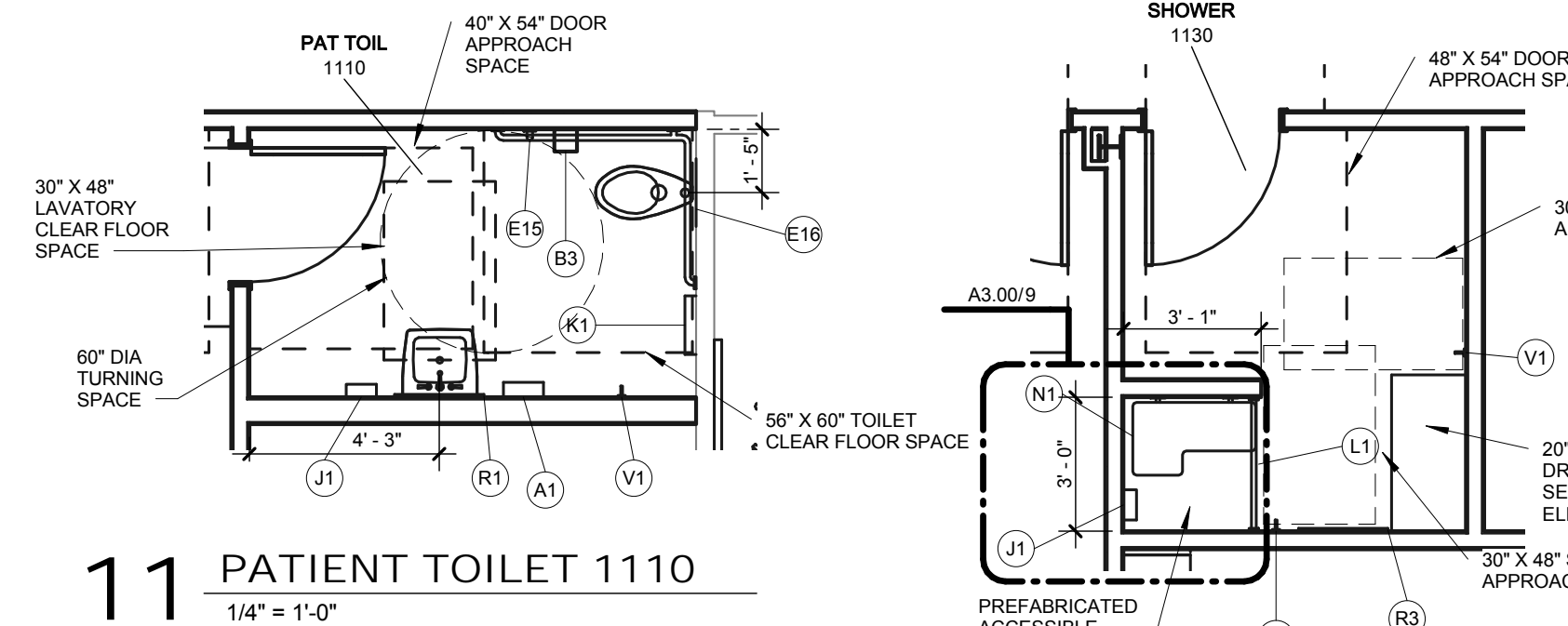
## MISC SPECIALTIES AND EQUIPMENT



REFER TO DESIGNATIONS BELOW FOR CONTRACTOR/OWNER REQUIREMENTS



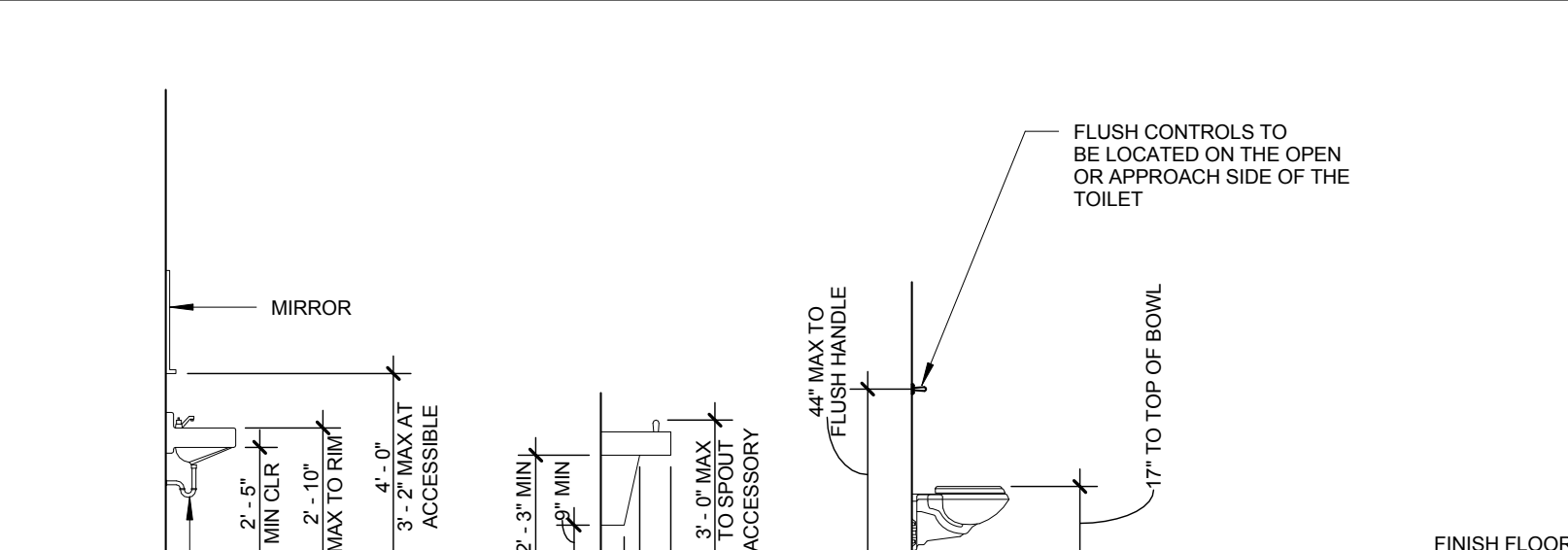
6 PUBLIC TOILETS 106 A B  
1/4" = 1'-0"



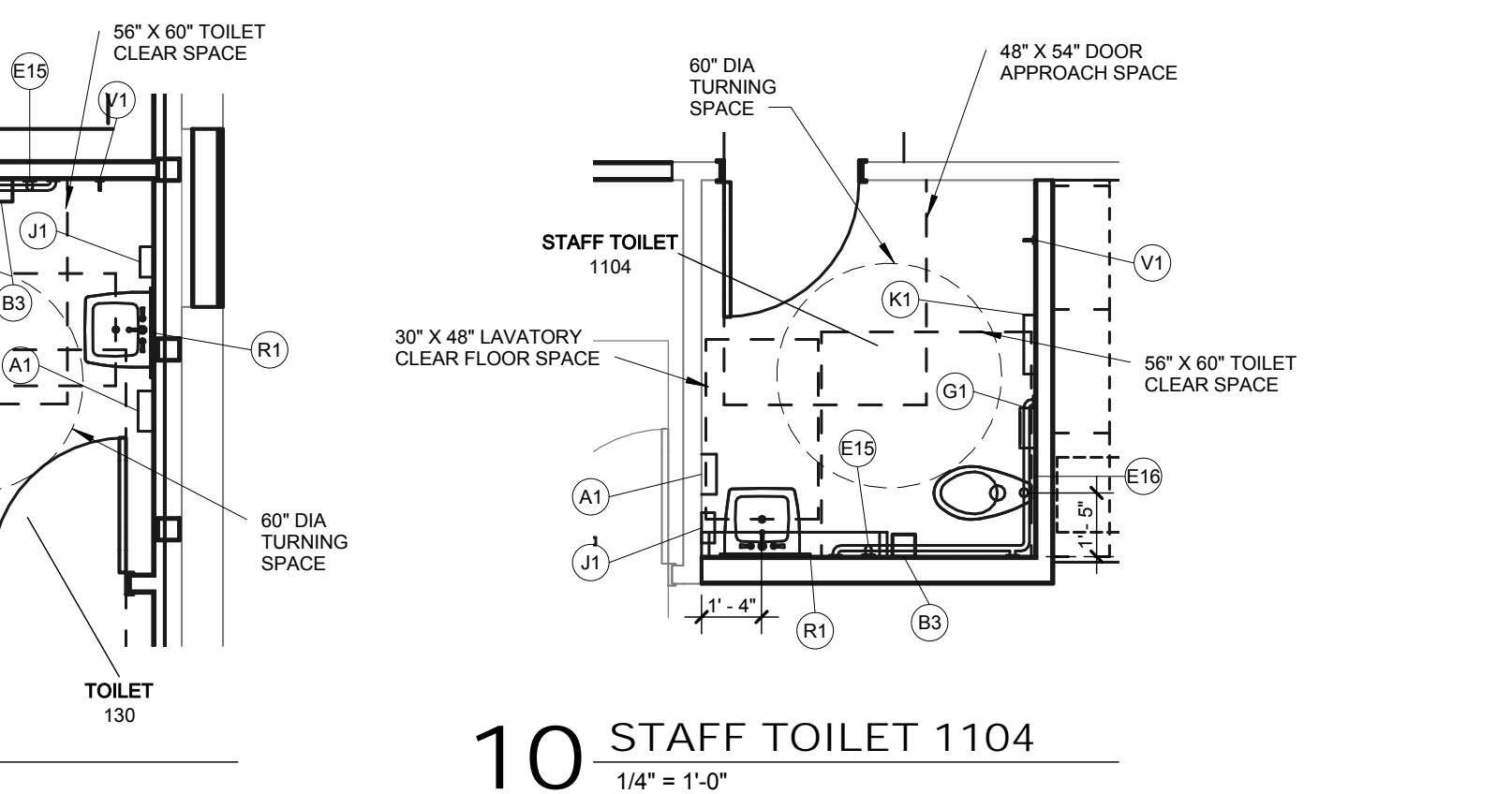
11 PATIENT TOILET 1110  
1/4" = 1'-0"

12 PATIENT SHOWER 1130  
1/4" = 1'-0"

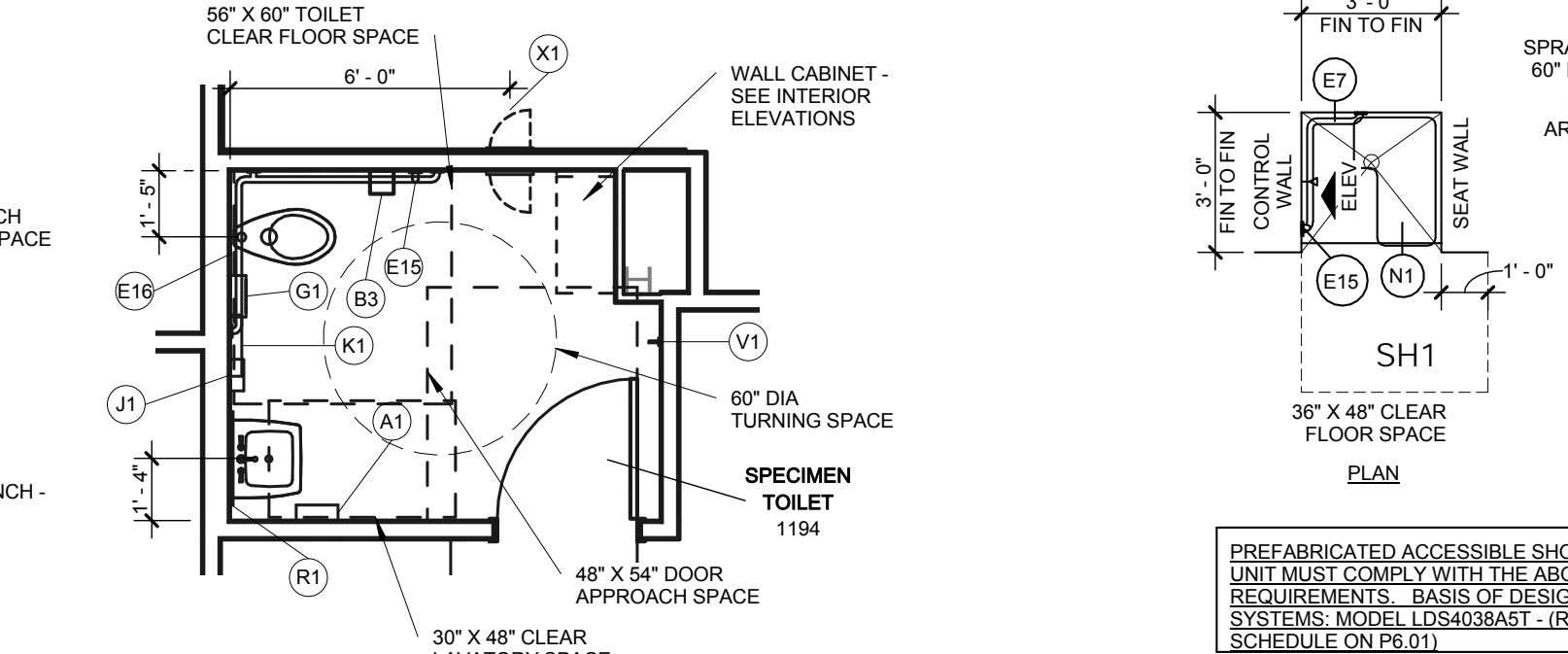
## FIXTURE MOUNTING DIAGRAM



INSULATE ALL PIPING AT HC



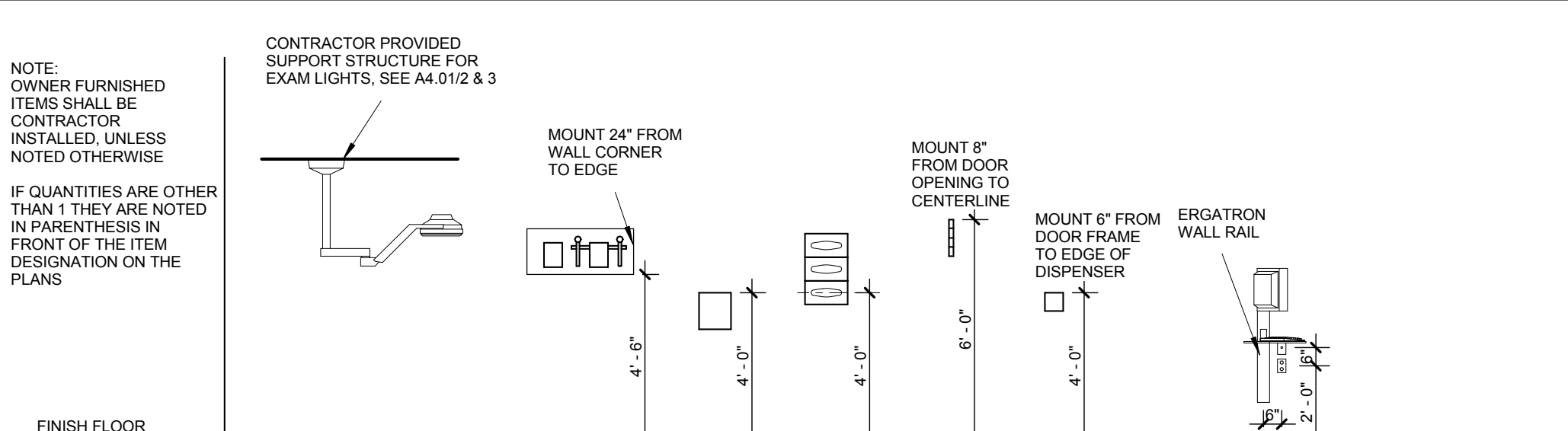
8 TOILETS 128 130  
1/4" = 1'-0"



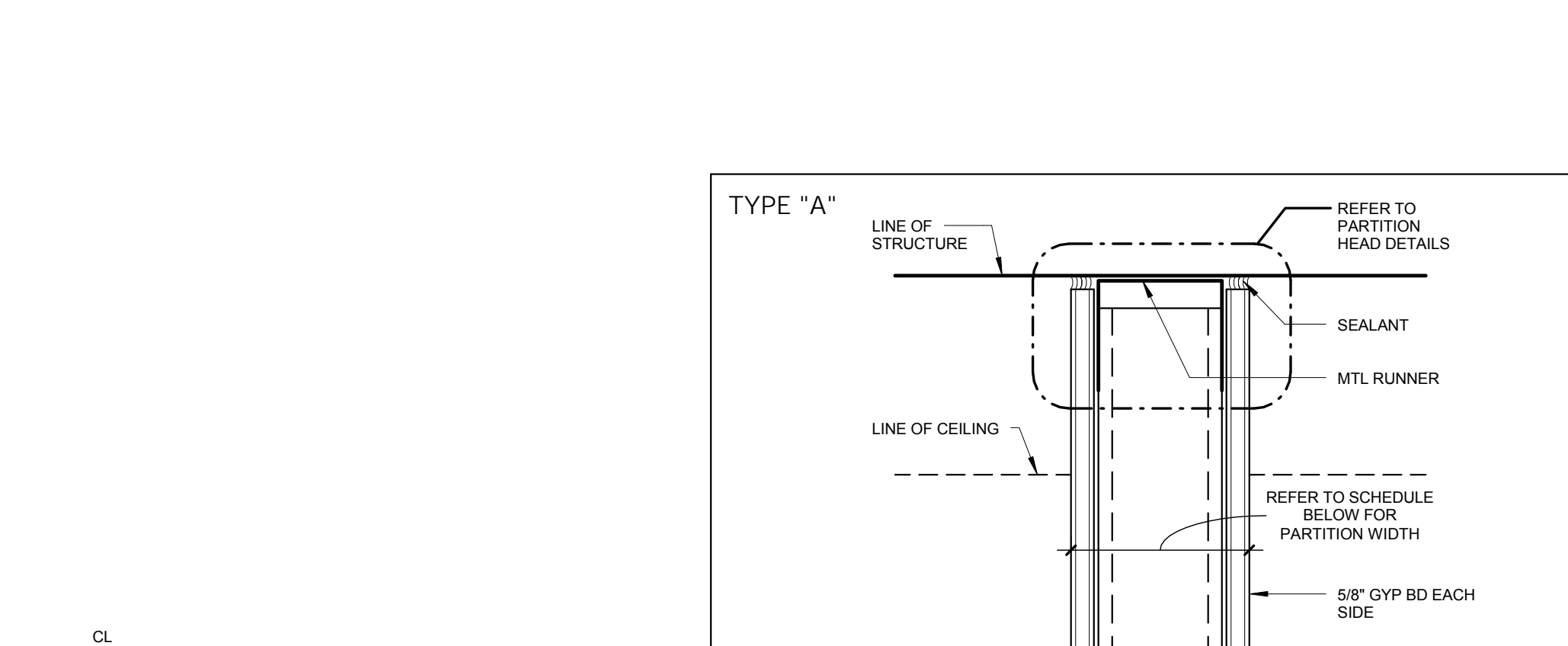
10 STAFF TOILET 1104  
1/4" = 1'-0"

9 ACCESSIBLE SHOWER TRANSFER  
1/4" = 1'-0"

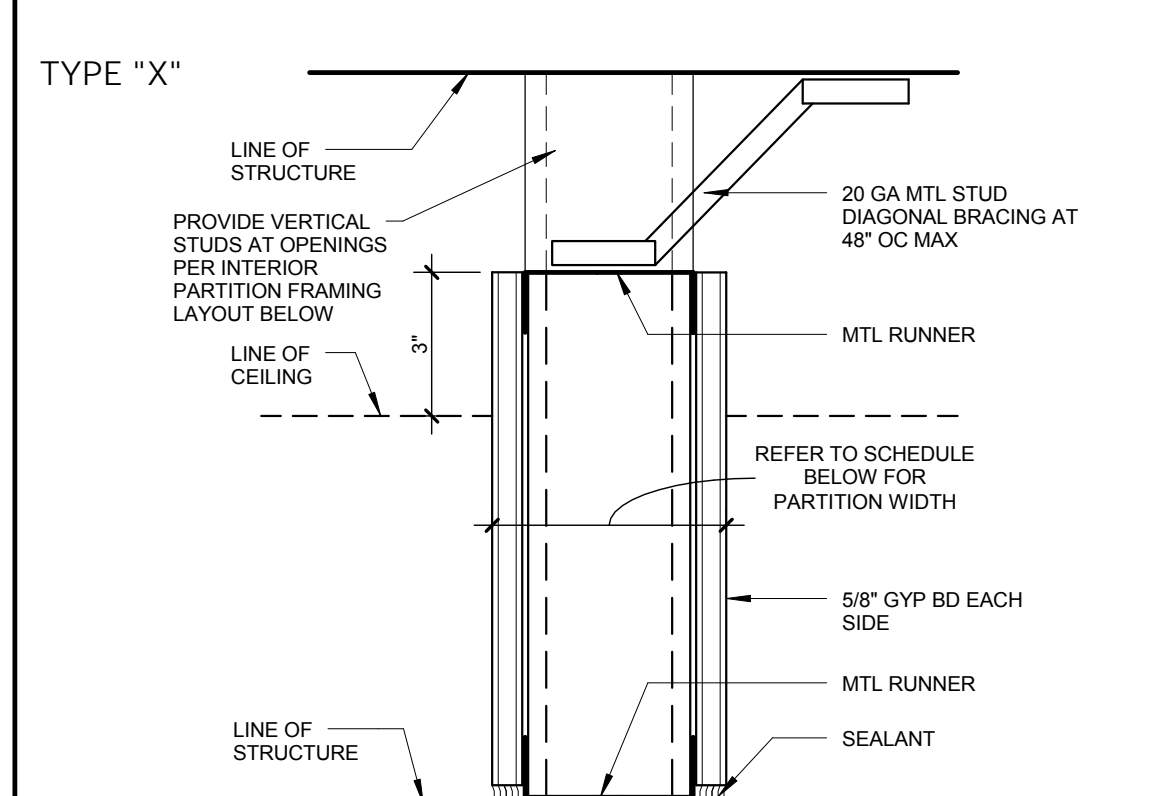
## MEDICAL EQUIPMENT MOUNTING DIAGRAM



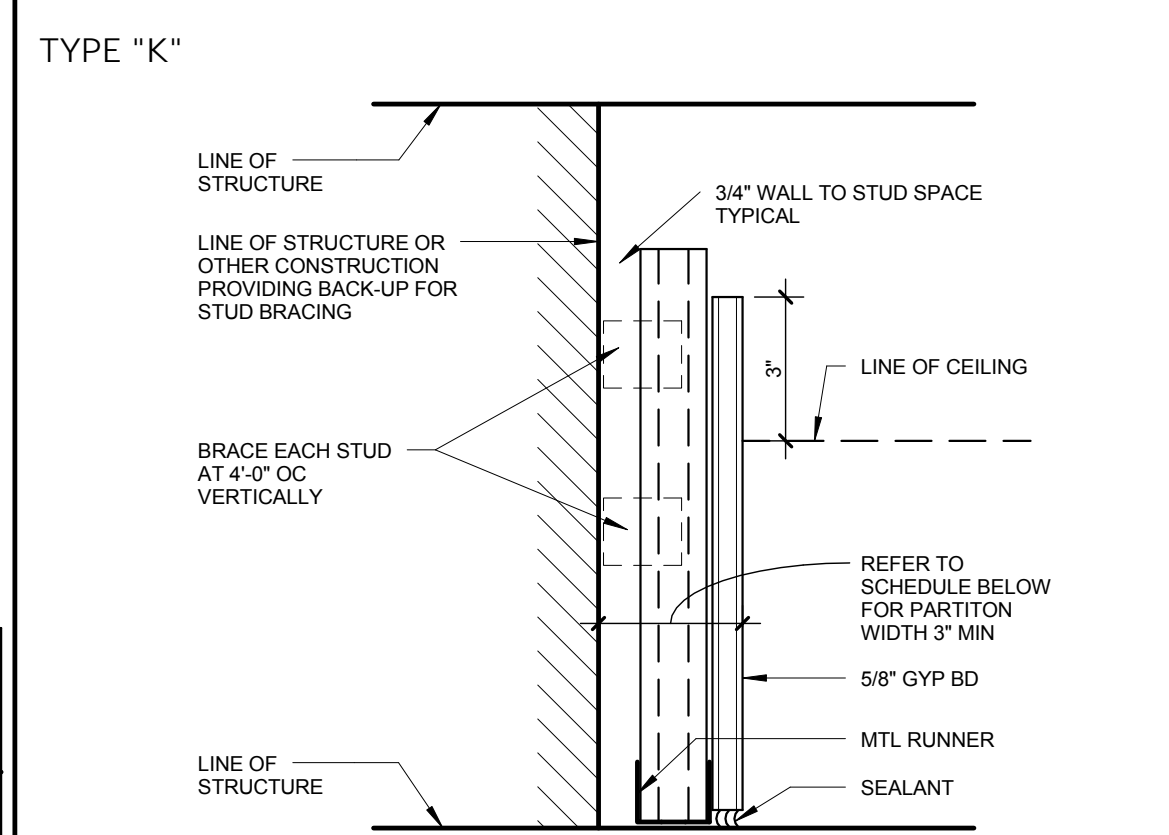
CONTRACTOR PROVIDED SUPPORT STRUCTURE FOR EXAM LIGHTS. SEE A4.012 & 3



7 TYPICAL STUD WALL SUPPORTING EQUIPMENT AND CABINETRY  
1/4" = 1'-0"



FLOOR PLAN DESIGNATION NO SOUND ATTENUATION	FLOOR PLAN DESIGNATION WITH SOUND ATTENUATION	STUD SIZE	PART WIDTH	FIRE RATING	UL LISTING	SOUND TRANS CLASS	REMARKS
X1	X3	3.58"	4.78"	NON-RATED	N/A	44 W/3" SAB	STC ONLY APPLIES TO WALL ASSEMBLY
X2	X4	2.12"	3.34"	NON-RATED	N/A	N/A	STC ONLY APPLIES TO WALL ASSEMBLY
X9	X8	6"	7.14"	NON-RATED	N/A	44 W/3" SAB	STC ONLY APPLIES TO WALL ASSEMBLY



FLOOR PLAN DESIGNATION NO SOUND ATTENUATION	FLOOR PLAN DESIGNATION WITH SOUND ATTENUATION	STUD SIZE	PART WIDTH	FIRE RATING	UL LISTING	SOUND TRANS CLASS	REMARKS
K1	K2	N/A	1.58"	NON-RATED	N/A	N/A	N/A
K2	K3	N/A	2.12"	NON-RATED	N/A	N/A	N/A
K3	K4	N/A	3.58"	NON-RATED	N/A	N/A	N/A

**PARTITION NOTES**

- PARTITIONS ARE DISTINGUISHED ON FLOOR PLANS BY SYMBOL DESIGNATION, GRAPHIC DESIGNATION OR A COMBINATION OF BOTH DESIGNATIONS.
- THERE ARE TWO TYPES OF SYMBOL DESIGNATIONS, ONE FOR PARTITIONS NOT REQUIRING SOUND ATTENUATION AND ANOTHER FOR PARTITIONS WHICH REQUIRE SOUND ATTENUATIONS. REFER TO PARTITION MATRICES FOR SOUND ATTENUATION (SAB) MINIMUM THICKNESS FOR STC INDICATED.
- THE SYMBOL DESIGNATION HAS TWO CHARACTERS, THE FIRST CHARACTER IS A LETTER INDICATING THE PARTITION TYPE. THE SECOND CHARACTER IS A NUMERIC INDICATING THE STUD OR CMU WIDTH. REFER TO LEGEND BELOW.

NUMERIC CHARACTER	STUD WIDTH	CMU WIDTH
1	1.58"	11.58"
2	2.12"	11.58"
3	3.58"	11.58"
4	4"	11.58"
5	4.78"	11.58"
6	6"	11.58"
7	7.14"	11.58"
8	7.58"	11.58"
9	11.58"	11.58"

- IF NO SYMBOL DESIGNATION IS PROVIDED, THE STUD SIZE WILL BE 3.58".
- "LINE OF STRUCTURE" INDICATED FOR EACH PARTITION IS GRAPHIC ONLY AND DOES NOT INDICATE EXACT CONSTRUCTION CONDITIONS OR GEOMETRY.
- ALL DIMENSIONS ARE FROM FACE OF GYPSUM BOARD TO FACE OF GYPSUM BOARD. REFER TO PARTITION MATRICES FOR PARTITION WIDTH DIMENSIONS UNLESS INDICATED TO BE SHOWN ON PLAN.
- SEALANT:
  - NON-RATED PARTITIONS USE ACOUSTICAL SEALANT.
- REFER TO SPECIFICATIONS FOR MINIMUM STUD THICKNESS, MAXIMUM SPACING AND ALLOWABLE LIMITING HEIGHTS DEFLECTION CRITERIA FOR GYPSUM BOARD ASSEMBLIES.
- FOR PARTITIONS INDICATED TO RECEIVE SOUND ATTENUATION BLANKETS (SAB), EXTEND SAB TO FULL HEIGHT OF PARTITION UNLESS OTHERWISE INDICATED. FLOOR TRACK TO BE SET IN A CONT BED OF SEALANT.

**NOTE:**

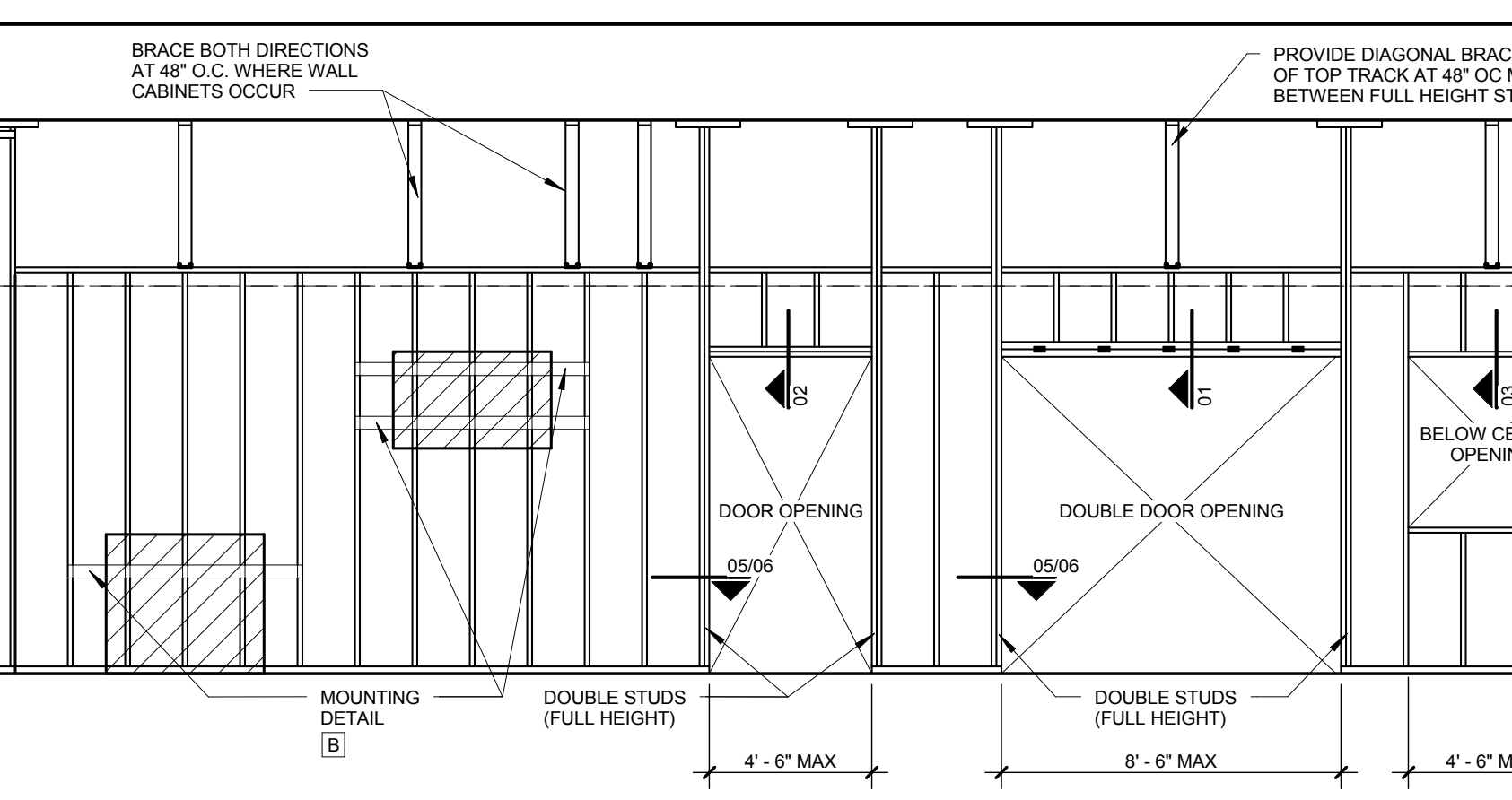
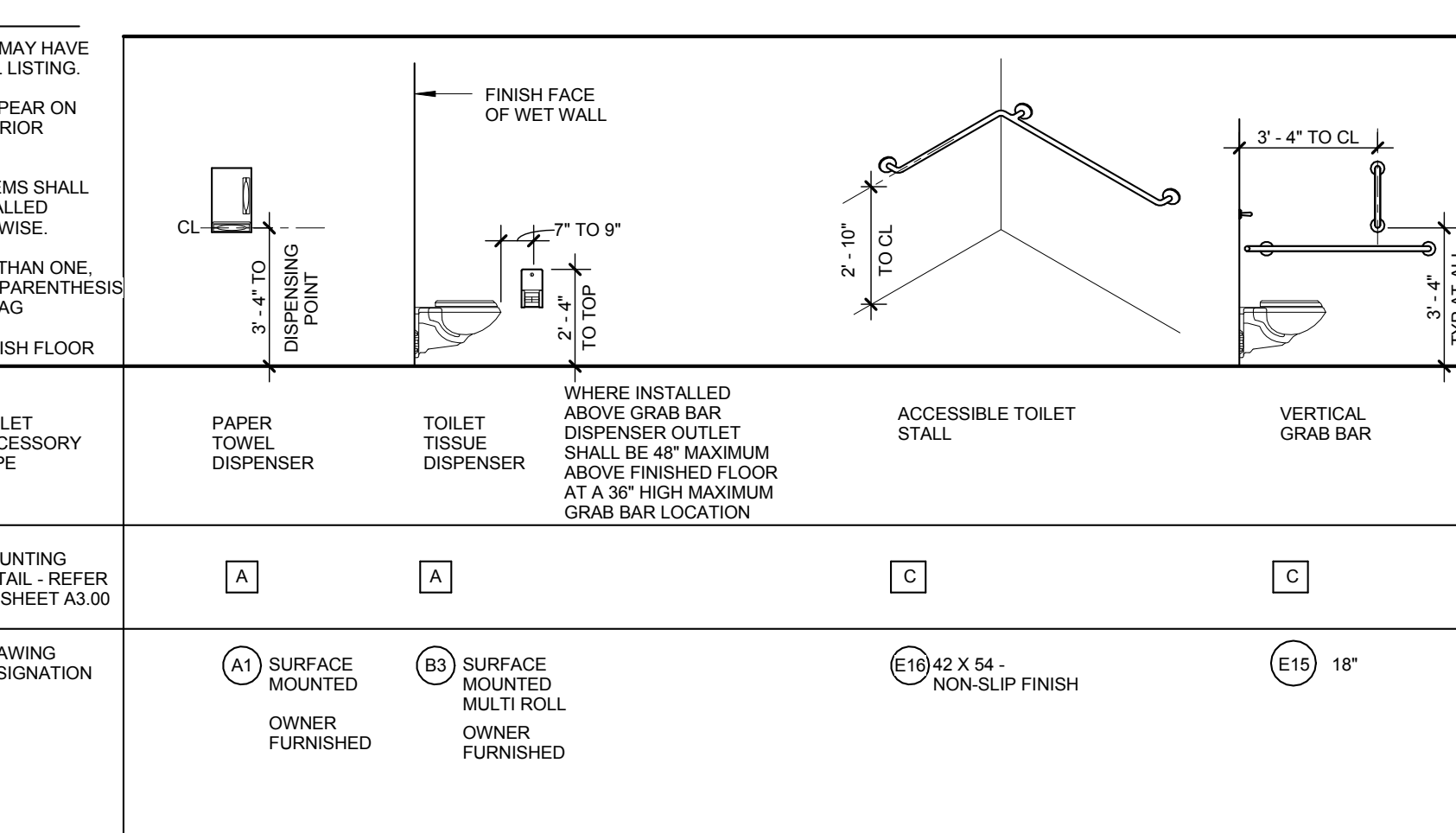
- NOT ALL PARTITION TYPES SHOWN ON THIS SHEET ARE USED ON THIS PROJECT.
- THE SHADED PORTIONS OF A PARTITION TYPE ARE NOT INCLUDED IN THE SCOPE OF THE WORK.
- THE UN-SHADED PORTIONS OF ALL PARTITION TYPES ARE INTENDED TO BE IN THE SCOPE OF THE WORK.

**HATCHING:**

PARTITION TYPE INCLUDED IN SCOPE OF WORK

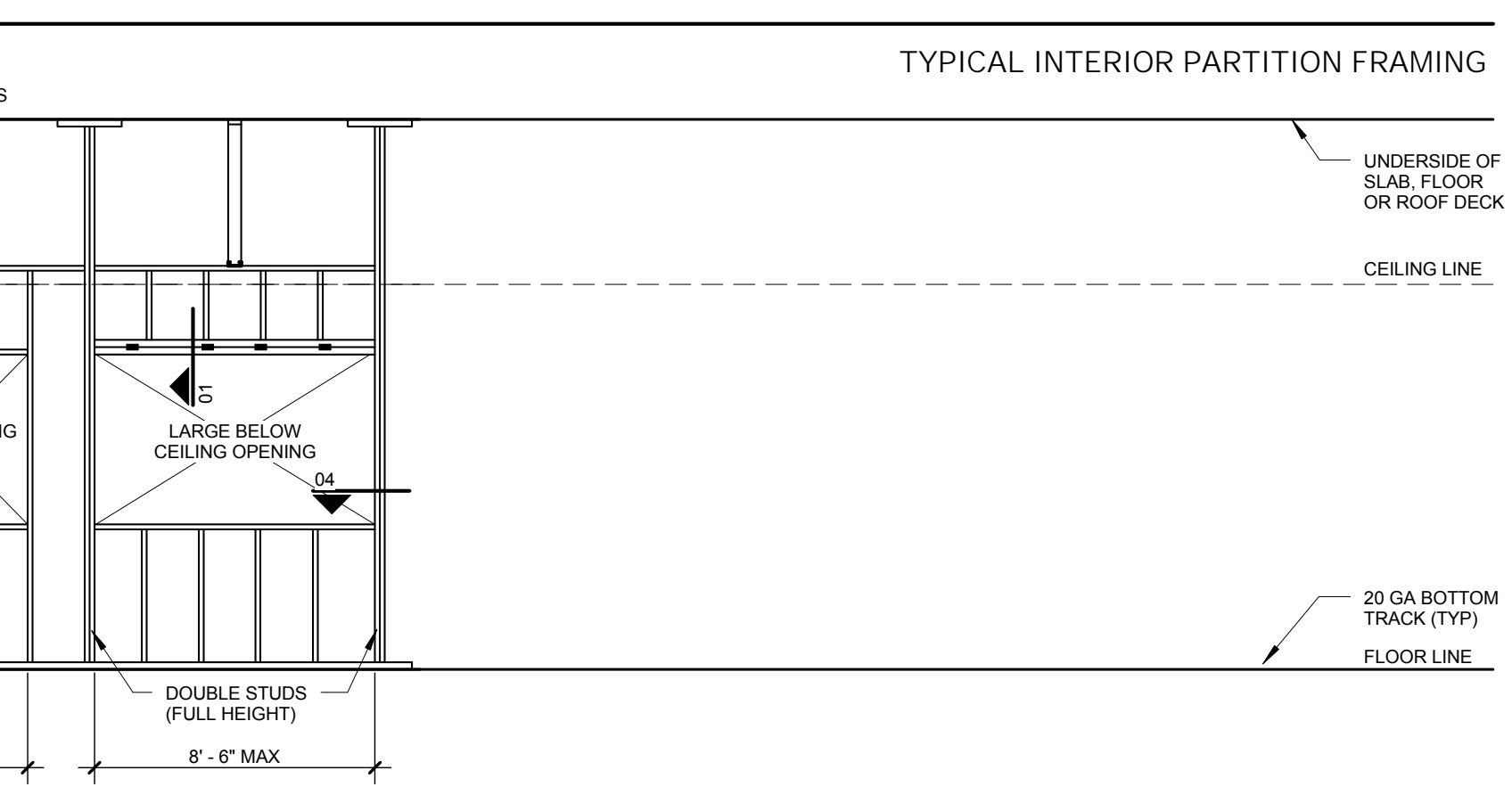
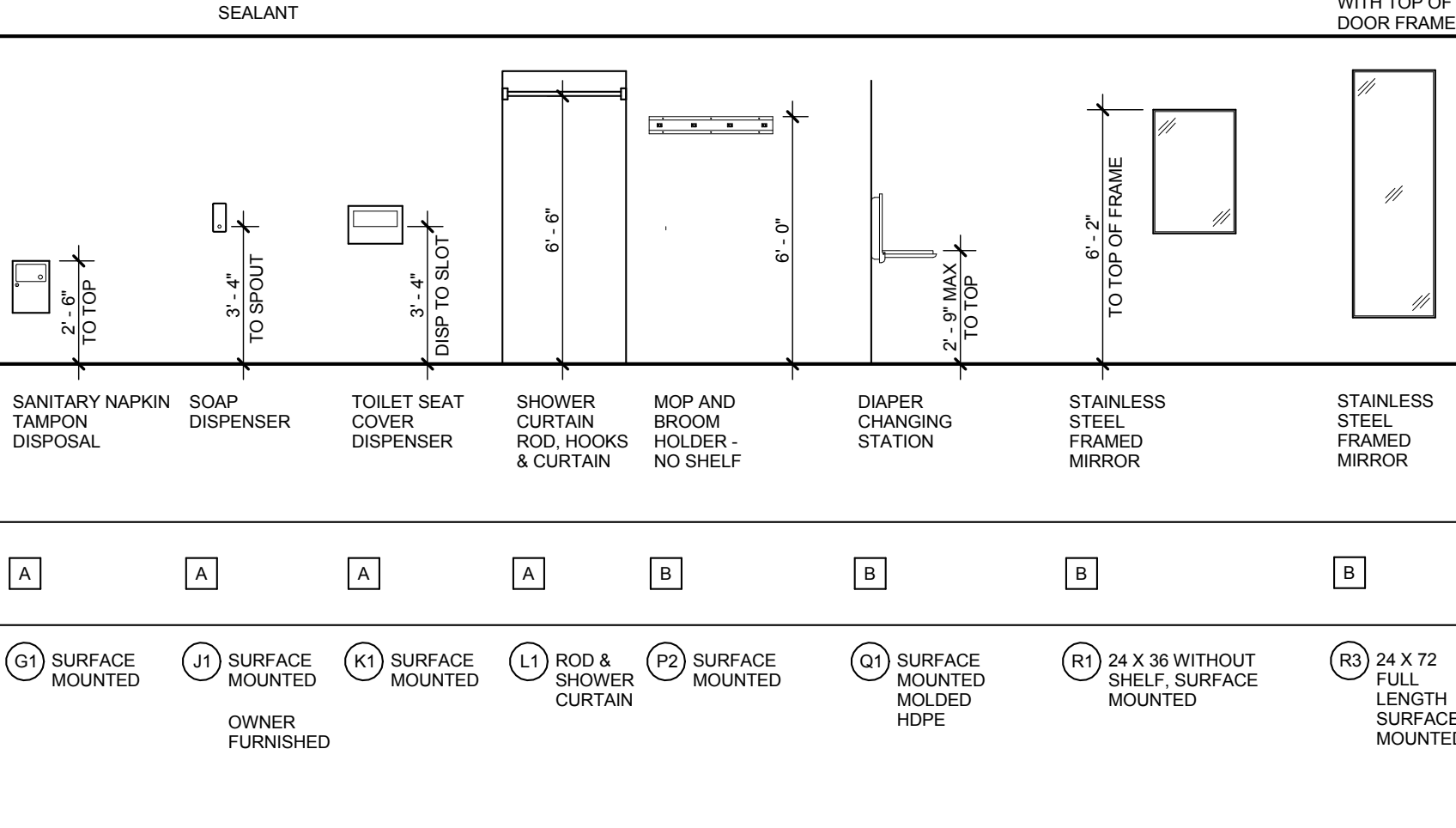
PARTITION TYPE NOT INCLUDED IN SCOPE OF WORK

## TOILET ACCESSORY MOUNTING DIAGRAM



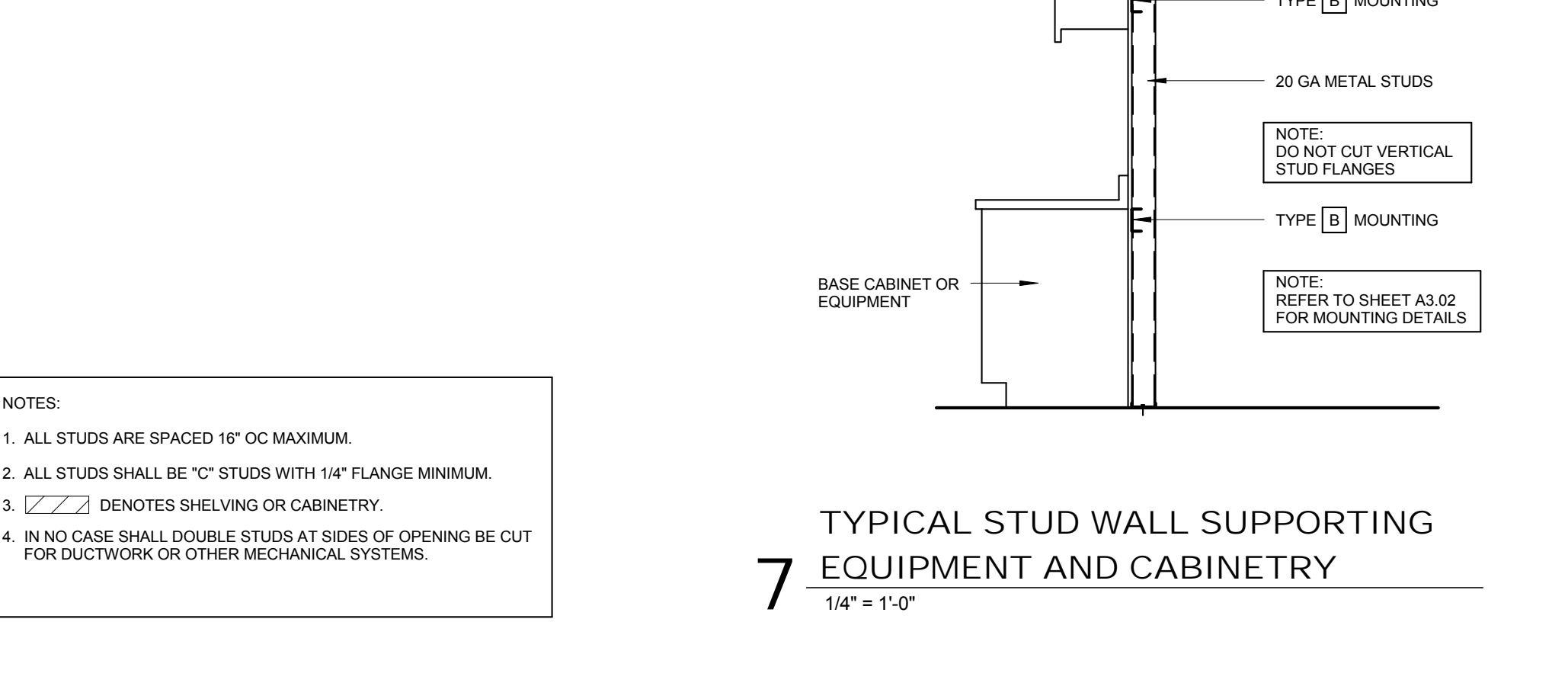
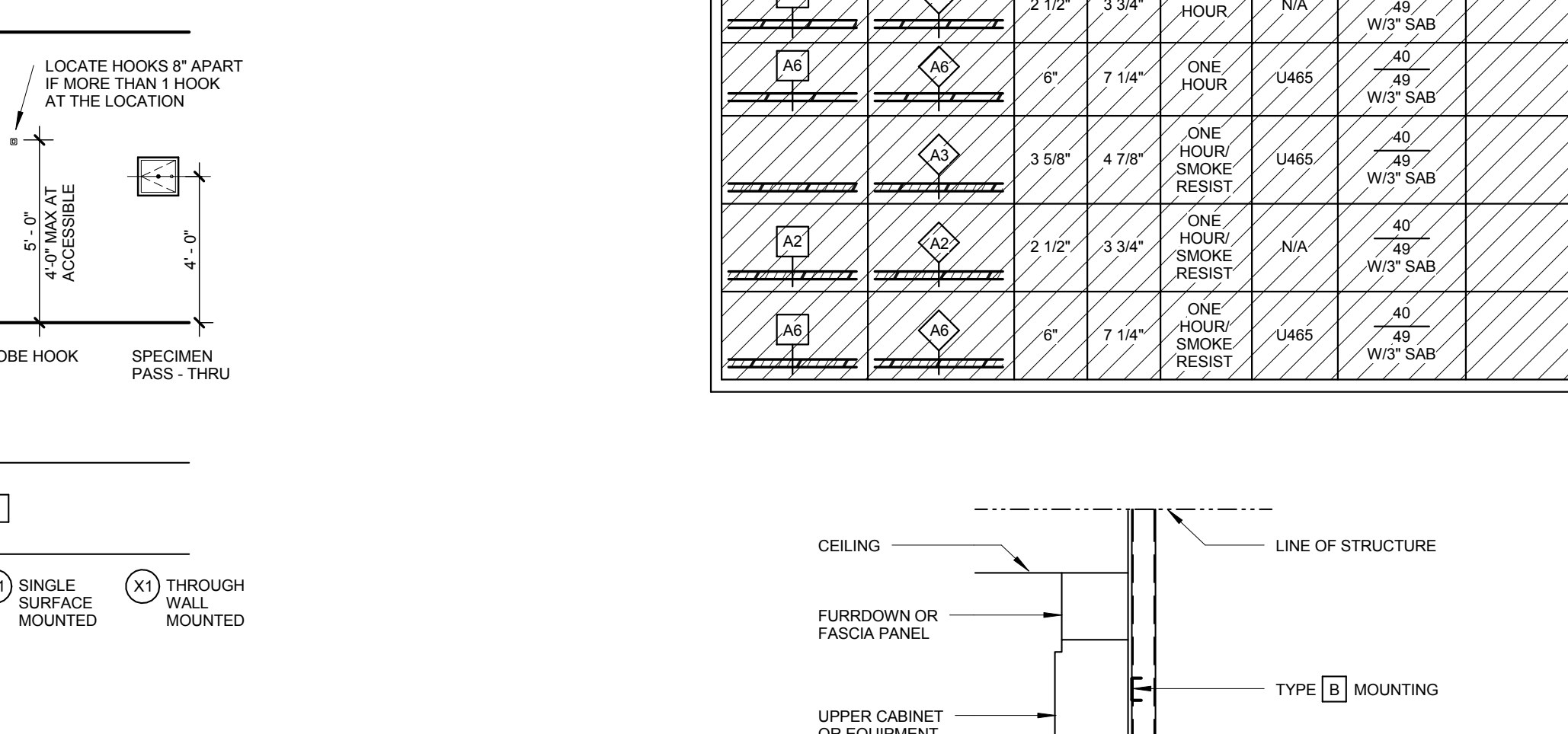
7 TYPICAL STUD WALL SUPPORTING EQUIPMENT AND CABINETRY  
1/4" = 1'-0"

## ACCESSORY/EQUIPMENT MOUNTING / BACKING DETAILS

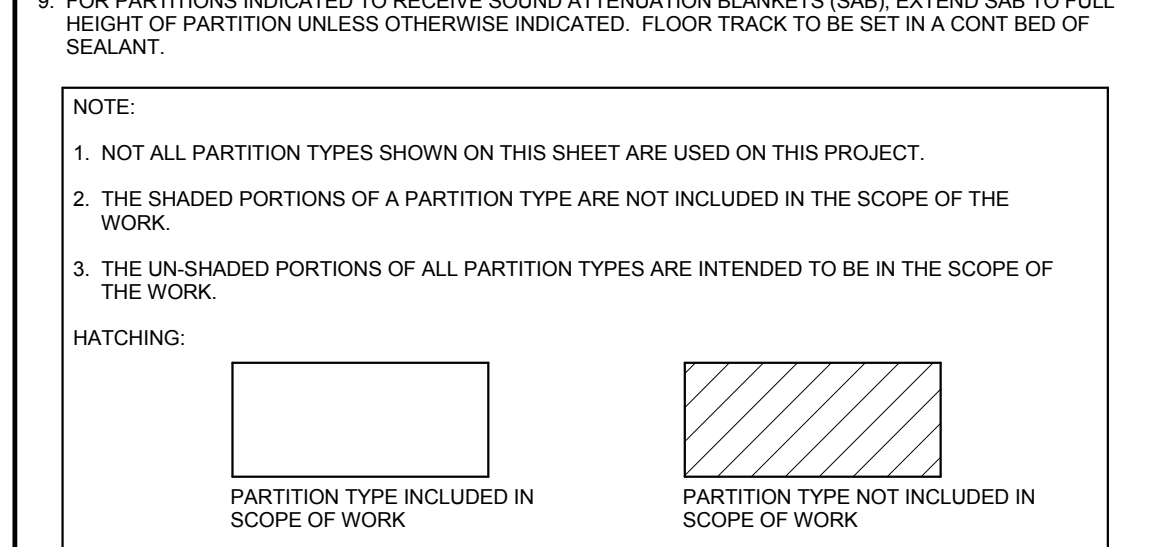


7 TYPICAL STUD WALL SUPPORTING EQUIPMENT AND CABINETRY  
1/4" = 1'-0"

## TYPICAL INTERIOR PARTITION FRAMING

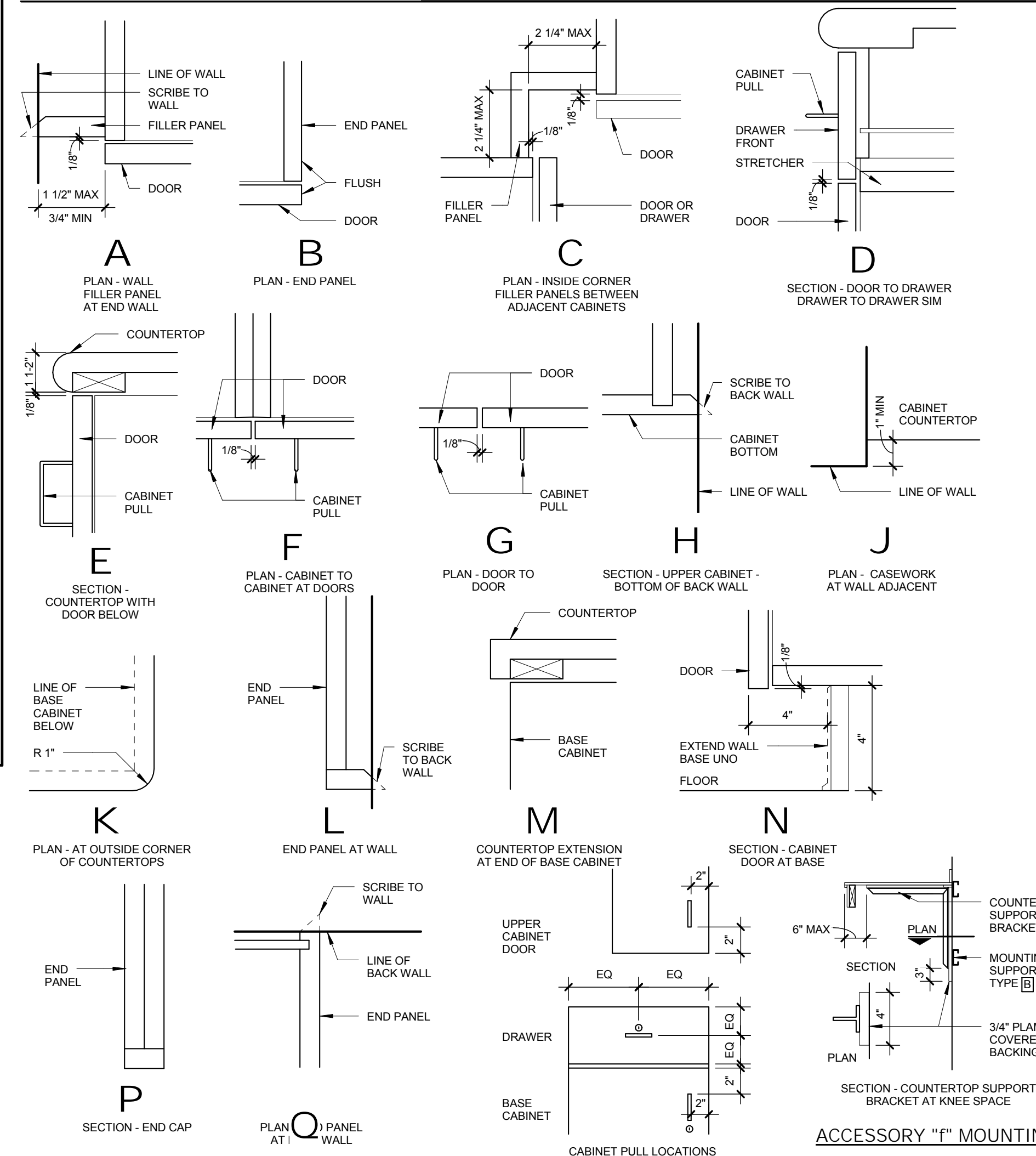


7 TYPICAL STUD WALL SUPPORTING EQUIPMENT AND CABINETRY  
1/4" = 1'-0"



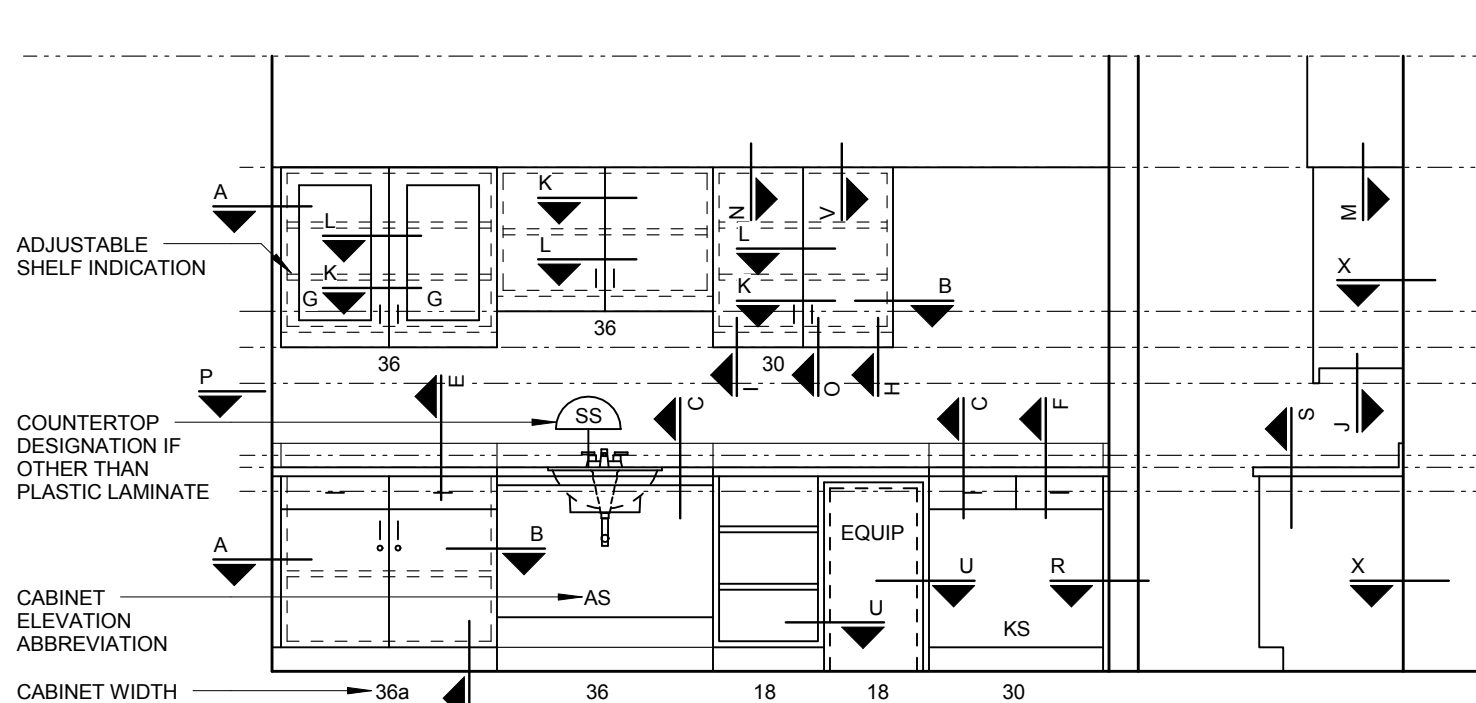
7 TYPICAL STUD WALL SUPPORTING EQUIPMENT AND CABINETRY  
1/4" = 1'-0"

ARCHITECTURAL CABINET TYPICAL DETAILS



CABINET LEGEND

CABINET ELEVATION LEGEND



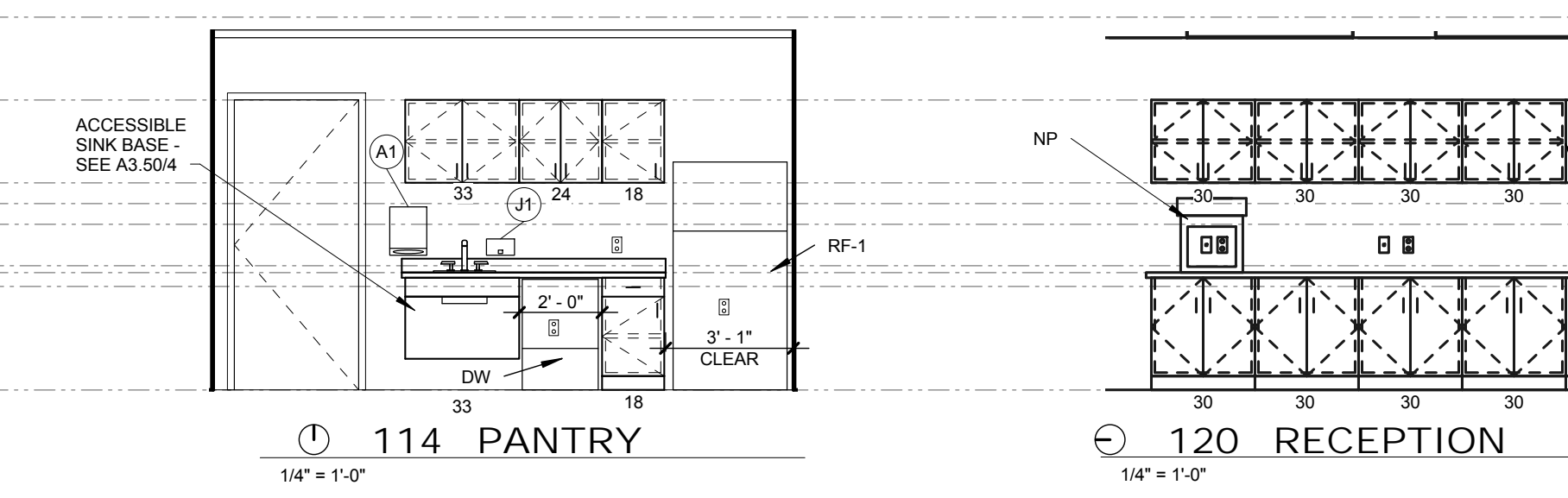
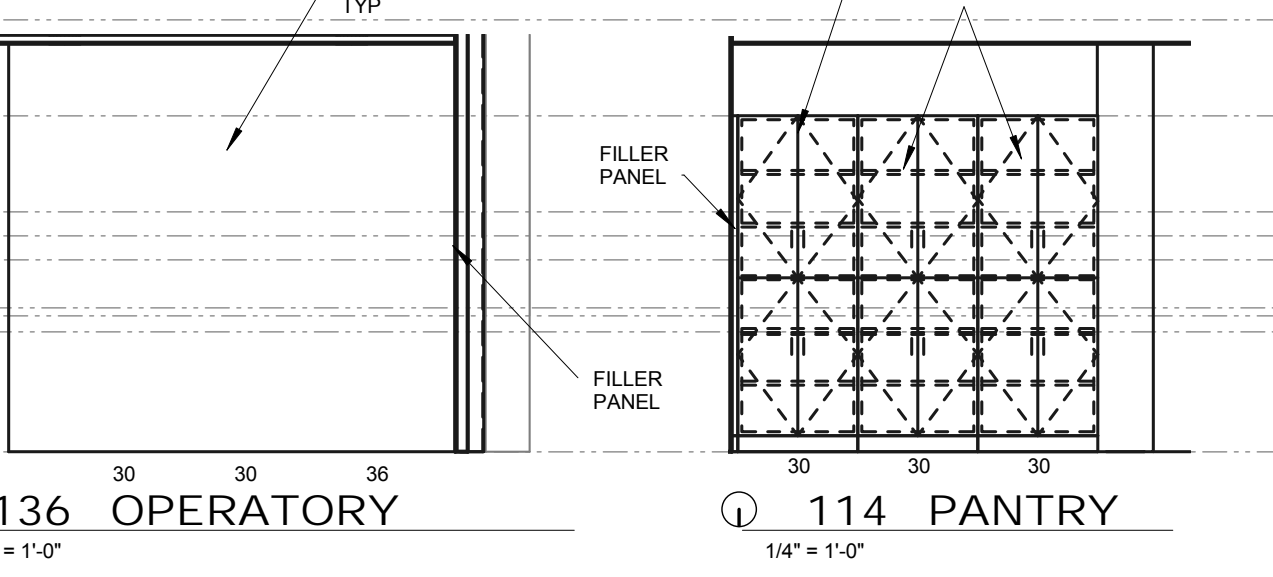
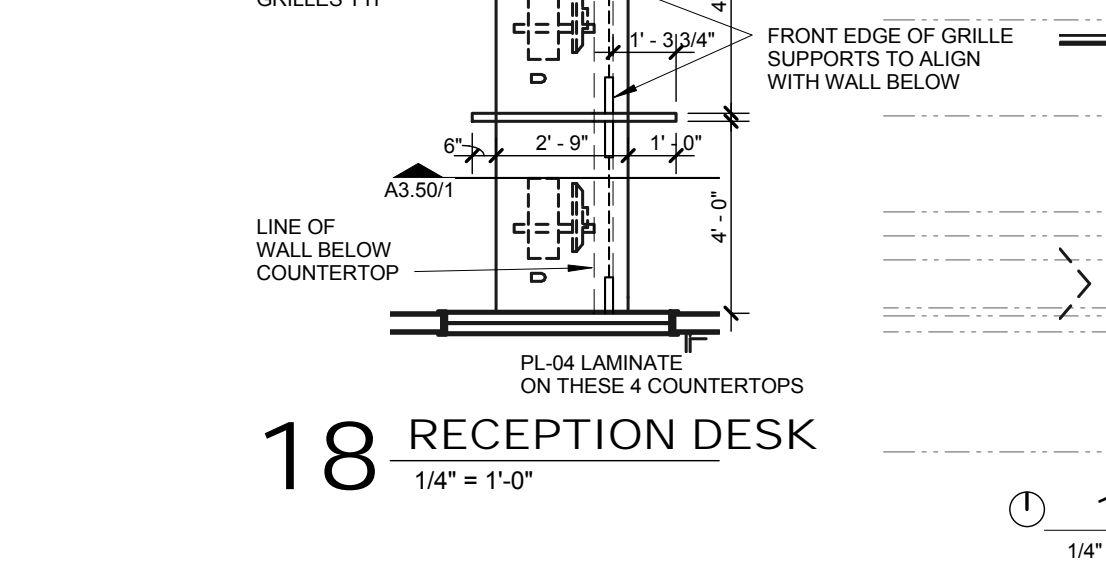
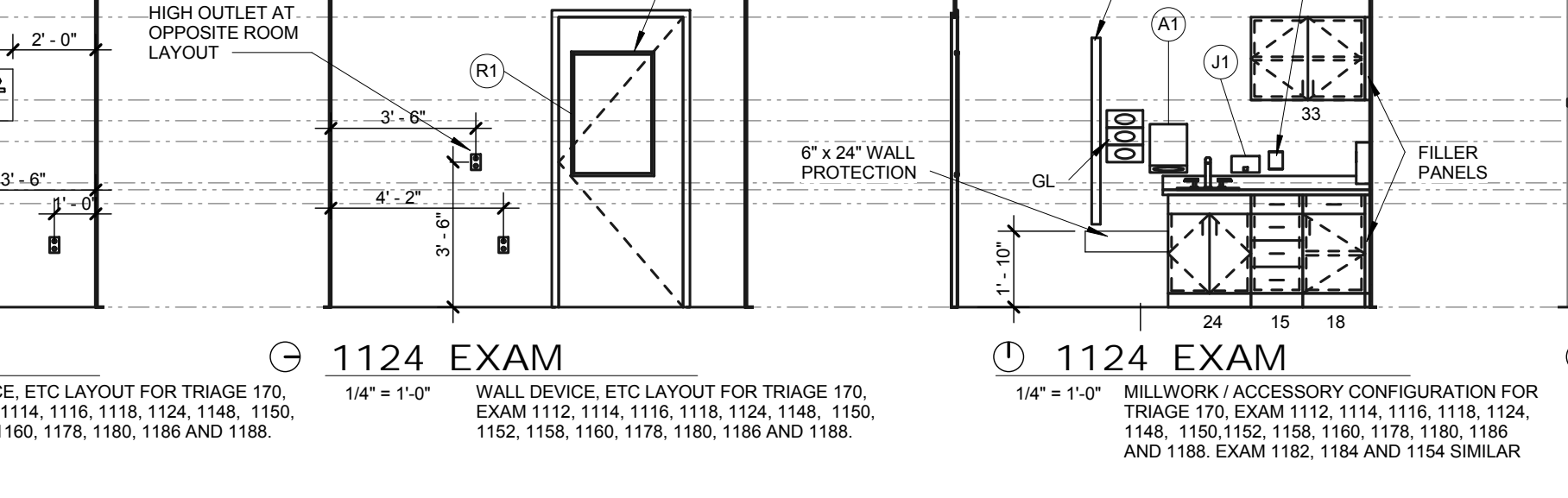
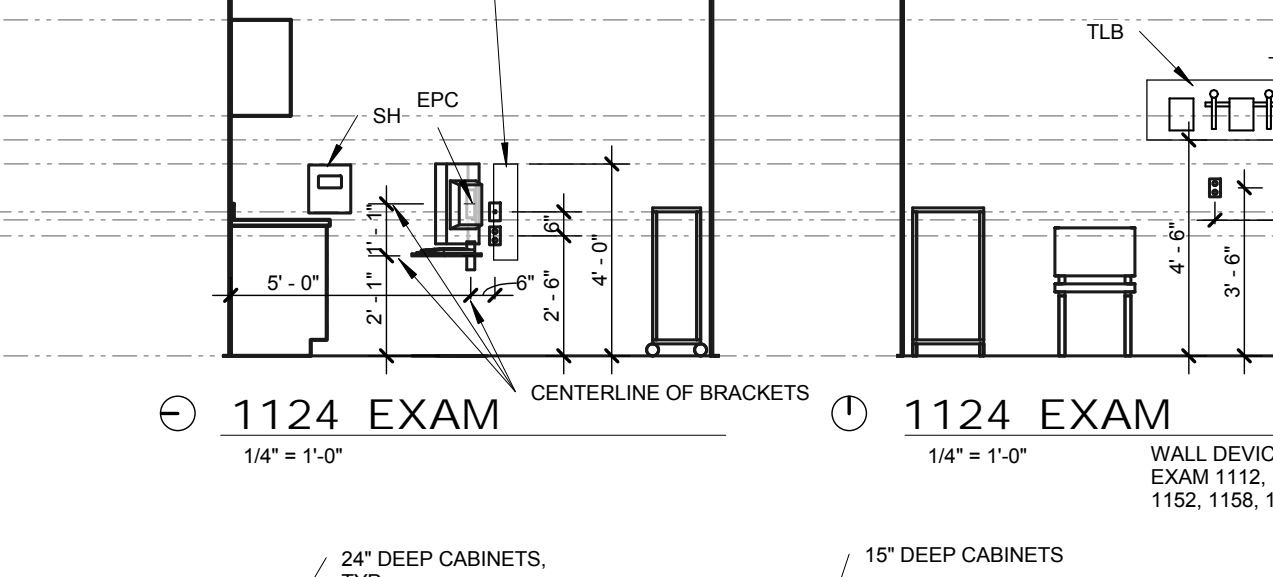
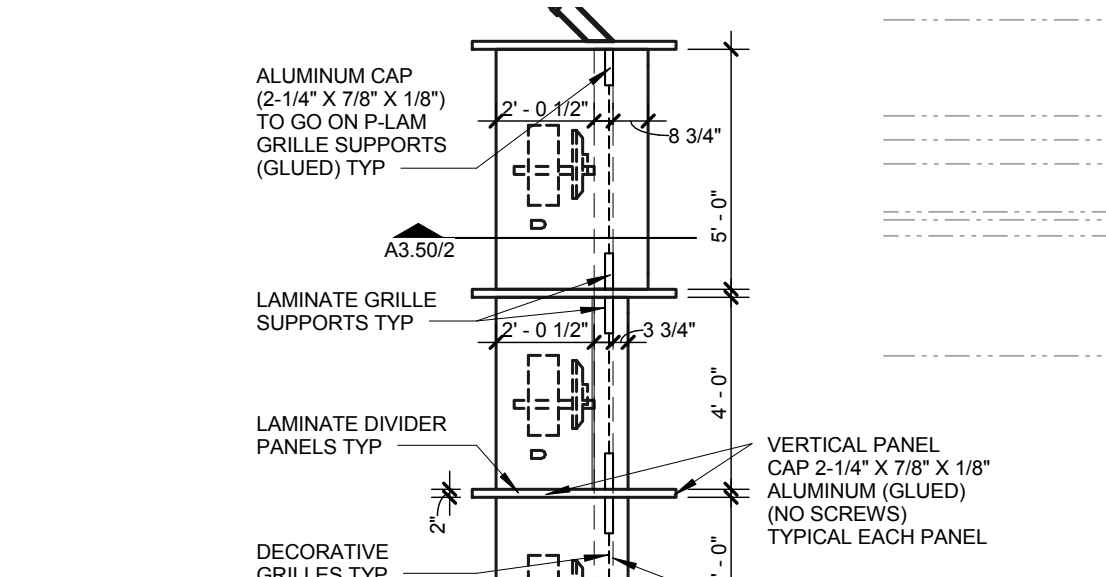
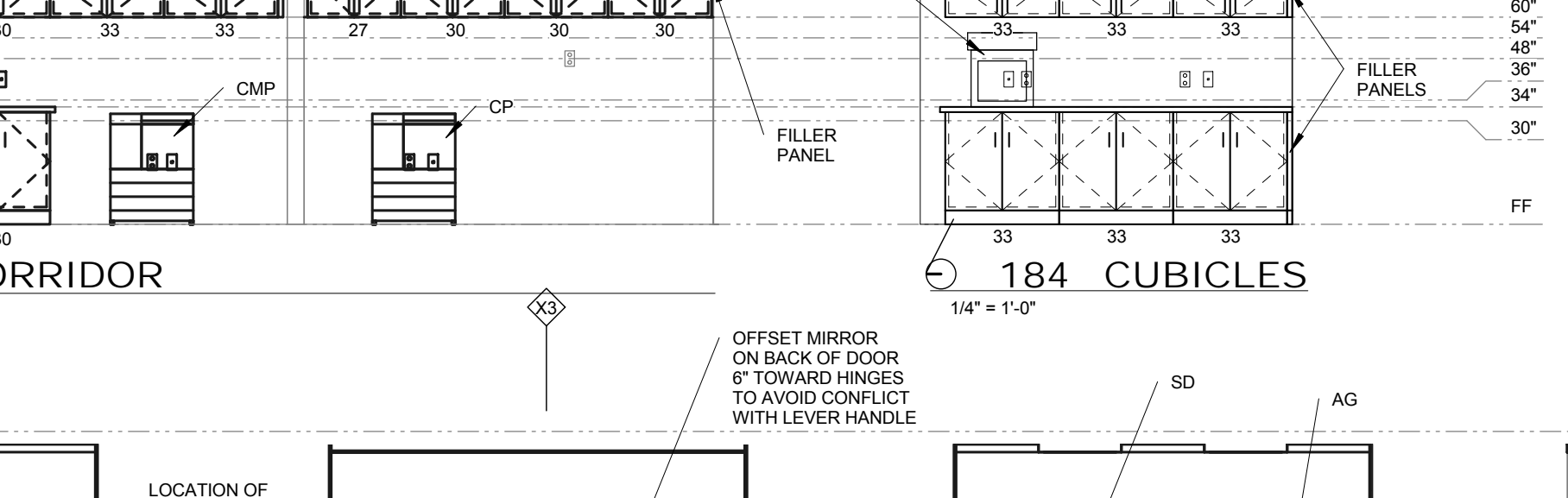
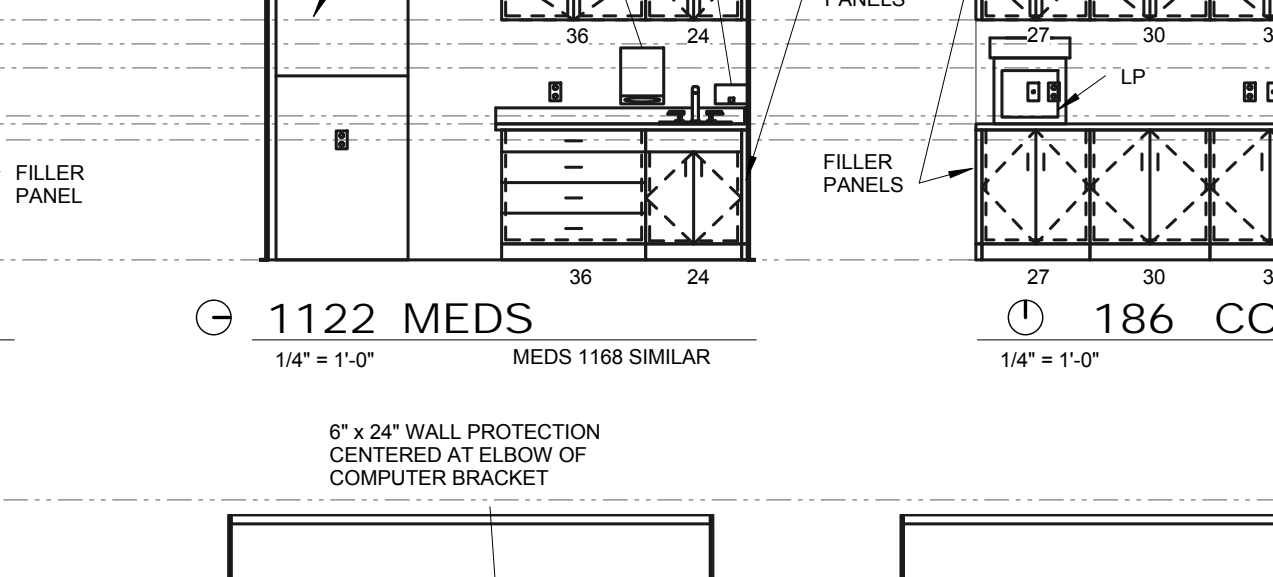
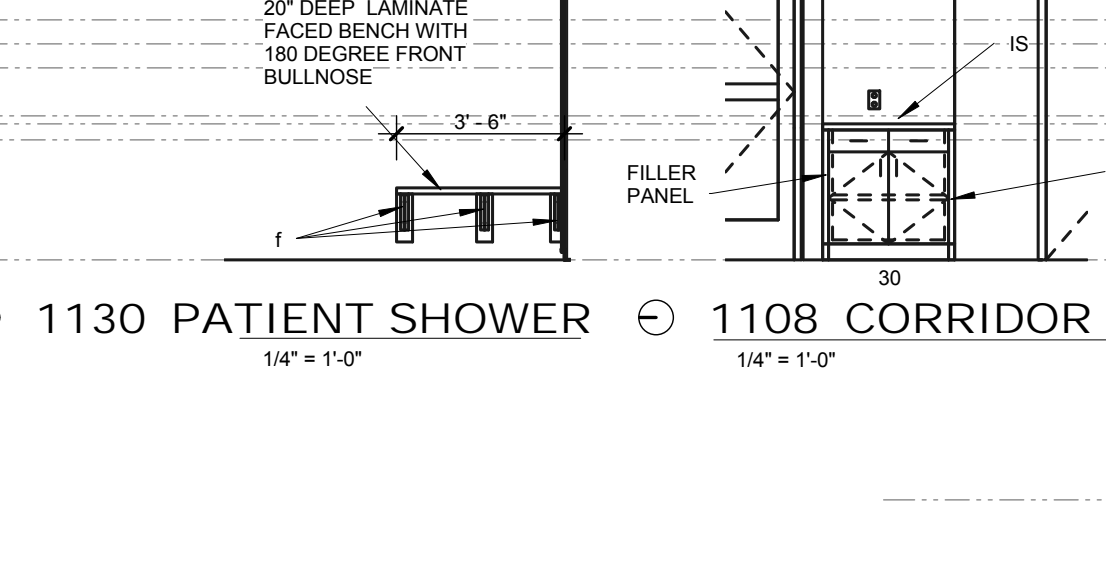
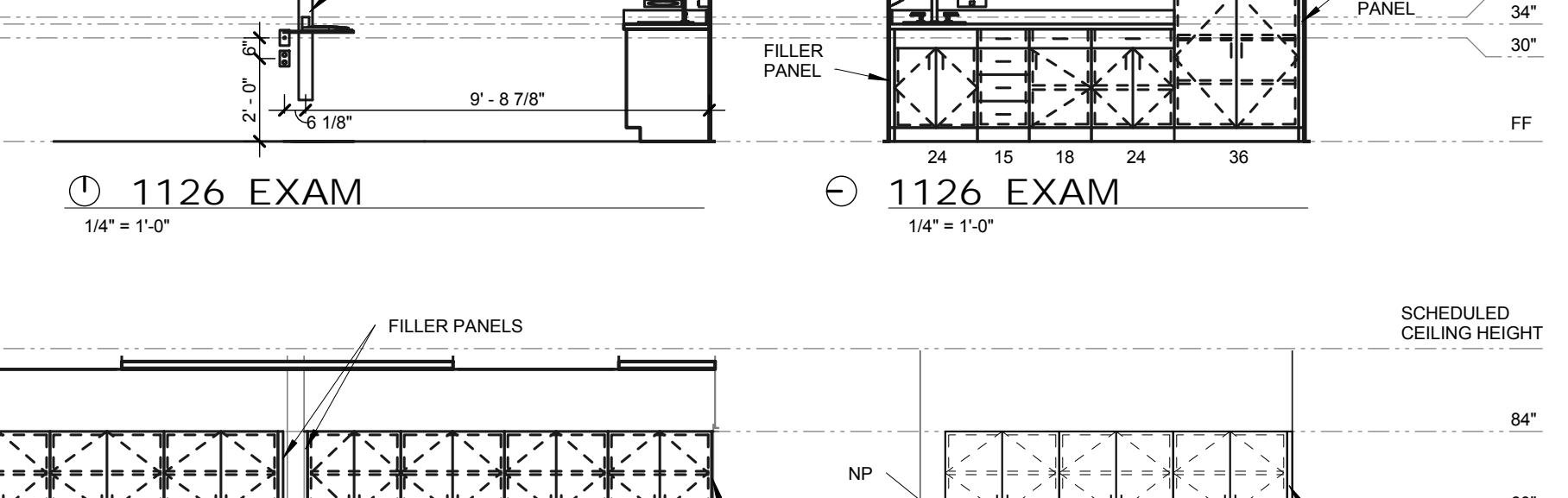
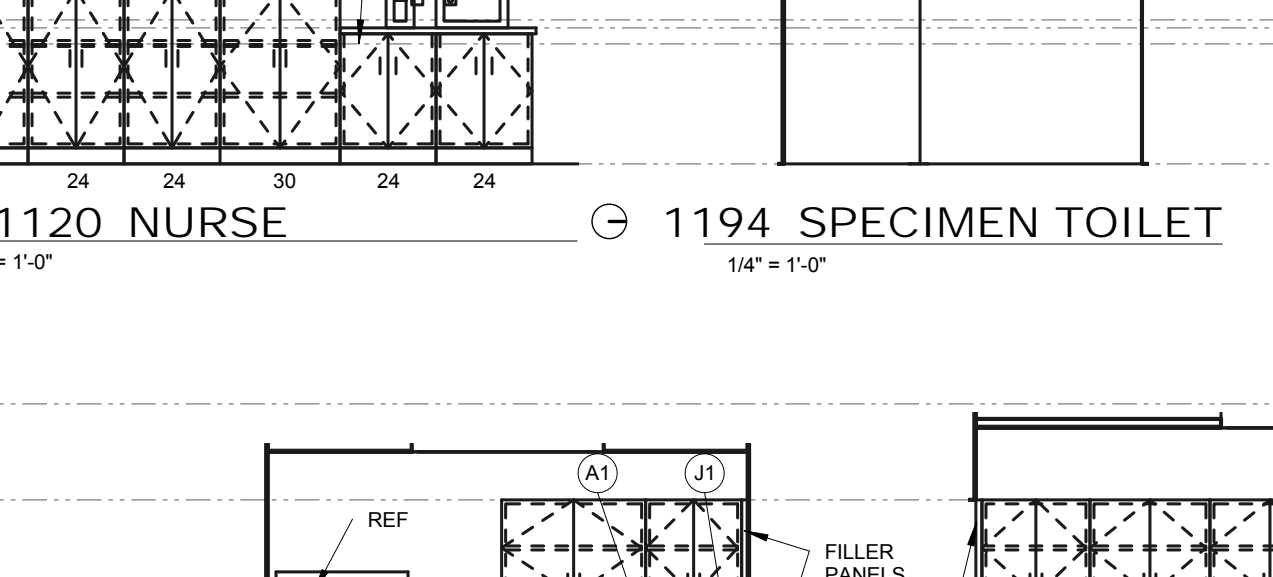
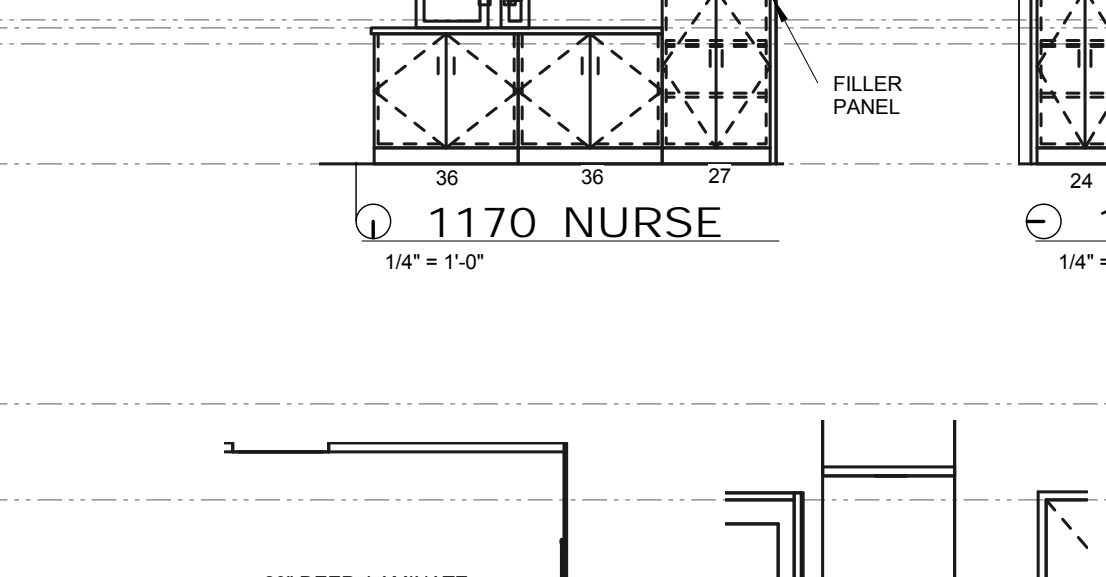
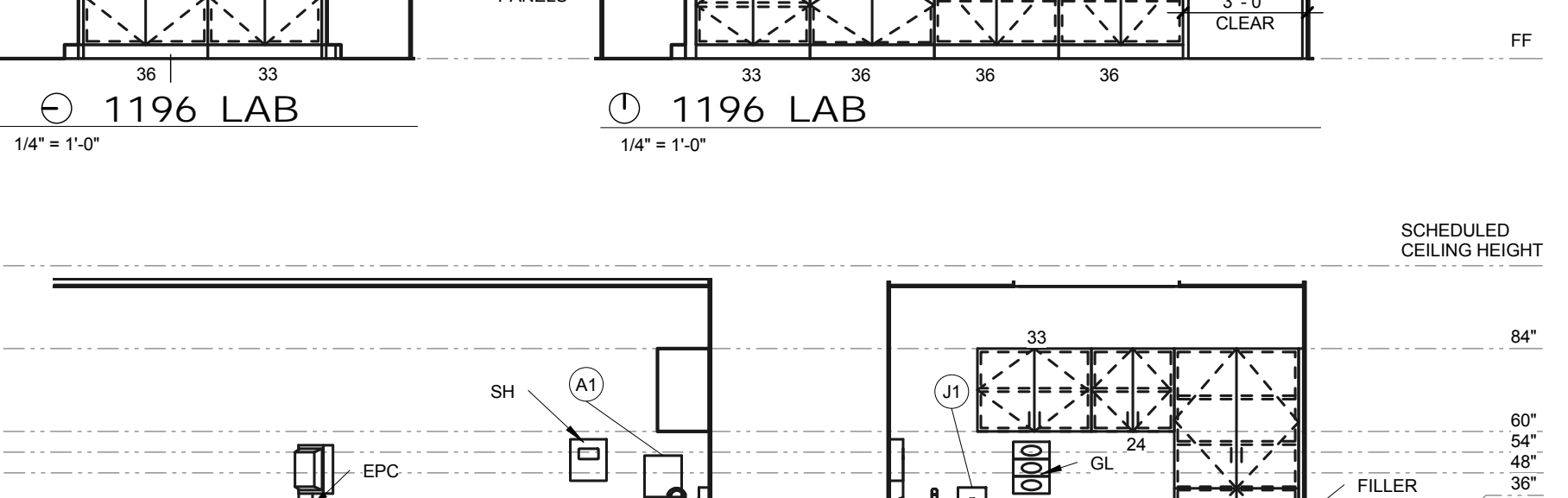
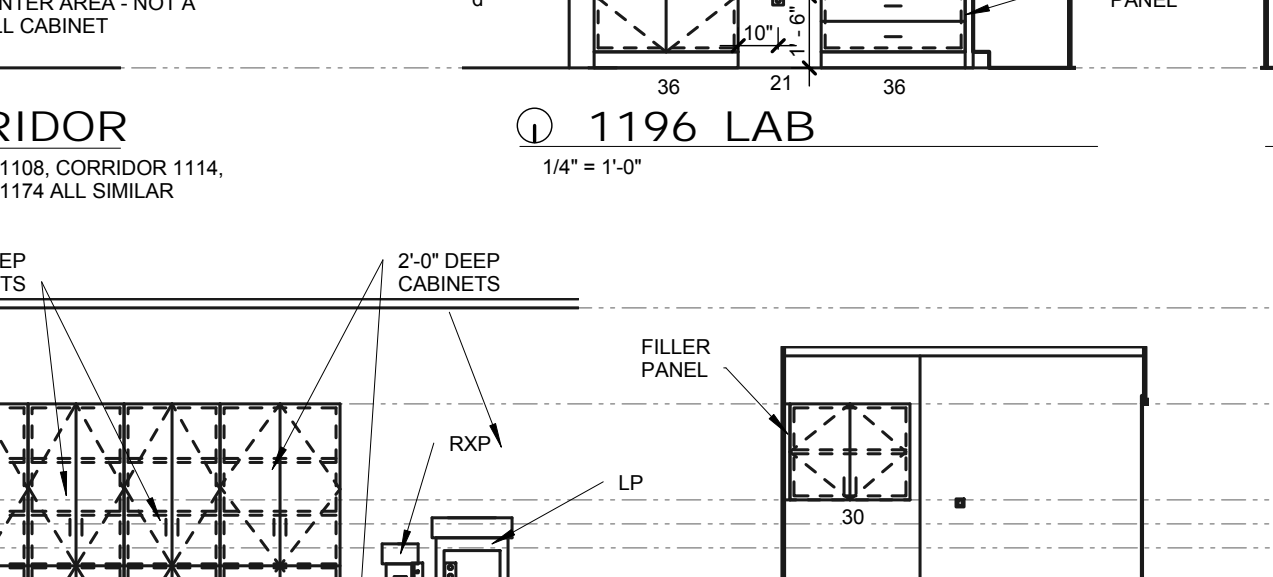
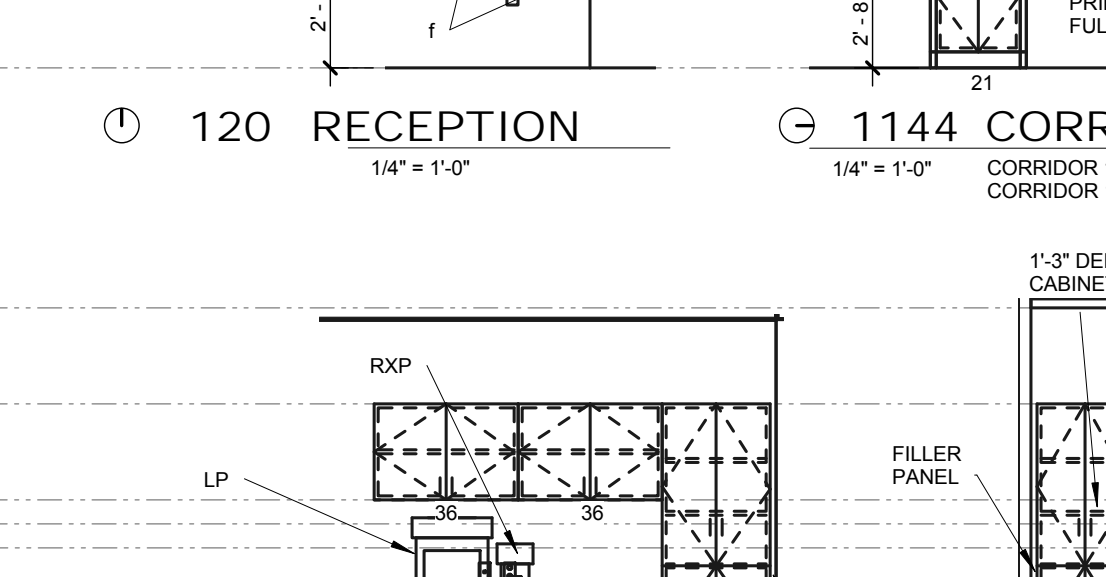
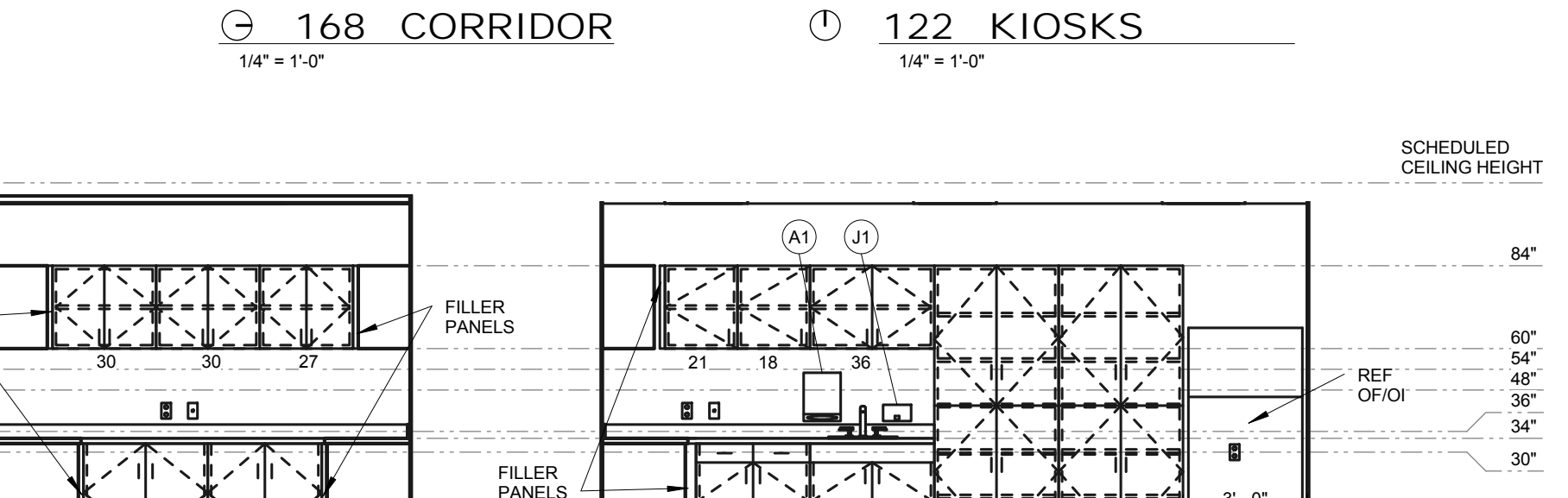
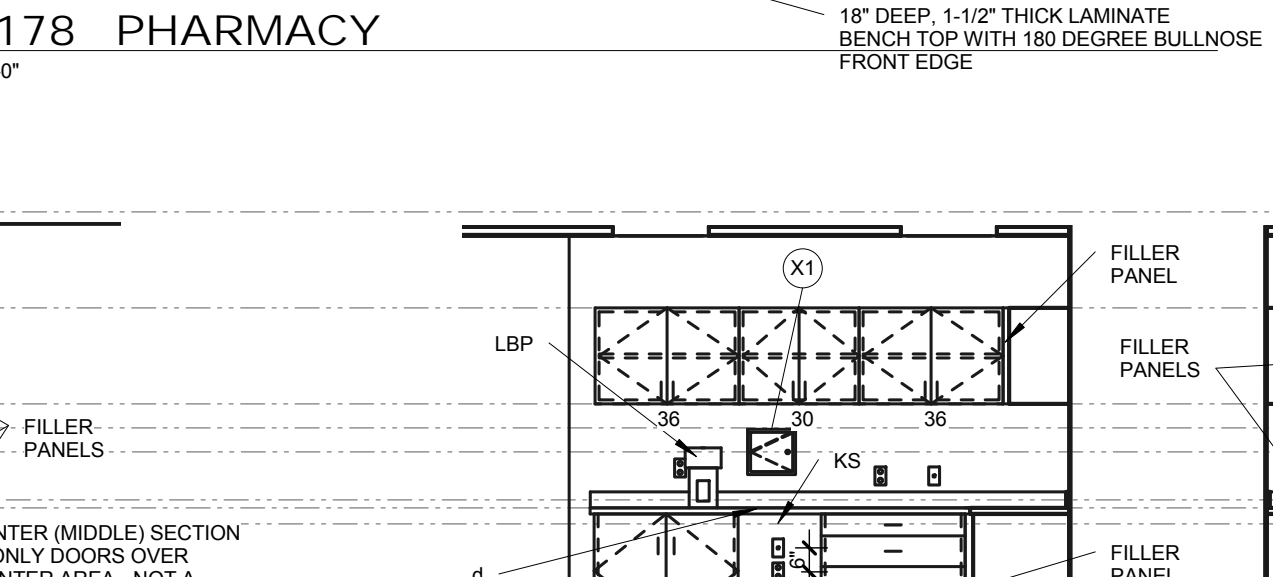
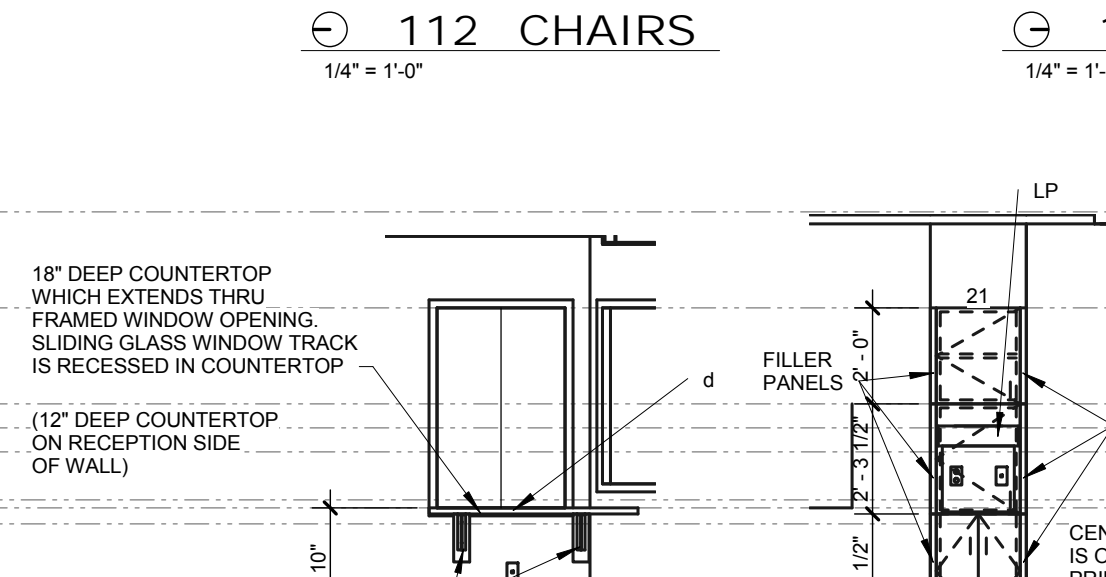
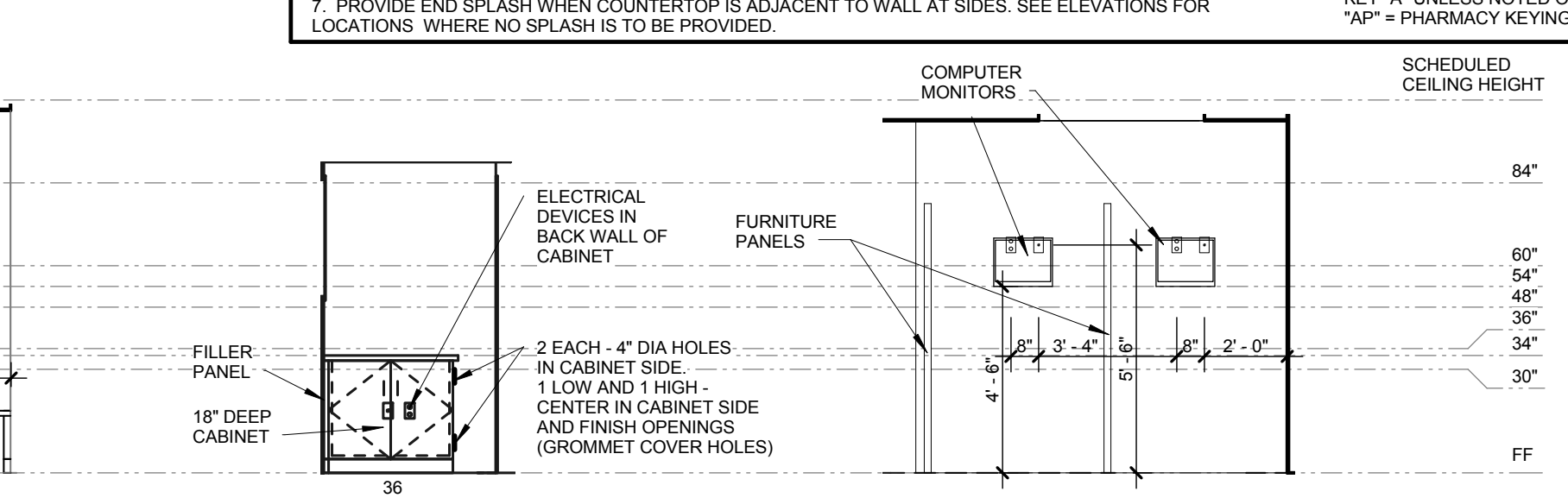
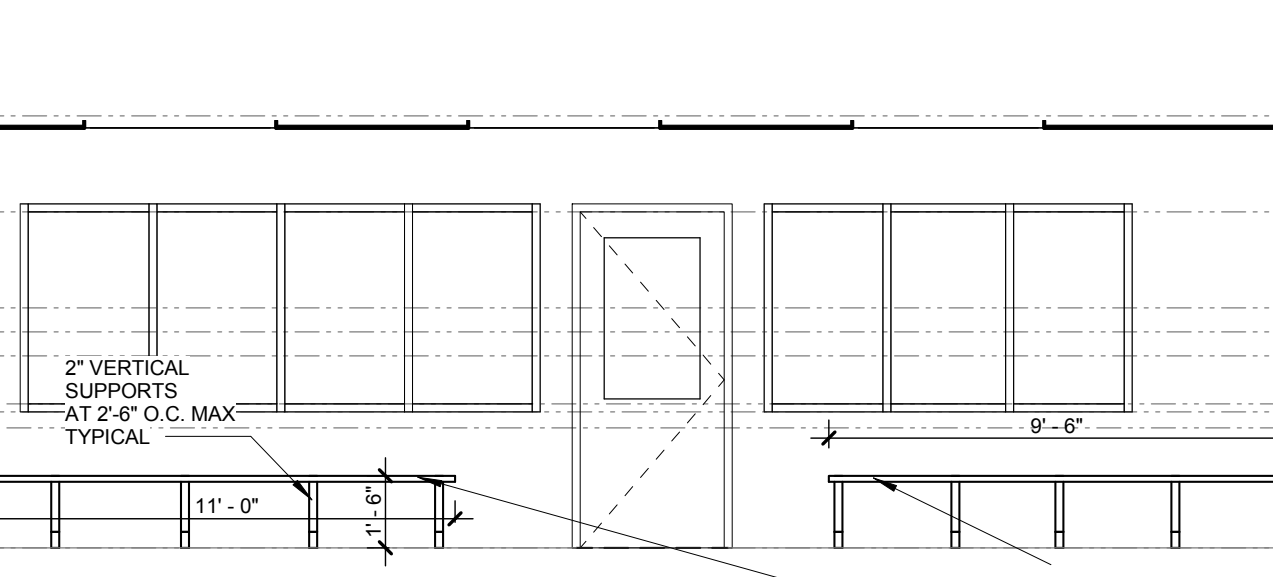
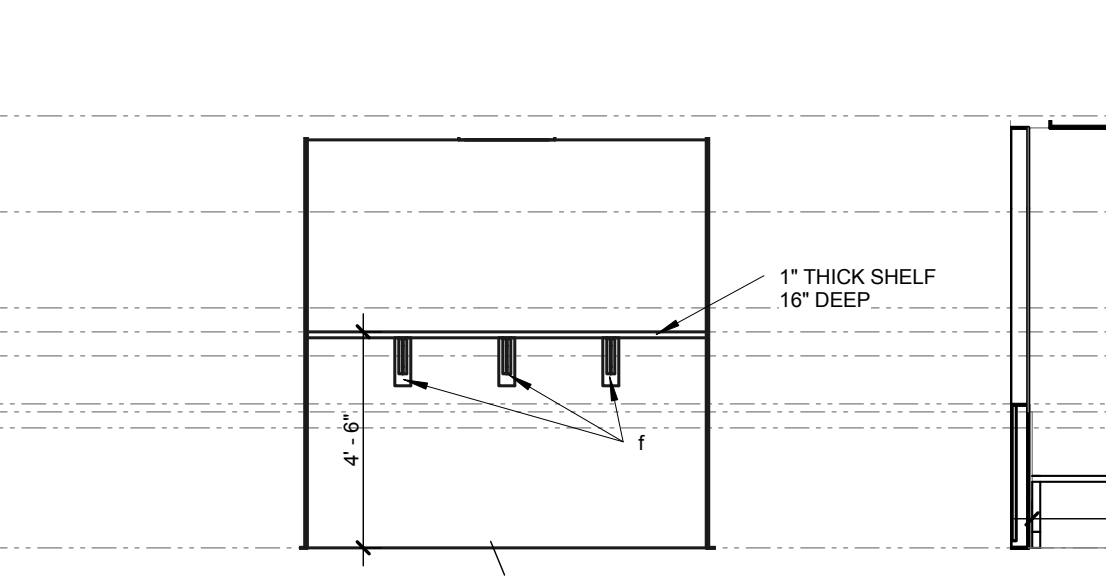
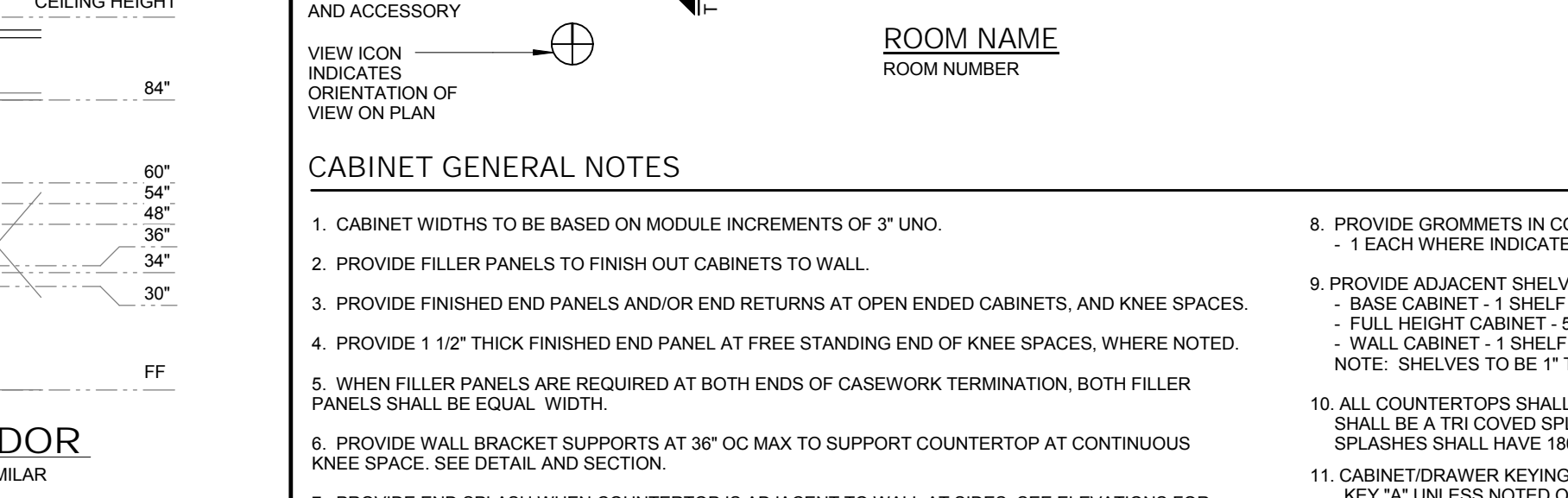
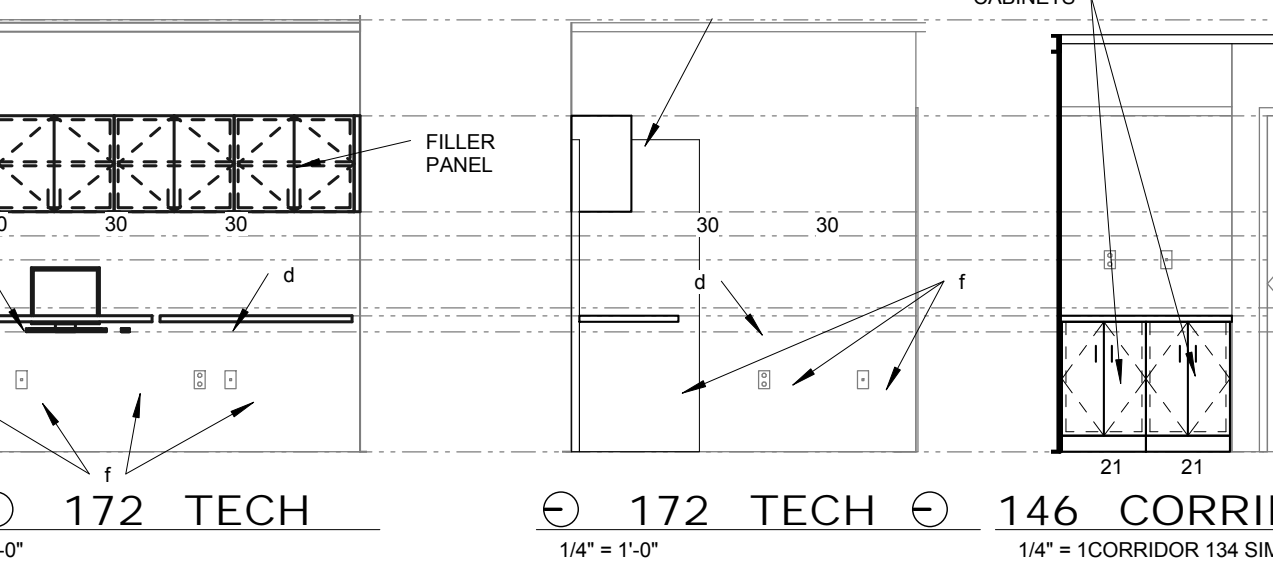
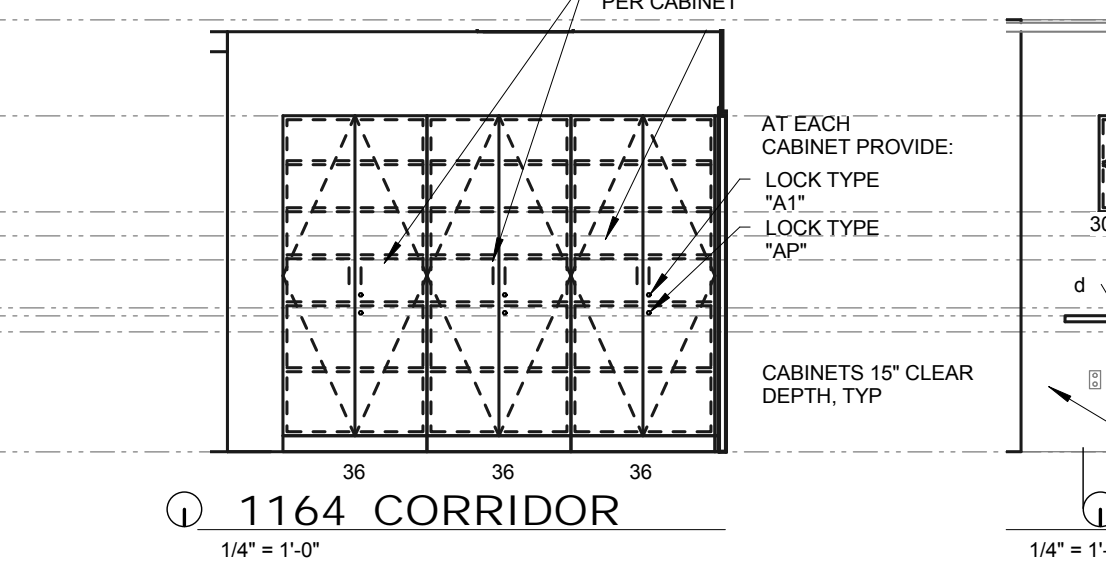
CABINET GENERAL NOTES

- 1. CABINET WIDTHS TO BE BASED ON MODULE INCREMENTS OF 3" UNO.
2. PROVIDE FILLER PANELS TO FINISH OUT CABINETS TO WALL.
3. PROVIDE FINISHED END PANELS AND/OR END RETURNS AT OPEN ENDED CABINETS, AND KNEE SPACES.
4. PROVIDE 1 1/2" THICK FINISHED END PANEL AT FREE STANDING END OF KNEE SPACES, WHERE NOTED.
5. WHEN FILLER PANELS ARE REQUIRED AT BOTH ENDS OF CASEWORK TERMINATION, BOTH FILLER PANELS SHALL BE EQUAL WIDTH.
6. PROVIDE WALL BRACKET SUPPORTS AT 36" OC MAX TO SUPPORT COUNTERTOP AT CONTINUOUS KNEE SPACE. SEE DETAIL AND SECTION.
7. PROVIDE END SPLASH WHEN COUNTERTOP IS ADJACENT TO WALL AT SIDES. SEE ELEVATIONS FOR LOCATIONS WHERE NO SPLASH IS TO BE PROVIDED.
8. PROVIDE GROMMETS IN COUNTERTOPS AT THE FOLLOWING LOCATIONS:
9. PROVIDE ADJACENT SHELVES IN CABINETS AT THE FOLLOWING LOCATIONS UNO ON ELEVATIONS:
10. ALL COUNTERTOPS SHALL BE 180 DEGREE BULLNOSE FRONT EDGE. WHERE SPLASH IS INDICATED IT SHALL BE A 1/8" COVER SPLASH (SINGLE PIECE TOP AND SPASH) OTHER COUNTERTOP WITHOUT SPLASHES SHALL HAVE 180 DEGREE BULLNOSE FRONT EDGES.
11. CABINET DRAWER KEYING:
12. PROVIDE END SPLASH WHEN COUNTERTOP IS ADJACENT TO WALL AT SIDES. SEE ELEVATIONS FOR LOCATIONS WHERE NO SPLASH IS TO BE PROVIDED.

07 DECORATIVE GRILLE AT HIGH COUNTER



06 DECORATIVE GRILLE AT LOW COUNTER



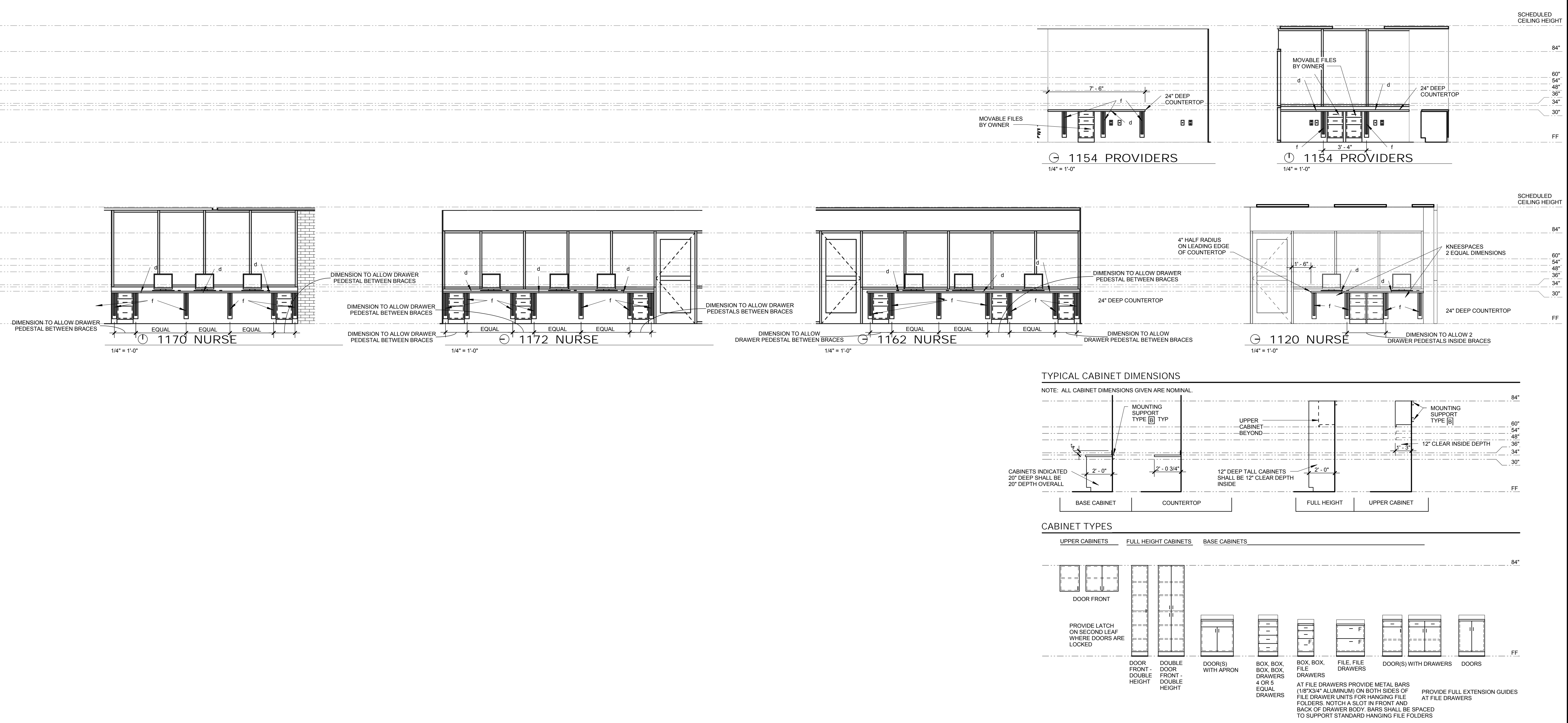
18 RECEPTION DESK

136 OPERATORY

114 PANTRY

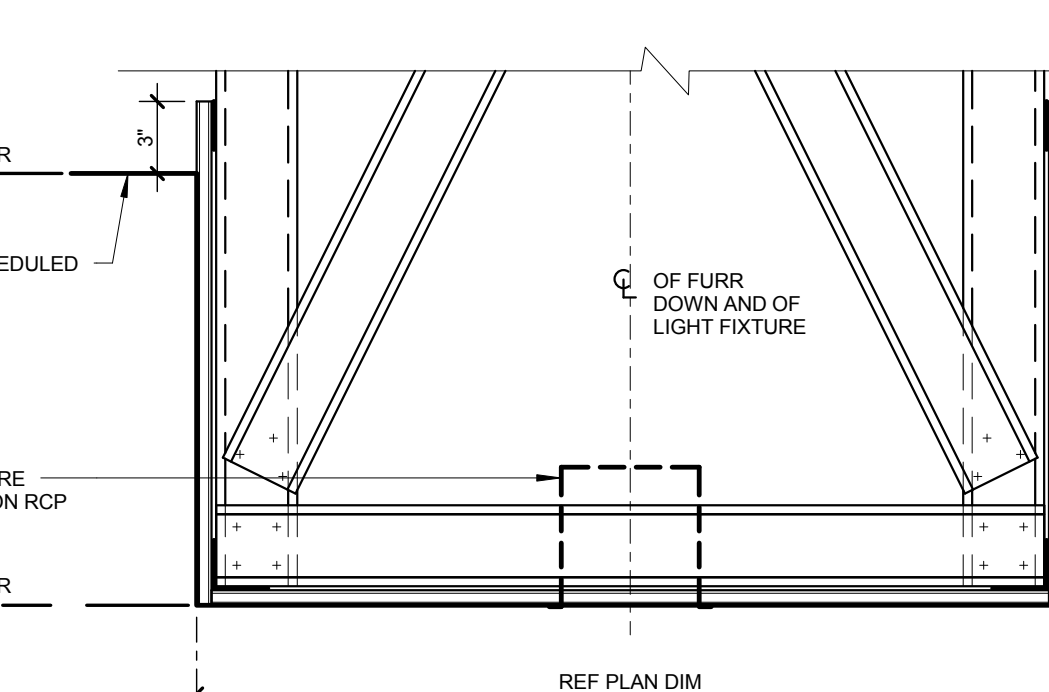
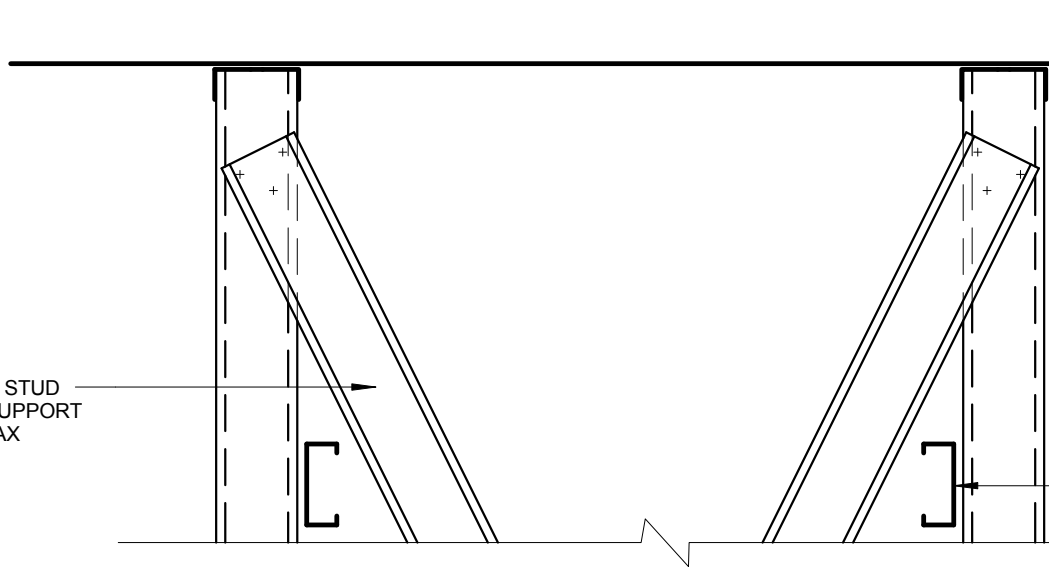
120 RECEPTION

104 CORRIDOR

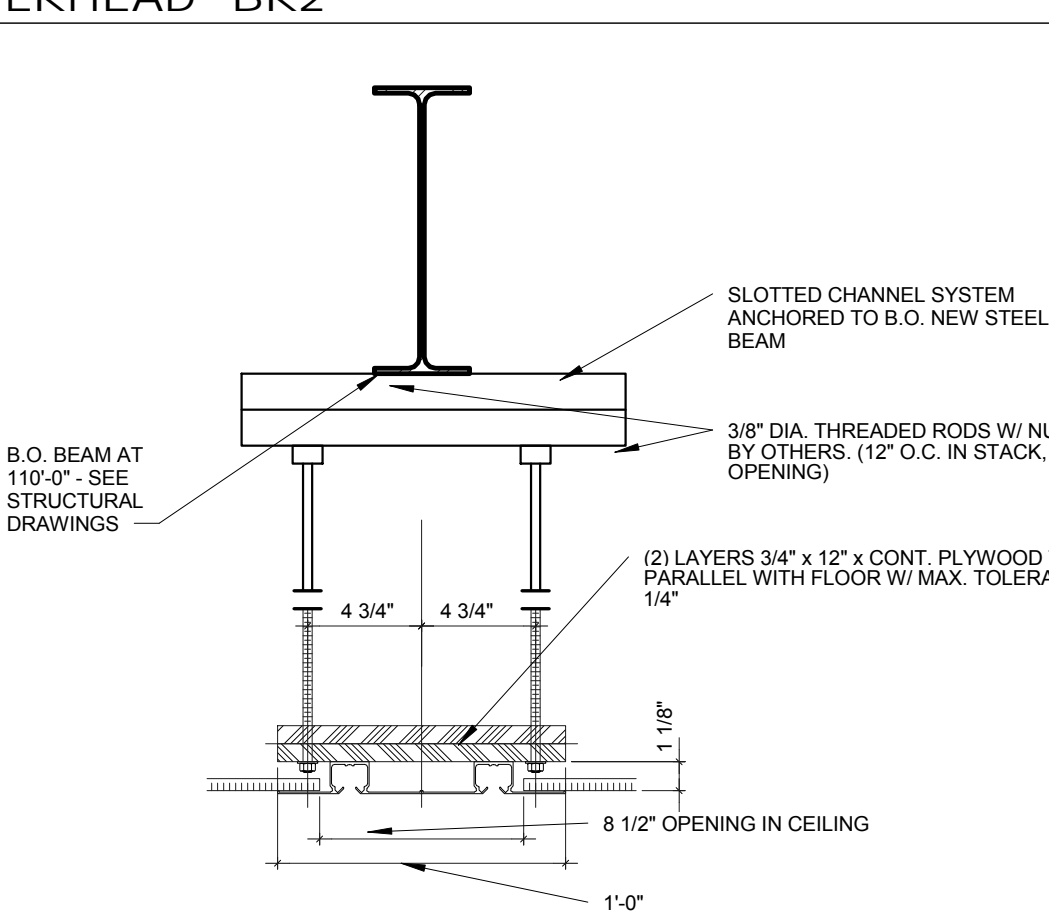




**4 BULKHEAD "BK"**  
1 1/2" = 1'-0"

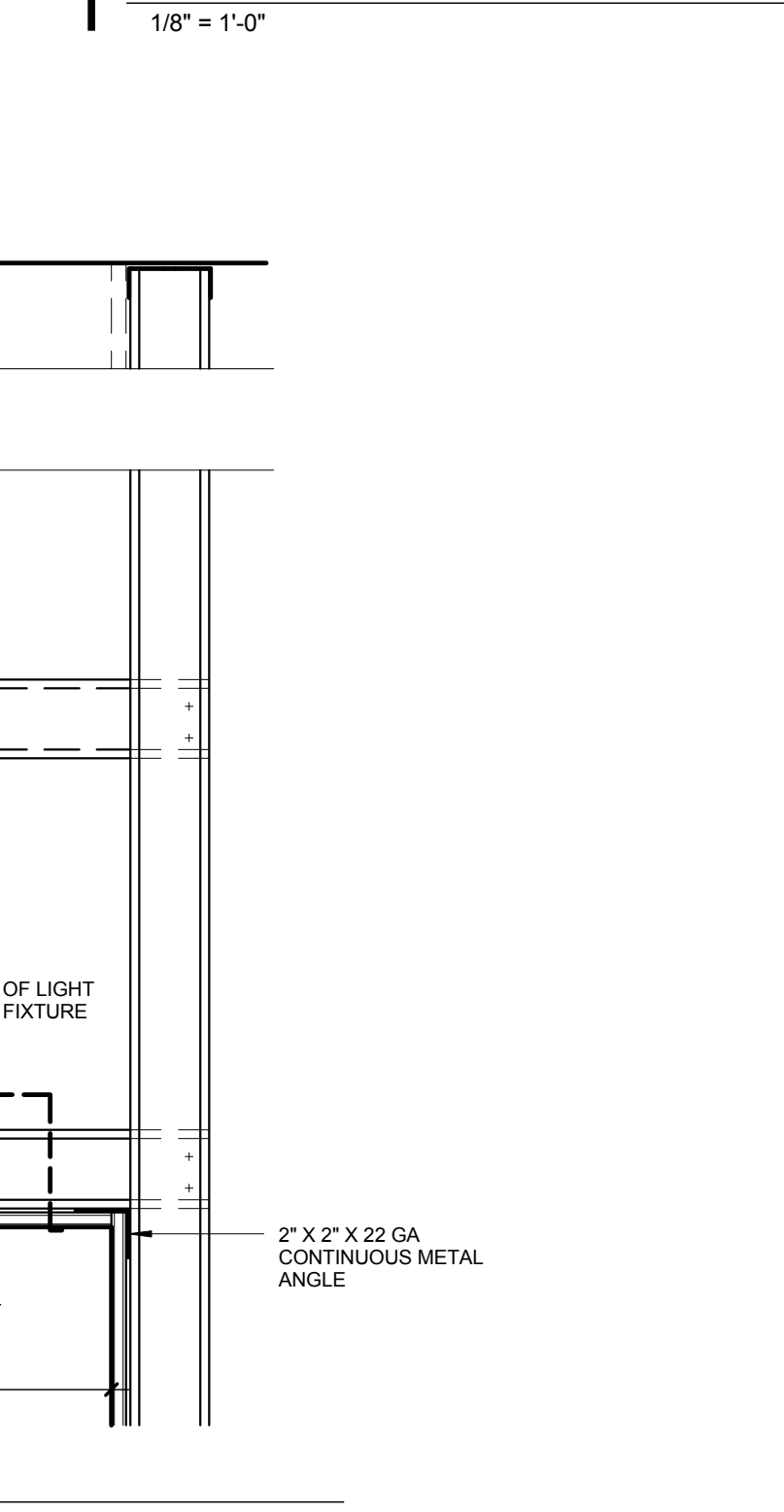


**5 CLG BULKHEAD "BK2"**  
1 1/2" = 1'-0"



**6 ACCORDION FOLDING DOOR HEAD**  
1 1/2" = 1'-0"

**1 REFLECTED CEILING PLAN**  
1/8" = 1'-0"



**7 CEILING BULKHEAD "BK3"**  
1 1/2" = 1'-0"

**REFLECTED CEILING NOTES**

1. EL = EXAM LIGHT, EQUIPMENT ITEM 'EL', CEILING MOUNTED. SEE A4.02 AND A4.010 FOR MOUNTING STRUCTURE TO BE PROVIDED. COORDINATE WITH MECHANICAL ELEMENTS THAT MAY OCCUR AROUND LIGHT SUPPORTS WHICH WOULD AFFECT THE LAYOUT OF THE SUPPORT STRUCTURE.
2. CEILING ARE AT 6'-0" AFF UNLESS INDICATED OTHERWISE.
3. CEILING LOCATIONS WITH LARGE DOT (●) REPRESENT CEILING WHICH SHALL RECEIVE 3" CONTINUOUS ACOUSTICAL SOUND INSULATION LAID ON CEILING PANELS. INSULATION SHALL EXTEND UP ADJACENT WALLS AT PERIMETER, 2" MINIMUM.
4. BK = CEILING BULKHEAD TYPE 1, SEE A4.014.  
BK2 = CEILING BULKHEAD TYPE 2, SEE A4.015.  
BK3 = CEILING BULKHEAD/PURFDOWN TYPE 3, SEE A4.017.
5. CONTROL JOINT LOCATIONS IN CEILING GYPSUM BOARD ARE NOT INDICATED ON THE PLANS. THE SPECIFICATIONS INDICATE MAXIMUM SPACING REQUIREMENTS. COORDINATE PROPOSED LOCATIONS WITH ARCHITECT PRIOR TO INSTALLATION.
6. NEW GYPSUM BOARD CEILINGS SHALL BE CONSTRUCTED AS NOTED WITH HORIZONTAL METAL STUD FRAMING. IF FRAMING IS NOT INDICATED IT SHALL BE 6" STUDS AT 16" O.C.

CEILING SYMBOLS	
	SMOKE DETECTOR
	WALL WASHER
	PENDANT TYPE LIGHT FIXTURE
	WALL MOUNTED LIGHT FIXTURE
	DOWNLIGHT
	STRIP LIGHT
	SPEAKER
	MOTION SENSOR

