

S F E I R
A R C H I T E C T S

5151 Shoreham Pl, Suite 265
San Diego, California 92122

P: 619-299-3917 F: 619-299-5084
Sfeirarch.com

October 3, 2022

TRI-CITY MEDICAL CENTER

TCMC EMERGENCY DEPARTMENT

4002 VISTA WAY
OCEANSIDE, CA 92056

SA # 02026.01

POST-BID ADDENDUM NO. 4

General:

All Contractors submitting proposals for the above-named project shall take note of the following changes, additions, interpretations, clarifications, etc., in connection with the drawings and specifications and other general documents.

The following instructions have precedence over anything contrarily shown on the drawings or described in the specifications and shall be included in the contractor's bids.

Acknowledge receipt of this addendum by inserting its number and date in the space provided in the Bid Proposal.

Failure to do so may subject bidder to disqualification.

This post-bid addendum No. 4 consists of (8) page.

REQUEST FOR BIDS:

Item No. 1 - REQUEST FOR BIDS

REQUEST FOR BIDS:

"Revised bid due date: 10/5/22 3:00 PM. Bidders to resubmit the BID in its entirety including but not limited to qualifications, insurances etc. Revised Bid by email is acceptable, send email to Benito Oporto at

BOporto@TCMC.com and Joseph Sfeir at jmsfeir@sfeirarch.com."

Item No. 2 - BID SCHEDULE:

DELETE:

"Item 2: State required line item for Labor Code Sections 6705 and 6707, excavation safety measures." In its entirety.

PROJECT MANUAL:

No IETMS.

DRAWINGS:

Item No. 1 -

P 002

DEB BID 002 RFI 002: "Please provide readable version of sheet P002 for the plumbing fixtures and equipment schedule".

Answer: "See attached sheet P-002, delta 5 9/23/22"

Item No. 2 -

E1-00

DEB BID 002 RFI 011: Per note, 1/E100, please verify if existing branch circuitry has dedicated neutral currently in place. Also, please confirm if the installation of dedicated neutral should be carried as an add alternate.

Answer: "Dedicated neutrals required, confirmation of existing neutrals within area of work to be confirmed by contractor as part of scope of work. Any discrepancies to be reported to engineer."

Item No. 3 -

DRAWINGS:

See attached revised drawings with delta 5 dated 9/23/22:
E201, E204, E206, T001, P002.

GENERAL

- Item No. 1 - MEDICAL GASES SHUT OFF VALVE:
 DEB BID 002 RFI 001: "Please confirm adequate shut off valves for medical gas is currently installed. If not, please confirm if contractor should carry a \$5,000 allowance to address potential shut off valves that may need to be added.

Answer: "The approved design considered that the existing gas shut-off valves indicated as to remain are adequate. Please provide additional information about this concern for review."

- Item No. 2 - MEDICAL GASES RECERTIFICATION:
 DEB BID 002 RFI 005:" Please confirm contractor is to carry costs and manpower for the recertification of existing medical gas as part of scope of work".

Answer:" Confirmed".

- Item No. 3 - LIGHT FIXTURES:
 DEB BID 002 RFI 0012: "Light fixture schedule indicates fixture type F1/H1 which will require direct power connections. However, lighting plans do not reference locations and/or circuitry. Please confirm design intent."

Answer: "Refer to sheet E203 for more information on remote mounted drivers. Each driver run requires a remote driver for 120V input power to low voltage output".

- Item No. 4 - COLD WATER INSULATION:
 DEB BID 002 RFI 19:" Please confirm if the insulation of cold-water piping is required".

Answer:" Domestic cold-water piping is not required to be insulated".

END OF ADDENDUM

TCMC EMERGENCY DEPARTMENT

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CENTER
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OCEANSIDE, CALIFORNIA
92056

OWNER: TRI-CITY MEDICAL CENTER
4002 VISTA WAY
OCEANSIDE, CALIFORNIA 92056
TEL(760)724-8411

ARCHITECT: SFEIR ARCHITECTS
5151 SHOREHAM PLACE, SUITE 265
SAN DIEGO, CALIFORNIA 92122
TEL(619)299-3917 FAX(619)299-5084

STRUCTURAL: SUN STRUCTURAL ENGINEERING, INC.
2292 FARADAY AVE. SUITE 100
CARLSBAD, CALIFORNIA 92008
TEL(760)438-1188

ME&P: P2S
9665 CHESAPEAKE DRIVE, SUITE 230
SAN DIEGO, CALIFORNIA 92123
TEL(619)618-2347 FAX(619)330-0668

INTERIOR: ISLEY DESIGN & PLANNING
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ESCONDIDO, CA 92029
TEL(760)484-0455



OSHPD COMMENTS	11/5/2021
DESIGN CHANGES	11/5/2021
HCAI COMMENTS	1/5/2022
DESIGN CHANGES	1/7/2022
DESIGN CHANGES	9/23/2022

REV.	DESCRIPTION	DATE
CONSULTANT		

HCAI APPROVAL STAMP:
HCAI #: - S211516-37-00

SHEET TITLE:
**AREA A -
RENOVATION
LIGHTING PLAN**

PROJECT TITLE:
TCMC EMERGENCY DEPARTMENT

PROJECT #
02026.01
DRAWN BY:
Author
CHECKED BY:
Checker
SCALE:
As indicated
DATE:
09/21/2022

SHEET NUMBER:
E201

NOTES

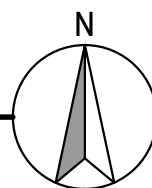
- COVE LIGHT TYPE "F1" POWER SUPPLY. REFER TO LUMINAIRE SCHEDULE FOR REQUIREMENTS.
- PROVIDE LUTRON SLIDE-TO-OFF 0-10V DIMMER #NTF-10-WH.
- PROVIDE LUTRON SLIDE-TO-OFF 2-WIRE INCANDESCENT DIMMER #NT-600-WH.
- 3/4" C. - 2#12, 2#12 NEUTRALS, & 1#12 GND.
- RELOCATED LIGHT SWITCHES CONTROLLING LIGHTING OUTSIDE OF PROJECT AREA TO BE RECONNECTED. INTERCEPT EXISTING CIRCUITS AND EXTEND TO LOCATION INDICATED. REFER TO DEMOLITION PLAN NOTE 2 SHEET E200 FOR ADDITIONAL INFORMATION.
- PROVIDE 120V POWER TO REMOTE LIGHTING FIXTURE DRIVER. COORDINATE EXACT LOCATION AND MOUNTING PRIOR TO INSTALLATION. COORDINATE EXACT POWER REQUIREMENTS WITH MANUFACTURER PRIOR TO INSTALLATION.

SHEET NOTES

- CONTRACTOR SHALL FIELD DEVELOPE THE CONDUIT INSTALLATION ALONG ROUTE SHOWN ON PLANS WITH PULLBOXES AND/OR LB FITTINGS INSTALLED EVERY 360 DEGREES (MAXIMUM) OF CONDUIT BENDS TO AVOID OBSTRUCTIONS.
- THIS PROJECT WILL BE CONSTRUCTED IN MULTIPLE PHASES. IT IS THE CONTRACTOR'S RESPONSIBILITY TO COORDINATE THEIR WORK WITH THE ARCHITECTURAL PHASING PLANS AND ALL OTHER TRADES AND INSTALL IN SUCH A WAY THAT IT DOES NOT AFFECT THE ADJOINING OCCUPIED SPACES AND MEETS ALL OF THE REQUIREMENTS OF CONTRACT DOCUMENTS AND SPECIFICATIONS AS PART OF THE BASE BID.

1 AREA A - RENOVATION LIGHTING PLAN

1/4" = 1'-0"



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OCEANSIDE, CALIFORNIA 92056
TEL(760)724-8411

ARCHITECT: SFEIR ARCHITECTS
5151 SHOREHAM PLACE, SUITE 265
SAN DIEGO, CALIFORNIA 92122
TEL(619)299-3917 FAX(619)299-5084

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9665 CHESAPEAKE DRIVE, SUITE 230
SAN DIEGO, CALIFORNIA 92123
TEL(619)618-2347 FAX(619)330-0668

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1882 PALMERO AVE
ESCONDIDO, CA 92029
TEL(760)484-0455



1	OSHPD COMMENTS	11/5/2021
2	DESIGN CHANGES	11/5/2021
3	HCAI COMMENTS	1/5/2022
4	DESIGN CHANGES	1/7/2022
5	DESIGN CHANGES	9/23/2022

REV.	DESCRIPTION	DATE

HCAI APPROVAL STAMP:
HCAI #: - S211516-37-00

SHEET TITLE:
**AREA B - POWER
PLAN**

PROJECT TITLE:
TCMC EMERGENCY DEPARTMENT

PROJECT #
02026.01

DRAWN BY:
Author

CHECKED BY:
Checker

SCALE:
As indicated

DATE:
09/21/2022

SHEET NUMBER:
E204

NOTES

1 EXISTING RECEPTACLE TO BE RELOCATED DUE TO NEW SCOPE OF WORK. EXTEND EXISTING BRANCH CIRCUITRY AS REQUIRED.

NOTES

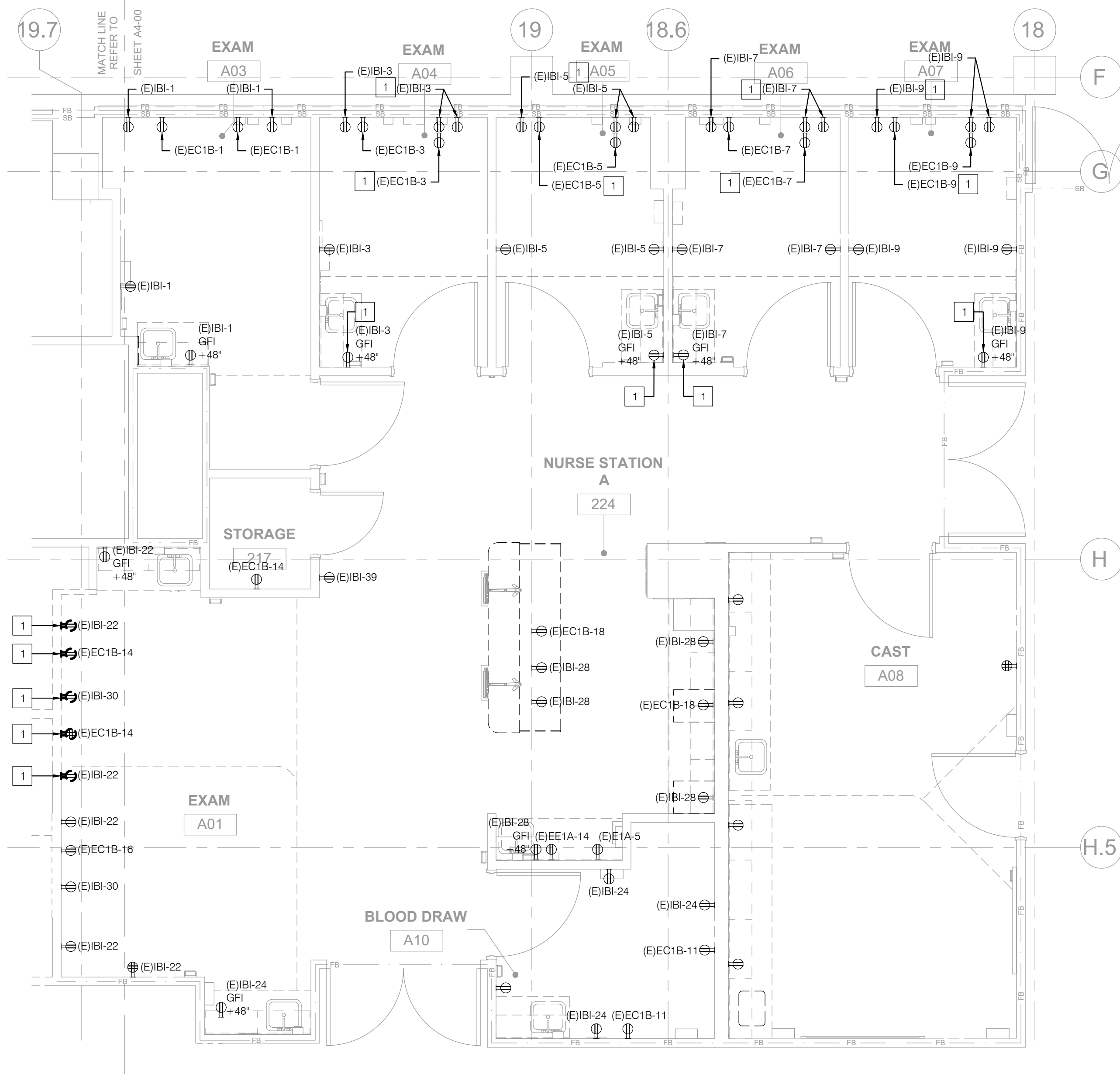
1 NEW LOCATION OF EXISTING RECEPTACLE. INTERCEPT AND EXTEND EXISTING BRANCH CIRCUITRY AND CABLING AS REQUIRED.

2 120V CONNECTION FOR NURSE CALL SYSTEM POWER SUPPLY.

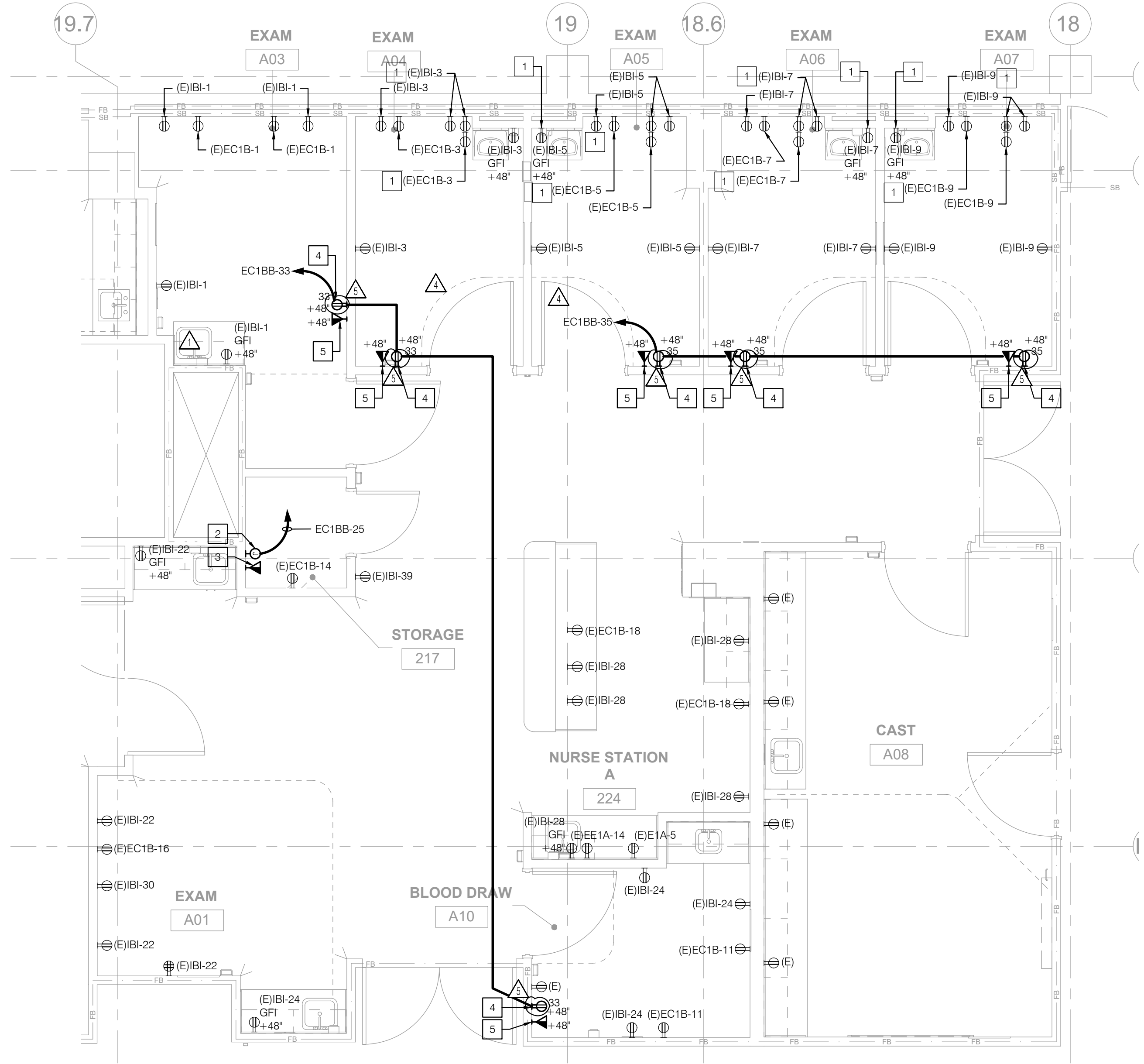
3 DATA OUTLET DEDICATED FOR NURSE CALL TERMINAL CABINET.

4 PROVIDE NEW DUPLEX RECEPTACLE FOR TELEVISION. COORDINATE EXACT LOCATION AND MOUNTING HEIGHT PRIOR TO INSTALLATION.

5 PROVIDE NEW DATA OUTLET FOR TELEVISION. COORDINATE EXACT LOCATION AND MOUNTING HEIGHT PRIOR TO INSTALLATION.



1 AREA B - DEMOLITION POWER PLAN
1/4" = 1'-0"



2 AREA B - RENOVATION POWER PLAN
1/4" = 1'-0"

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92056

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4002 VISTA WAY
OCEANSIDE, CALIFORNIA 92056
TEL(760)724-8411

ARCHITECT: SFEIR ARCHITECTS
5151 SHOREHAM PLACE, SUITE 265
SAN DIEGO, CALIFORNIA 92122
TEL(619)299-3917 FAX(619)299-5084

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2292 FARADAY AVE. SUITE 100
CARLSBAD, CALIFORNIA 92008
TEL(760)438-1188

ME&P: P2S
9665 CHESAPEAKE DRIVE, SUITE 230
SAN DIEGO, CALIFORNIA 92123
TEL(619)618-2347 FAX(619)330-0668

INTERIOR: ISLEY DESIGN & PLANNING
1982 PALSERO AVE.
ESCONDIDO, CA 92029
TEL(760)484-0455



1	OSHPD COMMENTS	11/5/2021
2	DESIGN CHANGES	11/5/2021
3	HCAI COMMENTS	1/5/2022
4	DESIGN CHANGES	1/7/2022
5	DESIGN CHANGES	9/23/2022

REV.	DESCRIPTION:	DATE:

HCAI APPROVAL STAMP:
HCAI #: - S211516-37-00

SHEET TITLE:
AREAS C & D -
POWER PLAN

PROJECT TITLE:
TCMC EMERGENCY DEPARTMENT

PROJECT #:
02026.01

DRAWN BY:
Author

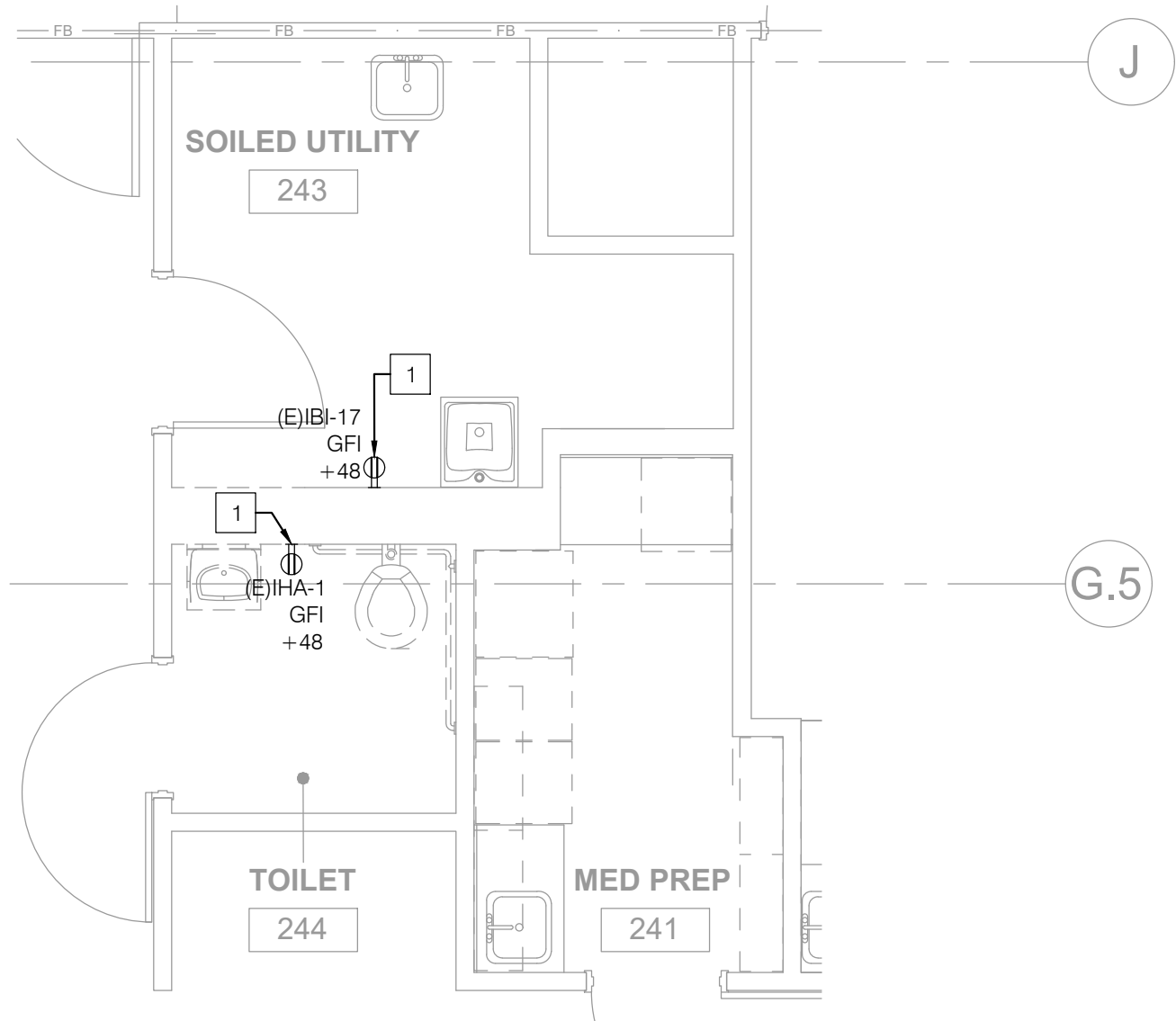
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SCALE:
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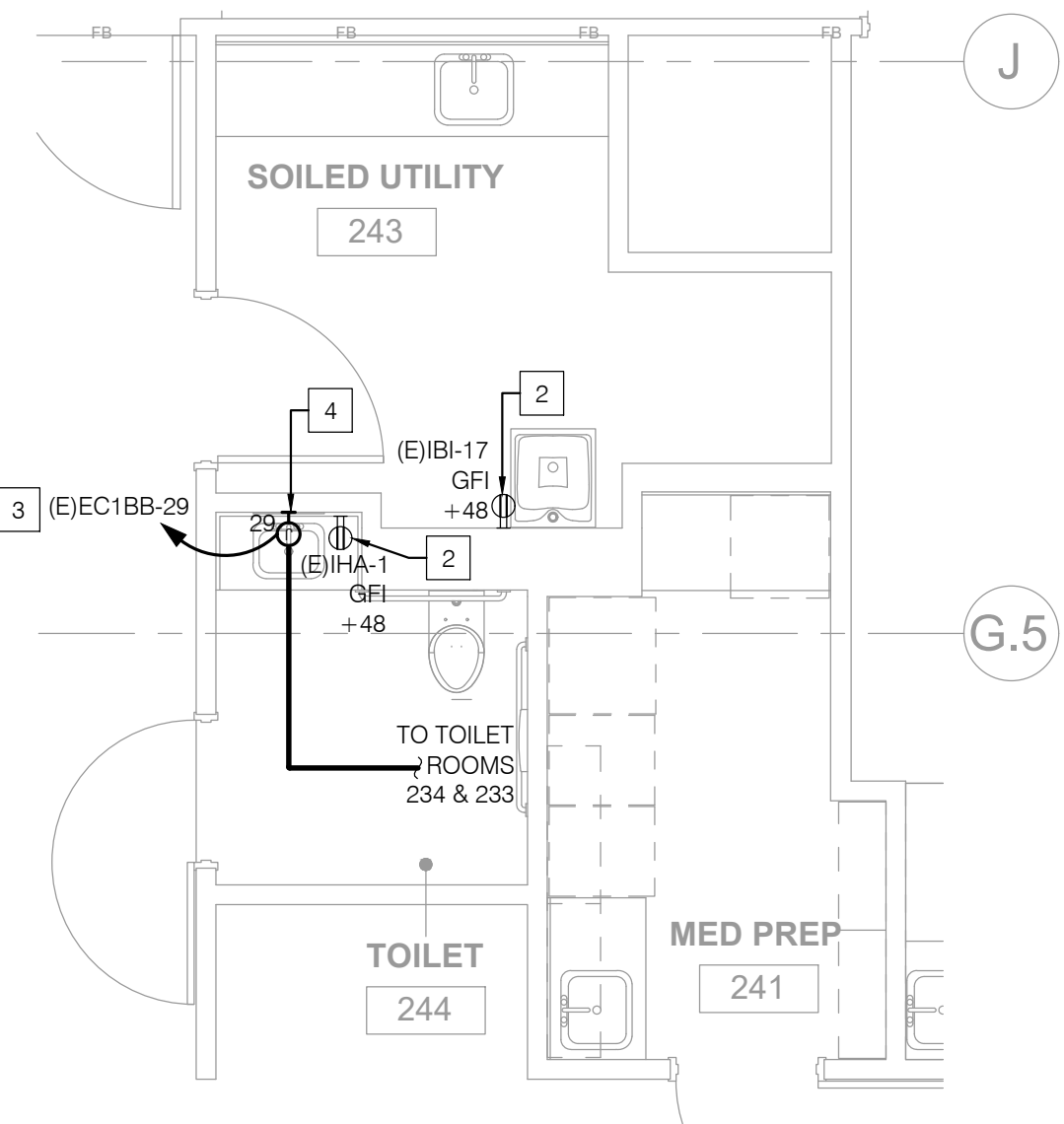
DATE:
09/21/2022

SHEET NUMBER:
E206

- NOTES
- EXISTING RECEPTACLE TO BE RELOCATED DUE TO NEW SCOPE OF WORK. EXTEND EXISTING BRANCH CIRCUITRY AS REQUIRED.
 - NEW LOCATION OF EXISTING RECEPTACLE.
 - 3/4"Ø - 2#10, 1#12G.
 - PROVIDE 120V HARD-WIRED POWER TO RESTROOM FAUCET. COORDINATE EXACT LOCATION AND MOUNTING HEIGHT IN FIELD PRIOR TO INSTALLATION.

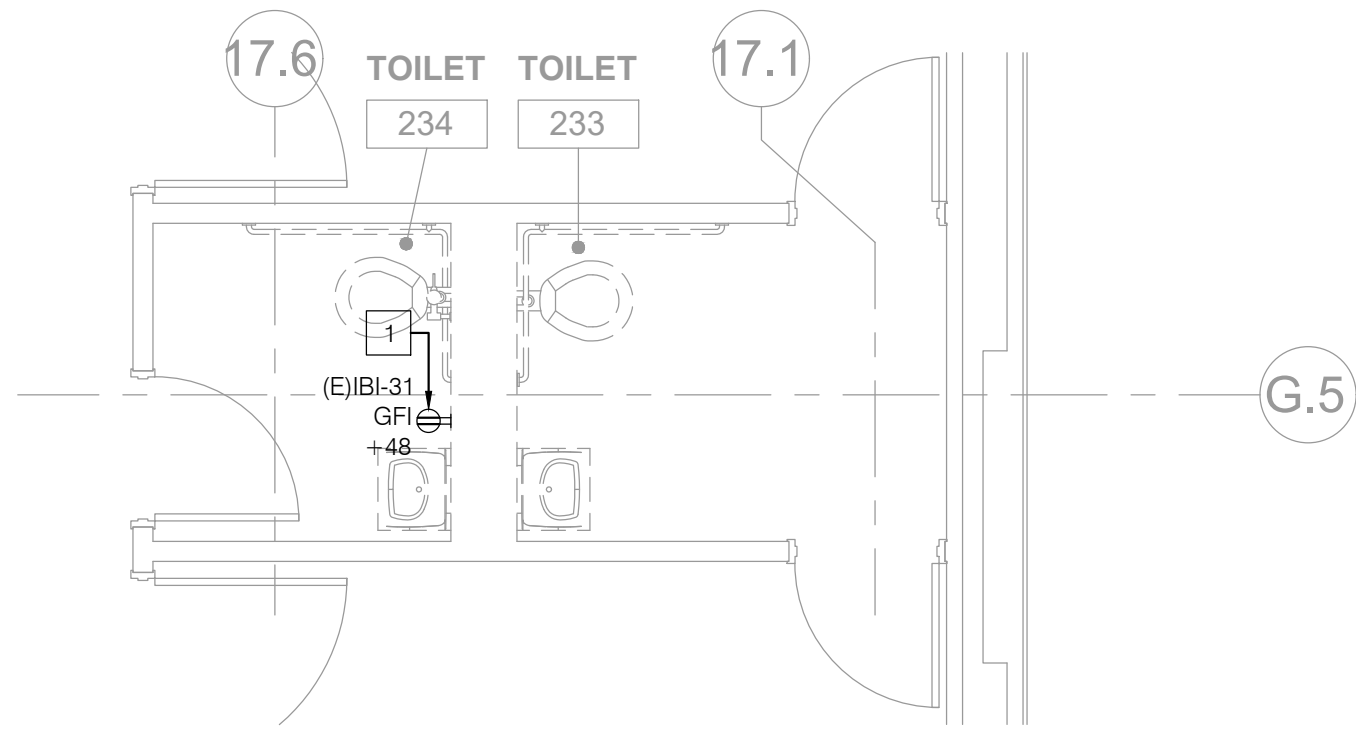


4 AREA C - DEMOLITION POWER PLAN
1/4" = 1'-0"

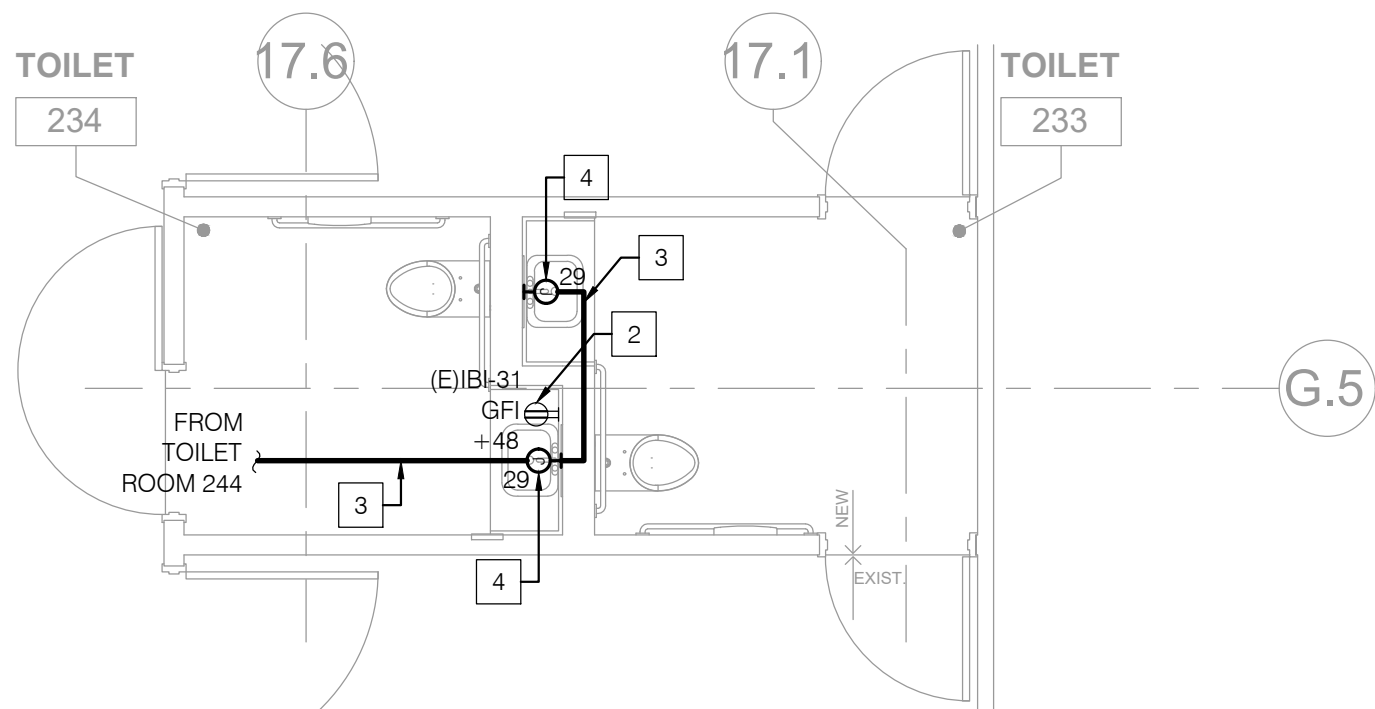


3 AREA C - RENOVATION POWER PLAN
1/4" = 1'-0"

- NOTES
- EXISTING RECEPTACLE TO BE RELOCATED DUE TO NEW SCOPE OF WORK. EXTEND EXISTING BRANCH CIRCUITRY AS REQUIRED.
 - NEW LOCATION OF EXISTING RECEPTACLE.
 - 3/4"Ø - 2#12, 1#12G.
 - PROVIDE 120V HARD-WIRED POWER TO RESTROOM FAUCET. COORDINATE EXACT LOCATION AND MOUNTING HEIGHT IN FIELD PRIOR TO INSTALLATION.



2 AREA D - DEMOLITION POWER PLAN
1/4" = 1'-0"



1 AREA D - RENOVATION POWER PLAN
1/4" = 1'-0"

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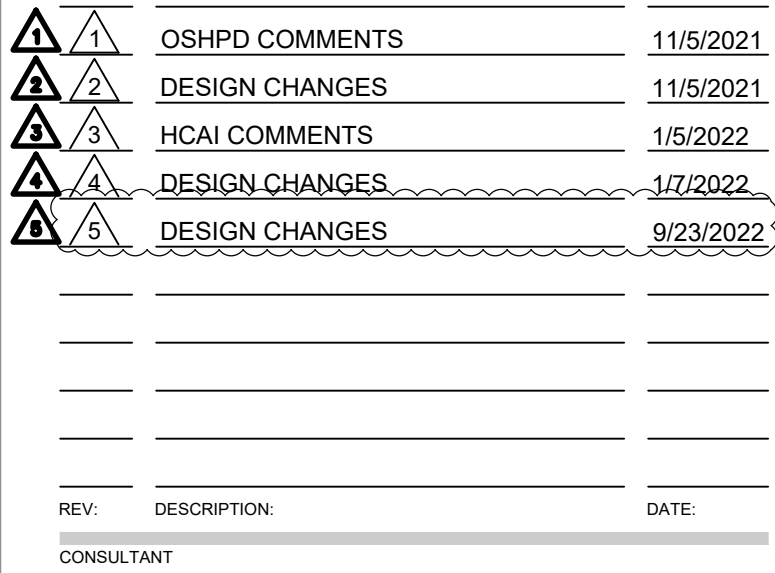
OWNER: TRI-CITY MEDICAL CENTER
4002 VISTA WAY
OCEANSIDE, CALIFORNIA 92056
TEL(760)/224-8411

ARCHITECT: SFEIR ARCHITECTS
5151 SHOREHAM PLACE, SUITE 265
SAN DIEGO, CALIFORNIA 92122
TEL(619)/299-3917 FAX(619)/299-5084

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HCAI #: - S211516-37-00

SHEET TITLE:

GENERAL NOTES, LEGEND AND ABBREVIATIONS

PROJECT TITLE:
TCMC EMERGENCY DEPARTMENT

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09/21/2022

SHEET NUMBER

T001

ABBREVIATIONS

ABBREVIATION	DESCRIPTION
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OR AMP	AMPERES
ACCU	AIR COOLED CONDENSING UNIT
AFF	ABOVE FINISHED FLOOR
AIC	AMPERE INTERRUPTING CAPACITY
ARCH.	ARCHITECT; ARCHITECTURAL
AWG	AMERICAN WIRE GAUGE
BDF	BUILDING DISTRIBUTION FRAME
C	CONDUIT
CKT	CIRCUIT
CLG.	CEILING
C.O.	CONDUIT ONLY WITH PULL WIRE
CU	COPPER
DWG	DRAWING
EA	EACH
EMT	ELECTRICAL METALLIC TUBING
ENT	ELECTRICAL NONMETALLIC TUBING
EQUIP	EQUIPMENT
EXIST / (E)	EXISTING
E/W	EQUIPPED WITH
FCU	FAN COIL UNIT
FIN.	FINISH
FIXT	FIXTURE
FLR	FLOOR
FLUOR	FLUORESCENT
FOC	FIBER OPTIC CABLE
FT	FEET
FTU	FIBER TERMINAL UNIT
GFI	GROUND FAULT INTERRUPTER
GRC	GALVANIZED RIGID CONDUIT
GND	GROUND
IDF	INTERMEDIATE DISTRIBUTION FRAME
JB	JUNCTION BOX
LTG.	LIGHTING
MDF	MAIN DISTRIBUTION FRAME
MH	MOUNTING HEIGHT
MM	MULTIMODE
MTG.	MOUNTING
N	NORTH
NEC	NATIONAL ELECTRICAL CODE
NIC	NOT IN CONTRACT
NO.	NUMBER
PH	PHASE
PNL	PANEL
PWR	POWER
P.O.C.	POINT OF CONNECTION
PRO	PROTECTED TERMINAL
REC/RECEPT	RECEPTACLE
REQ/REQUIRED	REQUIRED
RM	ROOM
SF	SQUARE FEET
SHT	SHEET
SM	SINGLE MODE
SP	SINGLE POLE
SPECS	SPECIFICATIONS
SW	SWITCH
TYP	TYPICAL
TERM	TERMINATION
UG	UNDERGROUND
U.O.N.	UNLESS OTHERWISE NOTED
V	VOLTS
V-A	VOLT-AMPERES
W	WATTS
W/	WITH
W/O	WITHOUT






















REFERENCE WILL BE MADE TO ANSI Y1.1, MILITARY STANDARD IN THE EVENT ABBREVIATIONS NOT MENTIONED HEREIN ARE USED, ABBREVIATIONS, AND OTHER STANDARD INDUSTRY CONVENTIONS.

GENERAL NOTES

3. A NEW WESTCON NOVUS NURSE CALL SYSTEM WILL BE INSTALLED. THE SYSTEM SHALL BE INSTALLED USING NEW EQUIPMENT SUPPLIED TO THE FACILITY. COORDINATE WITH THE FACILITIES DEPARTMENT FOR ACCESS TO THE EXISTING NURSE CALL EQUIPMENT STORED IN THE WAREHOUSE. INSTALL THE SYSTEM ACCORDING TO THE OSHPD APPROVED DRAWINGS. COORDINATE WITH THE FACILITIES ANY ADDITIONAL EQUIPMENT REQUIRED.
2. ALTHOUGH THE NEW EQUIPMENT IS IN THE POSSESSION OF THE FACILITIES, THE CONTRACTOR SHALL PROVIDE AND INSTALL ALL NECESSARY HARDWARE, TERMINAL STRIPS, WIRING, MODULES, ADAPTERS, ACCESSORIES, ETC. TO PROVIDE COMPLETE, COMPLIANT AND OPERABLE NURSE CALL SYSTEMS. ADDITIONAL QUANTITIES OF SYSTEM COMPONENTS, IF NECESSARY, SHALL BE PROVIDED TO INSURE COMPLETE AND FULLY OPERATIONAL NURSE CALL SYSTEMS. WHEN THE INSTALLATION IS COMPLETE, THE NURSE CALL SYSTEMS SHALL BE FUNCTION TESTED PER THE REQUIREMENTS OF THE OSHPD APPROVED DOCUMENTS AND TO THE SATISFACTION OF THE INSPECTOR OF RECORD AND FACILITY STAFF.
3. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO OBTAIN A COMPLETE SET OF CONTRACT DOCUMENTS, ADDENDA, OSHPD APPROVED DRAWINGS AND SPECIFICATIONS. THE CONTRACTOR SHALL CHECK THE APPROVED OSHPD DOCUMENTS AND DETERMINE HIS RESPONSIBILITIES. FAILURE TO DO SO SHALL NOT RELEASE THE CONTRACTOR FROM DOING THE WORK IN COMPLETE ACCORDANCE WITH THE DRAWINGS AND CONTRACT DOCUMENTS.
4. THE INSTALLATION SHALL BE PERFORMED PER THE SCHEDULE REQUIRED. THE CONTRACTOR SHALL COORDINATE THEIR WORK WITH THE SCHEDULE, DRAWINGS AND OTHER TRADES AT THE SITE. ANY COSTS TO INSTALL WORK TO ACCOMPLISH SAID COORDINATION WHICH DIFFERS FROM THE WORK AS SHOWN ON THE DRAWINGS SHALL BE INCURRED BY THE CONTRACTOR. DISCREPANCIES, AMBIGUITIES OR CONFLICTS SHALL BE BROUGHT TO THE ATTENTION OF THE FACILITIES DEPARTMENT DURING BID TIME FOR CLARIFICATION. ANY SUCH CONFLICTS NOT CLARIFIED PRIOR TO BID SHALL BE SUBJECT TO THE INTERPRETATION OF THE FACILITIES DEPARTMENT AT NO ADDITIONAL COST TO THE OWNER.
5. FIELD VERIFY THE PROJECT AREA BEFORE BID AND CONSTRUCTION. INCLUDE ALL RESULTING COST IN THE BID. MAKE ADJUSTMENTS AS NECESSARY FOR FIELD CONDITIONS DURING THE INSTALLATION OF THE NEW NURSE CALL SYSTEM DEVICES.
6. THE CONTRACTOR SHALL PROVIDE AND KEEP UP-TO-DATE A COMPLETE RECORD SET OF DRAWINGS. THESE PRINTS SHALL BE CORRECTED DAILY AND SHOW EVERY CHANGE FROM THE ORIGINAL DRAWINGS. THIS SET OF DRAWINGS SHALL BE KEPT ON THE JOB SITE AND SHALL BE USED ONLY AS A RECORD SET. THIS SHALL NOT BE CONSTRUED AS AUTHORIZATION FOR THE CONTRACTOR TO MAKE CHANGES IN THE LAYOUT WITHOUT APPROVAL. UPON COMPLETION OF THE WORK, DRAWINGS SHALL BE USED TO GENERATE AN ACCURATE SET OF AS BUILT DRAWINGS FOR SUBMISSION TO THE OWNER.

NURSE CALL NOTES

1. THE NURSE CALL SYSTEM SHALL CONFORM TO ARTICLE 517.123 OF THE CALIFORNIA ELECTRICAL CODE (CEC).
2. PENETRATIONS THROUGH FIRE RATED WALLS AND FLOORS SHALL BE SEALED WITH A MATERIAL CAPABLE OF PREVENTING THE PASSAGE OF FLAMES AND HOT GASSES.
3. A MINIMUM OF 48 HOURS NOTICE SHALL BE REQUIRED FOR ANY INSPECTION AND /OR TESTING.
4. ANY DISCREPANCIES BETWEEN THE DRAWINGS AND THE CODE OR RECOGNIZED STANDARDS SHALL BE BROUGHT TO THE ATTENTION OF THE INSPECTOR OF RECORD.
5. THE INTENT OF THE DRAWINGS AND SPECIFICATIONS IS TO RECONSTRUCT THE HOSPITAL BUILDING IN ACCORDANCE WITH THE 2013 EDITION OF TITLE 24, CALIFORNIA CODE OF REGULATIONS. SHOULD ANY CONDITIONS DEVELOP NOT COVERED BY THE CONTRACT DOCUMENTS WHEREIN THE FINISHED WORK WILL NOT COMPLY WITH SAID, TITLE 24, CALIFORNIA CODE OF REGULATIONS, A CHANGE ORDER DETAILING AND SPECIFYING THE REQUIRED WORK SHALL BE SUBMITTED TO AND APPROVED BY OSHPD BEFORE PROCEEDING WITH THE WORK.
6. REFER TO THE ELECTRICAL DRAWING SHEETS FOR INFORMATION REGARDING ELECTRICAL POWER, NONSEGREGATED EMERGENCY CIRCUITS, PANEL SCHEDULES AND THE ELECTRICAL SINGLE LINE DIAGRAM. ELECTRICAL POWER SHALL BE PROVIDED TO THE NEW NURSE CALL SYSTEMS BY THE ELECTRICAL CONTRACTOR. NEW NURSE CALL SYSTEMS SHALL BE POWERED BY THE EMERGENCY CIRCUITS.
7. INSTALL NEW CABLE IN NEW CONDUIT STUB-UPS; AND THEN OPEN ABOVE CEILING. NEW OPEN PLENUM CABLE SHALL BE SUPPORTED TO BUILDING STRUCTURE BY J-HOOKS. CABLE SHALL BE LISTED AS 300V TO MEET THE REQUIREMENTS OF ARTICLE 745 OF THE CEC FOR POWER LIMITED APPLICATIONS.
8. ALL PLENUM CABLE SHALL RUN PARALLEL OR AT RIGHT ANGLES TO THE BUILDING WALL STRUCTURE. DO NOT TIE CABLES TO POWER CABLES OR OTHER BUILDING SERVICES. INSTALL CABLE ON J-HOOK SUPPORTS AS SHOWN.
9. ALL CABLING, WIRING, AND TERMINAL BLOCKS SHALL BE CLEARLY LABELED WITH PERMANENT TAG OR WIRE MARKERS INDICATING FUNCTION, SOURCE OR DESTINATION OF THE CABLE OR TERMINATION. ALL CABLE SHALL BE LABELED AT BOTH ENDS.
10. NEW NURSE CALL EQUIPMENT SHALL BE INSTALLED IN NEW BACKBOXES. INSTALL THE PROPER SIZE BACKBOX PER CEC REQUIREMENTS. INSURE THAT CABLE FILL DOES NOT EXCEED EXISTING BOX CAPACITY PER CEC TABLE 370-16a. REFER TO THE SYMBOLS LEGEND FOR THE BACKBOX SCHEDULE.
11. ALL NEW STANDARD BACKBOXES, CONDUIT STUB-UPS, J-HOOKS, 120 VAC POWER AND ALL ELECTRICAL ROUGH-IN SHALL BE PROVIDED AND INSTALLED BY THE ELECTRICAL CONTRACTOR UNDER DIRECTION OF THE NURSE CALL CONTRACTOR. COORDINATE ROUGH-IN, MOUNTING OF CONTROL EQUIPMENT SHALL BE BY THE NURSE CALL CONTRACTOR. REFER TO THE STRUCTURAL MOUNTING DETAILS.
12. CORDS FOR TOILET PULLCORD STATIONS SHALL BE WITHIN 12 INCHES OF THE FINISHED FLOOR. REFER TO THE DETAILS SHEET FOR DETAILS.
13. THE CODE BLUE SHALL ANNUNCIATE AS THE HIGHEST PRIORITY AND SHALL COMPLY WITH CEC 517.123 (C), A UNIQUE VISUAL AND AUDIBLE INDICATION OF CODE BLUE SHALL BE GENERATED AT THE ATTENDING NURSES STATION AND THE 24-HOUR STAFFED PBX. CODE BLUE CALLS SHALL BE TRANSMITTED VIA THE EXISTING EASY CARE SYSTEM USING THE EXISTING RISER.

NOVUS GEN II - NURSE CALL LEGEND						
SYMBOL	DESCRIPTION	MANUFACTURER	MODEL NUMBER	FOCUS ON REQUIREMENTS	CONDUIT SIZE	NOTES
	DOME LIGHT	WESTCON	NV-DOM2	1 FT X 1 FT BACKBOX WITH 2 GANG RING BIF ELECTRONIC COMPACTOR	1/2"	CERAMIC AND WALL MOUNTED LIGHT
	DOME LIGHT	WESTCON	NV-DOM2	1 FT X 1 FT BACKBOX WITH 2 GANG RING BIF ELECTRONIC COMPACTOR	1/2"	CERAMIC AND WALL MOUNTED LIGHT
	NURSE CALL CORDS/ COILS	WESTCON	FCN-18BPC4	2 SQUARE BACKBOX WITH 2 GANG RING BIF ELECTRONIC COMPACTOR	1/2"	CRITICAL BACKBOX, 120 VAC 20 AMP, INITIAL BACK BOX BELOW CONDUIT, 120 VAC 20 AMP
	SINGLE PANEL/STATION + WAREHOUSE/ 1" x 4" JACK	WESTCON	18-18BPC4	2 SQUARE BACKBOX WITH 2 GANG RING BIF ELECTRONIC COMPACTOR	1/2"	CRITICAL BACKBOX, 120 VAC 20 AMP, INITIAL BACK BOX BELOW CONDUIT, 120 VAC 20 AMP
	EMERGENCY PULL CORD STATION ASSIST + W/INTE RESISTANT REFER TO DETAIL FOR BACKBOX AND RUN LAYOUTS	WESTCON	NV-CP214M	2 SQUARE BACKBOX WITH 1 GANG RING BIF ELECTRONIC COMPACTOR	1/2"	NO LIFT IN 10' CONDUIT, 10' x 1" POLYURETHANE COAT 10' x 1" x 10' IN THE CASE FOR POLYURETHANE COAT
	NURSE CALL CENTRAL CONTROL REFER TO DETAIL FOR BACKBOX AND RUN LAYOUTS	WESTCON	NV-4MC	21" x 21" NORMAL ELECTRICAL BOX	1/2"	CRITICAL BACKBOX, 120 VAC 20 AMP COPPER & COP 120 VAC
	NURSE CALL MODULE	WESTCON	NV-4MB	21" x 21" NORMAL ELECTRICAL BOX	1/2"	CRITICAL BACKBOX, 120 VAC 20 AMP COPPER & COP 120 VAC
	HORN RUN MODULE	WESTCON	NV-4MB	21" x 21" NORMAL ELECTRICAL BOX	1/2"	CRITICAL BACKBOX, 120 VAC 20 AMP COPPER & COP 120 VAC
	STANDBY UPS, 200 VA, 20 AMP	MINELCO	EN250	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP
	120 VAC 20 AMP NORTHERN SWITCH	GENCO	HC-1817A	12 V DC 250 AMP	1/2"	POWER REQUIREMENTS - 120 VAC 20 AMP

NURSE CALL CABLE LIST		
SYMBOL	DESCRIPTION	NOMINAL O.D.
A	SPECIAL ORANGE - 2 CONDUCTORS/18 GAUGE, 1 SHIELD, AND 1 CAT5	.246"
B	SPECIAL BLACK - 10 CONDUCTORS/22 GAUGE PLUS 3 SHIELDS	.375"
C	CAT 5 - 4 PAIR TWISTED CABLE	.200"
D	N/A	
E	22/2 - 2 PAIR SHIELDED CONDUCTORS	.193"
F	PEER	

NOTES:
1. ALL CABLES ARE PLENUM RATED

SHEET INDEX

<u>SHEET</u>	<u>DESCRIPTION</u>
T001	GENERAL NOTES, LEGEND, AND ABBREVIATIONS
T100	PARTIAL FIRST FLOOR OVERALL PLAN
T200	AREA A - NURSE CALL PLAN
T201	AREA B - NURSE CALL PLAN
T202	AREAS C & D - NURSE CALL PLAN
T203	AREA E - NURSE CALL PLAN
T501	NURSE CALL DIAGRAMS
T601	NURSE CALL DETAILS

PIPING MATERIALS

	SERVICE	MATERIALS
1.	DRAIN PIPING: SANITARY SEWER BELOW GRADE:	CAST IRON "NO-HUB" PIPE CONFORMING TO CISPI 301 AND ASTM A 888 WITH NEOPRENE GASKET AND HEAVY DUTY, SHIELDED, STAINLESS-STEEL 4 OR 6 BAND COUPLINGS. PIPE WRAP ALL UNDERGROUND PIPING.
2.	DRAIN PIPING: SANITARY SEWER ABOVE GRADE:	CAST IRON "NO-HUB" PIPE CONFORMING TO CISPI 301 AND ASTM A 888 WITH NEOPRENE GASKET AND HEAVY DUTY, SHIELDED, STAINLESS-STEEL 2 OR 4 BAND COUPLINGS.
3.	VENT PIPING FOR SANITARY SEWER, GREASE WASTE ABOVE GRADE:	CAST IRON "NO-HUB" PIPE CONFORMING TO CISPI 301 AND ASTM A 888 WITH NEOPRENE GASKET AND STANDARD, SHIELDED, STAINLESS-STEEL 2 OR 4 BAND COUPLINGS.
4.	DOMESTIC WATER PIPING BELOW GRADE:	TYPE "K" COPPER TUBING, HARD DRAWN CONFORMING TO ASTM B 88, WITH LEAD FREE COPPER BRAZED FITTINGS AND JOINTS. AVOID UNNECESSARY JOINTS BELOW SLAB. PIPE WRAP ALL UNDERGROUND PIPING.
5.	DOMESTIC WATER PIPING ABOVE GRADE:	TYPE "L" COPPER TUBING, HARD DRAWN CONFORMING TO ASTM B 88, WITH WROUGHT COPPER SOLDER SWEAT FITTINGS AND LEAD FREE-SOLDER JOINTS.
6.	CONDENSATE DRAIN PIPING:	TYPE "L" COPPER TUBING, HARD DRAWN CONFORMING TO ASTM B 88, WITH WROUGHT COPPER SOLDER SWEAT FITTINGS AND LEAD-FREE SOLDER JOINTS. ALL CONDENSATE DRAIN PIPING WITHIN BUILDING SHALL BE INSULATED. ALL EXPOSED PIPING INCLUDING OVERFLOW CONDENSATE SHALL BE PAINTED TO MATH WALL AND/OR CEILING COLOR. COORDINATE COLOR WITH ARCHITECT.
7.	INDIRECT WASTE CONCEALED:	TYPE "L" COPPER TUBING WITH WROUGHT COPPER SWEAT FITTINGS.
8.	INDIRECT WASTE EXPOSED:	TYPE "L" COPPER TUBING WITH WROUGHT COPPER SWEAT FITTINGS WITH 2MM THICK MANVILLE MICRO-LOCK INSULATION.
9.	INSULATION OF DOMESTIC HOT/TEMPERED WATER:	GLASS FIBER PIPE INSULATION WITH FACTORY-APPLIED JACKET CONFORMING TO ASTM C547. SEAL ALL JOINTS WITH FACTORY-APPLIED, SELF-SEAL LAP AND BUTT STRIPS. JOHNS MANVILLE MICRO-LOK HP OR EQUAL.
10.	GAS PIPING:	SCHEDULE 40 BLACK STEEL PIPE CONFORMING TO ASTM A 53 WITH 150 PSIG MALLEABLE IRON THREADED FITTINGS. WELDED JOINTS FOR PIPE SIZES 2 1/2" AND LARGER OR WELDED FOR ALL SIZES THROUGHOUT WHEN USED FOR MEDIUM PRESSURE. OUTDOOR PIPING EXPOSED TO ATMOSPHERE SHALL BE GALVANIZED STEEL PIPE OR PAINTED WITH RUST INHIBITING PAINT.
12.	MEDICAL AIR, OXYGEN, NITROUS OXIDE:	TYPE "L" COPPER TUBING OXYGEN CLEAN TO ASTM B-819, NFPA 99, CGA G 4.1, BRAZE WITH AWS A5.8 BCuP5 SILVER/PHOSPHORUS/COPPER ALLOY WITH MELTING TEMPERATURE RANGE 1190 TO 1480 DEGREE °F. WITH BRAZED FITTINGS.
13.	MEDICAL VACUUM, WASTE ANESTHETIC GAS DISPOSAL:	TYPE "L" COPPER TUBING OXYGEN CLEAN TO ASTM B-88, B-280, BRAZE WITH AWS A5.8 BCuP5 SILVER/PHOSPHORUS/COPPER ALLOY WITH MELTING TEMPERATURE RANGE 1190 TO 1480 DEGREES °F. WITH BRAZED FITTINGS.
14.	NITROGEN:	TYPE "K" COPPER TUBING OXYGEN CLEAN TO ASTM B-819, NFPA 99, CGA G 4.1, BRAZE WITH AWS A5.8 BCuP5 SILVER/PHOSPHORUS/COPPER ALLOY WITH MELTING TEMPERATURE RANGE 1190 TO 1480 DEGREES °F. WITH BRAZED FITTINGS.
16.	PIPE PROTECTION: ALL UNDERGROUND METALLIC PIPE WHETHER BURIED OR ENCASED SHALL BE WRAPPED WITH ANTI-CORROSIVE 20 MIL PVC TAPE AND PRIMED OR INSTALLED IN 8 MIL POLYETHYLENE SLEEVE CONFORMING TO ASTM D-1248 AND/OR ANSI/AWWA C105/A21.5.	
17.	PIPE PROTECTION: PROVIDE NON-CONDUCTING DIELECTRIC CONNECTIONS JOINING DISSIMILAR METALS. LEAD FREE BRASS UNIONS WITH 6-INCH LEAD FREE BRASS NIPPLE.	
18.	TRACER WIRE: ALL UNDERGROUND PLASTIC PIPE SHALL BE INSTALLED WITH BARE COPPER WIRE, TYPE TW, SIZE AWG #12 PLACED AND SECURED ON TO THE TOP OF THE MAINS AND BRANCHES WITH ALL WIRE TO WIRE CONNECTIONS SOLDERED FOR CONTINUITY.	
19.	QUALITY ASSURANCE: THE PIPING SYSTEMS SHALL BE CONSTRUCTED FROM MATERIALS EXTRUDED AND MOLDED USING THE SAME COMPOUND MANUFACTURER.	
20.	QUALITY ASSURANCE: BOTH THE PIPE AND FITTINGS SHALL BE MANUFACTURED IN NORTH AMERICA AND MEET OR EXCEED THE REQUIREMENTS SET FORTH BY THE AMERICAN SOCIETY FOR TESTING MATERIALS (ASTM) AND ANSI/NSF STANDARDS 14 AND 61.	

DOMESTIC WATER CALCULATION

PRESSURE AVAILABLE :				
STREET PRESSURE	=	85 PSI	MAX. VELOCITY	= 8 F/S (COLD)
MAXIMUM DOMESTIC WATER DEMAND :	=	85 PSI	MAX. VELOCITY	= 5 F/S (HOT)
		=	GPM (TOTAL BUILDING DEMAND)	

PRESSURE LOSS STREET TO BUILDING

1	PRESSURE LOSS DUE TO METER LOSS	5	PSI
2	PRESSURE LOSS THRU BACKFLOW DEVICE	10	PSI
3	TOTAL PRESSURE LOSS	15	PSI
4	PRESSURE AVAILABLE AT BUILDING	70	PSI

PRESSURE LOSS AT BUILDING

5	STATIC HEAD LOSS (20' x 0.433)	8	PSI
6	PRESSURE REQUIRED AT HIGHEST FIXTURE	30	PSI
7	TOTAL PRESSURE LOSS	38	PSI

LOSS AVAILABLE FOR FRICTION

8	REGULATED PRESSURE AT BUILDING	60	PSI
9	ITEM 8 (REGULATED PRESSURE AT BUILDING) - ITEM 7 (TOTAL PRESSURE LOSS)	22	PSI

LENGTH OF RUN FROM METER TO FARTHEST FIXTURE

10	TOTAL LENGTH	500	FT
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EQUIVALENT LENGTH OF RUN

11	ITEM 10 + 20%	550	FT
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ALLOWABLE FRICTION LOSS

12	ITEM 9 X 100 / ITEM 11	4.00	PSI/100 FT
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PIPE SIZE CHART FOR COLD WATER SIZING AT 8 F/S MAX VELOCITY

PIPE SIZE	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	4
GPM	1.75	5.1	10.9	19.6	31.6	67.4	119	176	313
FU (FT)	1	6	14	28	56	206	476	786	1872
FU (FV)	0	0	0	0	14	96	360	748	1872
VEL (FPS)	2.87	3.70	4.44	5.11	5.74	6.88	7.78	7.99	7.99

PIPE SIZE CHART FOR HOT WATER SIZING AT 5 F/S MAX VELOCITY

PIPE SIZE	1/2	3/4	1	1 1/4	1 1/2	2	2 1/2	3	4
GPM	1.75	5.1	12	19	27	48	75	105	190
FU (FT)	1	6	14	28	44	123	256	432	915
VEL (FPS)	2.87	3.70	4.90	4.97	4.90	4.90	4.90	4.77	4.85

MED GAS OUTLET SCHEDULE

MARK	EQUIPMENT CONNECTION TYPE	NUMBER OF OUTLETS								REMARKS
		O2	MA	MV	SLIDE	N2O	N2	CO2	WAGD	
MG-1	WALL OUTLET	1	1	1	1	-	-	-	-	CHEMETRON 500
MG-2	WALL OUTLET	1	-	1	1	-	-	-	-	CHEMETRON 500

FIXTURE SCHEDULE

MARK	FITURE	MINIMUM ROUGH IN SIZES						FLOW RATE	REMARKS
		TRAP	CW	HW	S OR W	V			
WC-1	WATER CLOSET	INT.	1 1/2	-	4	2		1.1 GPF	FIXTURE: ZURN Z5615-BWL-AM: WALL-HUNG, BACK OUTLET, VITREOUS CHINA, ELONGATED BOWL, 1-1/2 TOP SPUD, 1.1 GPF, ANTI-MICROBIAL GLAZE. FLUSH VALVE: ZURN Z600AV-ONE-BG: EXPOSED, MANUAL, 1.1 GPF, DIAPHRAGM TYPE, CHROME PLATED, BIO CARE HANDLE. SEAT: ZURN Z596SSEL-AM-ST5: ELONGATED, HEAVY-DUTY, OPEN FRONT, LESS COVER, WHITE, ANTI MICROBIAL GLAZE, SELF SUSTAINING STAINLESS STEEL CHECK HINGE. CARRIER: ZURN Z1201/1202: HORIZONTAL, VERTICAL OR BACK-TO-BACK CLOSET CARRIER: MOUNT AT ACCESSIBLE HEIGHT WHERE REQUIRED. (REFER TO ARCHITECTURAL DRAWINGS FOR ACCESSIBLE MOUNTING HEIGHTS). COORDINATE REQUIRED CLEARANCE FOR CARRIER INSTALLATION DURING LAYOUT OF WALL FRAMING.
WC-2	WATER CLOSET ANTI-LIGATURE (ACCESSIBLE)	INT.	1 1/2	-	4	2		1.1 GPF	FIXTURE: ACORN LR2140-W-2-RM-EG-ADA: FRONT MOUNTED, WALL OUTLET, FLOOR MOUNTED, SIPHON JET, ANTI-LIGATURE, 16 GAUGE TYPE 304 STAINLESS STEEL, ELONGATED BOWL, 1-1/2 BACK SPUD, 1.28 GPF. FLUSH VALVE: ZURN ZEMS6152PL-HE1-HW6: CONCEALED, ELECTRONIC, HARDWIRED ON EMERGENCY POWER, 1.28 GPF, DIAPHRAGM TYPE, SENSOR OPERATED. CARRIER: ZURN Z1201/1202: HORIZONTAL, VERTICAL OR BACK-TO-BACK CLOSET CARRIER: MOUNT AT ACCESSIBLE HEIGHT WHERE REQUIRED. (REFER TO ARCHITECTURAL DRAWINGS FOR ACCESSIBLE MOUNTING HEIGHTS). COORDINATE REQUIRED CLEARANCE FOR CARRIER INSTALLATION DURING LAYOUT OF WALL FRAMING.
LAV-1	LAVATORY WALL-HUNG (ACCESSIBLE)	1-1/4	1/2	1/2	2	1-1/2		0.5 GPM	FIXTURE: ZURN Z5511-WALL-HUNG, VITREOUS CHINA, D-SHAPED BASIN, OUTSIDE DIMENSIONS 20-INCH X 18-INCH, SINGLE FAUCET HOLE, FRONT OVERFLOW. FAUCET: ZURN Z6950-XL-N-LP48-BN-HW6: EXPOSED, HARDWIRED ON EMERGENCY POWER, BRUSHED NICKEL FINISH, 0.5 GPM LAMINAR FLOW, INFRARED SENSOR, DECK MOUNTED, 6.75-INCH GOOSENECK SPOUT, 4.125-INCH ABOVE FLOOR RIM. MIXING VALVE: LEONARD 170-LF: LEAD FREE, ASSE 1070 CERTIFIED, STAINLESS STEEL SPRINGS, MINIMUM FLOW 0.25 GPM, INTEGRAL CHECK VALVES, LOCKABLE VANDAL RESISTANT TEMPERATURE ADJUSTMENT CAP. STRAINER: ZURN Z8743-PC-NOF: CHROME PLATED CAST BRASS, SOLID TOP, OPEN GRID, NO OVERFLOW. P-TRAP: ZURN Z8746-PC: CHROME PLATED CAST BRASS, 1 1/4 DIAMETER, WITH CLEAN-OUT, ADA OFFSET. STOPS: ZURN ZH8824-XL-LRLK-Q-PC: LEAD FREE, CHROME PLATED, QUARTER TURN LOOSE KEY STOPS WITH STAINLESS STEEL BRAIDED FLEX HOSES. INSULATION: ZURN Z8946-3-NT: INSULATION FOR ADA P-TRAP, AND SUPPLY STOPS.
LAV-2	LAVATORY ANTI-LIGATURE UNDERMOUNT	1-1/4	1/2	1/2	2	1-1/2		0.5 GPM	FIXTURE: ZURN Z5520: UNDER MOUNTED, RIMLESS, VITREOUS CHINA, OVAL-SHAPED BASIN, OUTSIDE DIMENSIONS 19-INCH X 16-INCH, FRONT OVERFLOW. FAUCET: WILLOUGHBY LRFC-IR-TMV: EXPOSED, HARDWIRED ON EMERGENCY POWER, BRUSHED NICKEL FINISH, 0.5 GPM LAMINAR FLOW, INFRARED SENSOR, DECK MOUNTED. STRAINER: ZURN Z8743-PC-NOF: CHROME PLATED CAST BRASS, SOLID TOP, OPEN GRID, NO OVERFLOW. P-TRAP: ZURN Z8746-PC: CHROME PLATED CAST BRASS, 1 1/4 DIAMETER, WITH CLEAN-OUT, ADA OFFSET. STOPS: ZURN ZH8824-XL-LRLK-Q-PC: LEAD FREE, CHROME PLATED, QUARTER TURN LOOSE KEY STOPS WITH STAINLESS STEEL BRAIDED FLEX HOSES. INSULATION: ZURN Z8946-3-NT: INSULATION FOR ADA P-TRAP, AND SUPPLY STOPS.
LAV-3	LAVATORY WALL-HUNG (ACCESSIBLE)	1-1/4	1/2	1/2	2	1-1/2		0.5 GPM	FIXTURE: SCARABEO 8047/B: WALL-HUNG, VITREOUS CHINA, RECTANGULAR BASIN, OUTSIDE DIMENSIONS 16-1/8-INCH X 19-3/4-INCH, SINGLE FAUCET HOLE, FRONT OVERFLOW. FAUCET: ZURN Z6950-XL-N-LP48-BN-HW6: EXPOSED, HARDWIRED ON EMERGENCY POWER, BRUSHED NICKEL FINISH, 0.5 GPM LAMINAR FLOW, INFRARED SENSOR, DECK MOUNTED, 6.75-INCH GOOSENECK SPOUT, 4.125-INCH ABOVE FLOOR RIM. MIXING VALVE: LEONARD 170-LF: LEAD FREE, ASSE 1070 CERTIFIED, STAINLESS STEEL SPRINGS, MINIMUM FLOW 0.25 GPM, INTEGRAL CHECK VALVES, LOCKABLE VANDAL RESISTANT TEMPERATURE ADJUSTMENT CAP. STRAINER: ZURN Z8743-PC-NOF: CHROME PLATED CAST BRASS, SOLID TOP, OPEN GRID, NO OVERFLOW. P-TRAP: ZURN Z8746-PC: CHROME PLATED CAST BRASS, 1 1/4 DIAMETER, WITH CLEAN-OUT, ADA OFFSET. STOPS: ZURN ZH8824-XL-LRLK-Q-PC: LEAD FREE, CHROME PLATED, QUARTER TURN LOOSE KEY STOPS WITH STAINLESS STEEL BRAIDED FLEX HOSES. INSULATION: ZURN Z8946-3-NT: INSULATION FOR ADA P-TRAP, AND SUPPLY STOPS.
SK-1	SINK WALL-HUNG	1-1/2	1/2	1/2	2	1-1/2		1.5 GPM	FIXTURE: ZURN Z5341: WALL-HUNG, VITREOUS CHINA, D-SHAPED BASIN, OUTSIDE DIMENSIONS 20-INCH X 18-INCH, SINGLE FAUCET HOLE, FRONT OVERFLOW. FAUCET: ZURN Z6920-XL-J-HW6: EXPOSED, HARDWIRED, CHROME FINISH, 1.5 GPM LAMINAR FLOW, INFRARED SENSOR, DECK MOUNTED, 5.375-INCH GOOSENECK SPOUT, 7.875-INCH ABOVE FLOOR RIM. MIXING VALVE: LEONARD 170-LF: LEAD FREE, ASSE 1070 CERTIFIED, STAINLESS STEEL SPRINGS, MINIMUM FLOW 0.25 GPM, INTEGRAL CHECK VALVES, LOCKABLE VANDAL RESISTANT TEMPERATURE ADJUSTMENT CAP. STRAINER: ZURN Z8743-PC-NOF: CHROME PLATED CAST BRASS, SOLID TOP, OPEN GRID, NO OVERFLOW. P-TRAP: ZURN Z8747-PC: CHROME PLATED CAST BRASS, 1 1/2 DIAMETER, WITH CLEAN-OUT, ADA OFFSET. STOPS: ZURN ZH8824-XL-LRLK-Q-PC: LEAD FREE, CHROME PLATED, QUARTER TURN LOOSE KEY STOPS WITH STAINLESS STEEL BRAIDED FLEX HOSES. INSULATION: ZURN Z8946-3-NT: INSULATION FOR ADA P-TRAP, AND SUPPLY STOPS.
SK-2	SINK COUNTER MOUNTED (ACCESSIBLE)	1-1/2	1/2	1/2	2	1-1/2		1.5 GPM	FIXTURE: JUST SLADA-2019-A-GR: COUNTER-MOUNTED, TYPE 304 18-8 STAINLESS STEEL, RECTANGULAR BASIN, OUTSIDE DIMENSIONS 20-INCH X 19-INCH X 5.5-INCH DEEP, SINGLE FAUCET HOLE, NO OVERFLOW, LEFT REAR DRAIN LOCATION. FAUCET: ZURN Z6920-XL-J-HW6: EXPOSED, HARDWIRED, CHROME FINISH, 1.5 GPM LAMINAR FLOW, INFRARED SENSOR, DECK MOUNTED, 5.375-INCH GOOSENECK SPOUT, 7.875-INCH ABOVE FLOOR RIM. MIXING VALVE: LEONARD 170-LF: LEAD FREE, ASSE 1070 CERTIFIED, STAINLESS STEEL SPRINGS, MINIMUM FLOW 0.25 GPM, INTEGRAL CHECK VALVES, LOCKABLE VANDAL RESISTANT TEMPERATURE ADJUSTMENT CAP. STRAINER: ZURN Z8743-PC-NOF: CHROME PLATED CAST BRASS, SOLID TOP, OPEN GRID, NO OVERFLOW. P-TRAP: ZURN Z8746-PC: CHROME PLATED CAST BRASS, 1 1/4 DIAMETER, WITH CLEAN-OUT, ADA OFFSET. STOPS: ZURN ZH8824-XL-LRLK-Q-PC: LEAD FREE, CHROME PLATED, QUARTER TURN LOOSE KEY STOPS WITH STAINLESS STEEL BRAIDED FLEX HOSES. INSULATION: ZURN Z8946-3-NT: INSULATION FOR ADA P-TRAP, AND SUPPLY STOPS.
DF-1	DRINKING FOUNTAIN	1-1/2	3/4	-	2	1-1/2			ELKAY MODEL LZST18WSSP: HI-LO ADA, 8.0 GPH CHILLING CAPACITY, VISUAL FILTER MONITOR, ANTIMICROBIAL, ELECTRONIC BOTTLE FILLER SENSOR, ELECTRONIC FRONT AND SIDE BUBBLER PUSHBAR ACTIVATION, 5 FLA, 115V-60HZ
WHA-1	WATER HAMMER ARRESTOR		SEE PLANS	-	-	-	-		FIXTURE: ZURN Z1700 SERIES: STAINLESS STEEL BELLOW OPERATED TYPE WATER HAMMER ARRESTORS. INSTALLATION AND SIZING SHALL CONFORM TO PDI WH-201 STANDARD PROVIDE BEHIND ACCESS PANELS WHERE REQUIRED.
NOTES: A. ALL FIXTURES SHALL BE PROVIDED WITH MINIMUM ROUGH-IN CONNECTIONS AS INDICATED IN THIS SCHEDULE OR PER MANUFACTURERS RECOMMENDATIONS. THE PLUMBING CONTRACTOR SHALL RUN ALL SERVICE LINES, ROUGH-IN AND MAKE FINAL CONNECTIONS TO ALL FIXTURES. PLUMBING CONTRACTOR SHALL FURNISH AND INSTALL ALL TRIMS, FLUSH VALVES, TAILPIECES, STRAINERS, P-TRAPS, TRAP ARMS, HOT & COLD WATER STOPS AND FAUCETS AS REQUIRED. B. ALL FIXTURES AND/OR COMPONENTS AS PART OF THE PLUMBING SYSTEM SHALL BE INSTALLED IN STRICT COMPLIANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS. C. OPENINGS IN GRATINGS OR STRAINERS LOCATED IN PEDESTRIAN WAYS OR IN PATH OF TRAVEL (P O T) SHALL NOT ALLOW PASSAGES OF A SPHERE MORE THAN 1/2" DIAMETER. ELONGATED OPENINGS SHALL BE PLACED SO THAT LONG DIMENSION IS PERPENDICULAR TO THE DOMINANT DIRECTION OF TRAVEL IN COMPLIANCE WITH SECTION 11B-302.3.									

MEDICAL EQUIPMENT

MARK	MANUFACTURER & MODEL	SERVICE AREA	OUTLET TYPE	CONNECTION PIPE SIZE (IN)					REMARKS
				OXYGEN	MEDICAL VACUUM	MEDICAL AIR	NITROUS OXIDE	CARBON DIOXIDE	
ZVB 1	AMICO AVU-101A2V	CORRIDOR	-	1/2	3/4	1/2	-	-	ALARM VALVE COMBO UNIT. 18 GAUGE STEEL VALVE BOX, BALL VALVE SHUT-OFF WITH TUBE EXTENSIONS, GAS-SPECIFIC SENSOR, HINGED GAS-SPECIFIC COMPACT ALARM WITH ILLUMINATED LED DIGITAL DISPLAY, PULL OUT REMOVABLE WINDOW, DIGITAL ALARM 0-250 PSI FOR COMPRESSED GAS OR 0-30 INHG FOR VACUUM. INPUT POWER 115VAC/ 60 HZ. SHALL MEET NFPA 99.

PIPING INSULATION SCHEDULE

FLUID OPERATING TEMPERATURE RANGE (°F)		INSULATION CONDUCTIVITY		NOMINAL PIPE DIAMETER (IN INCHES)						
		CONDUCTIVITY (IN BTU * IN/H * FT ² * °F)	MEAN RATING TEMPERATURE (°F)							
				<1	1 TO < 1.5	1.5 TO < 4	4 TO 8	8 AND LARGER		
SPACE HEATING AND SERVICE WATER HEATING SYSTEMS (STEAM, STEAM CONDENSATE, REFRIGERANT, SPACE HEATING, SERVICE HOT WATER)				MINIMUM PIPE INSULATION REQUIRED (THICKNESS IN INCHES OR R-VALUE)						
ABOVE 350	0.32 - 0.34	250	INCHES	4.5	5.0	5.0	5.0	5.0		
			R-VALUE	R-37	R-41	R-37	R-27	R-23		
251 - 350	0.29 - 0.32	200	INCHES	3.0	4.0	4.5	4.5	4.5		
			R-VALUE	R-24	R-34	R-35	R-26	R-22		
201 - 250	0.27 - 0.30	150	INCHES	2.5	2.5	2.5	3.0	3.0		
			R-VALUE	R-21	R-20	R-17.5	R-17	R-14.5		
141 - 200	0.25 - 0.29	125	INCHES	1.5	1.5	2.0	2.0	2.0		
			R-VALUE	R-11.5	R-11	R-14	R-11	R-10		
105 - 140	0.22 - 0.28	100	INCHES	1.0	1.5	1.5	1.5	1.5		
			R-VALUE	R-7.7	R-12.5	R-11	R-9	R-8		
				NOMINAL PIPE DIAMETER (IN INCHES)						
				<1	1 TO < 1.5	1.5 TO < 4	4 TO 8	8 AND LARGER		
SPACE COOLING SYSTEMS (CHILLED WATER, REFRIGERANT AND BRINE)				MINIMUM PIPE INSULATION REQUIRED (THICKNESS IN INCHES OR R-VALUE)						
40 - 60	0.21 - 0.27	75	INCHES	NONRES 0.5	RES 0.75	NONRES 0.5	RES 0.75	1.0	1.0	1.0
			R-VALUE	NONRES R-3	RES R-6	NONRES R-3	RES R-5	R-7	R-6	R-5
BELOW 40	0.20 - 0.26	5	INCHES	1.0	1.5	1.5	1.5	1.5	1.5	
			R-VALUE	R-8.5	R-14	R12	R10	R-9		
NOTES: 1. INFORMATION IS TAKEN FROM CALIFORNIA ENERGY CODE (CEC) 2019 EDITION TABLE 120.3-A PIPE INSULATION THICKNESS.										

SFEIR ARCHITECTS

5151 Shoreham Pl, Suite 265
San Diego, CA 92122

P: 619-299-3917
F: 619-299-5084
www.sfeirarch.com

TCMC EMERGENCY DEPARTMENT

TRI-CITY MEDICAL CENTER
4002 VISTA WAY
OCEANSIDE, CALIFORNIA 92056

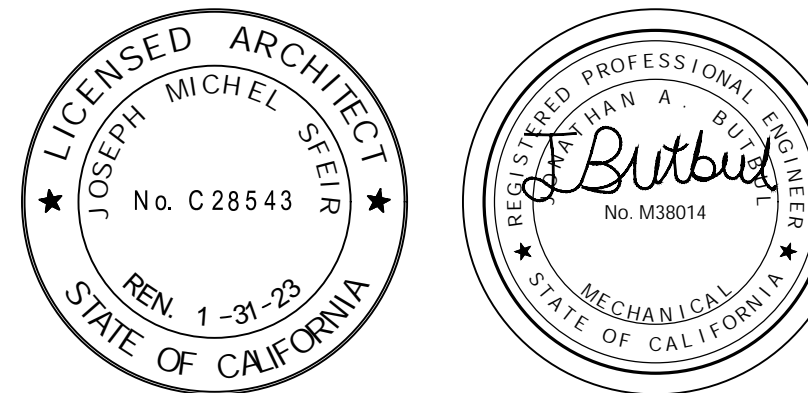
OWNER: TRI-CITY MEDICAL CENTER
4002 VISTA WAY
OCEANSIDE, CALIFORNIA 92056
TEL(760)724-8411

ARCHITECT: SFEIR ARCHITECTS
5151 SHOREHAM PLACE, SUITE 265
SAN DIEGO, CALIFORNIA 92122
TEL(619)299-3917 FAX(619)299-5084

STRUCTURAL: SUN STRUCTURAL ENGINEERING, INC.
2292 FARADAY AVE. SUITE 100
CARLSBAD, CALIFORNIA 92008
TEL(760)438-1188

ME&P: P2S
8665 CHESAPEAKE DRIVE, SUITE 230
SAN DIEGO, CALIFORNIA 92123
TEL(619)618-2347 FAX(619)330-0668

INTERIOR: ISLEY DESIGN & PLANNING
1982 PALSERO AVE.
ESCONDIDO, CA 92029
TEL(760)484-0455



1	OSHPD COMMENTS	11/5/2021
2	DESIGN CHANGES	11/5/2021
3	HCAI COMMENTS	1/9/2022
4	DESIGN CHANGES	1/7/2022
5	DESIGN CHANGES	9/23/2022

REV:	DESCRIPTION:	DATE:
CONSULTANT		

HCAI APPROVAL STAMP:
HCAI #: - S211516-37-00

SHEET TITLE:

SCHEDULES

PROJECT TITLE:
TCMC EMERGENCY DEPARTMENT

PROJECT #: 02026.01
DRAWN BY: Author
CHECKED BY: Checker
SCALE: As Indicated
DATE: 09/21/2022

P002