

MEDICAL GAS FIXTURE SCHEDULE:

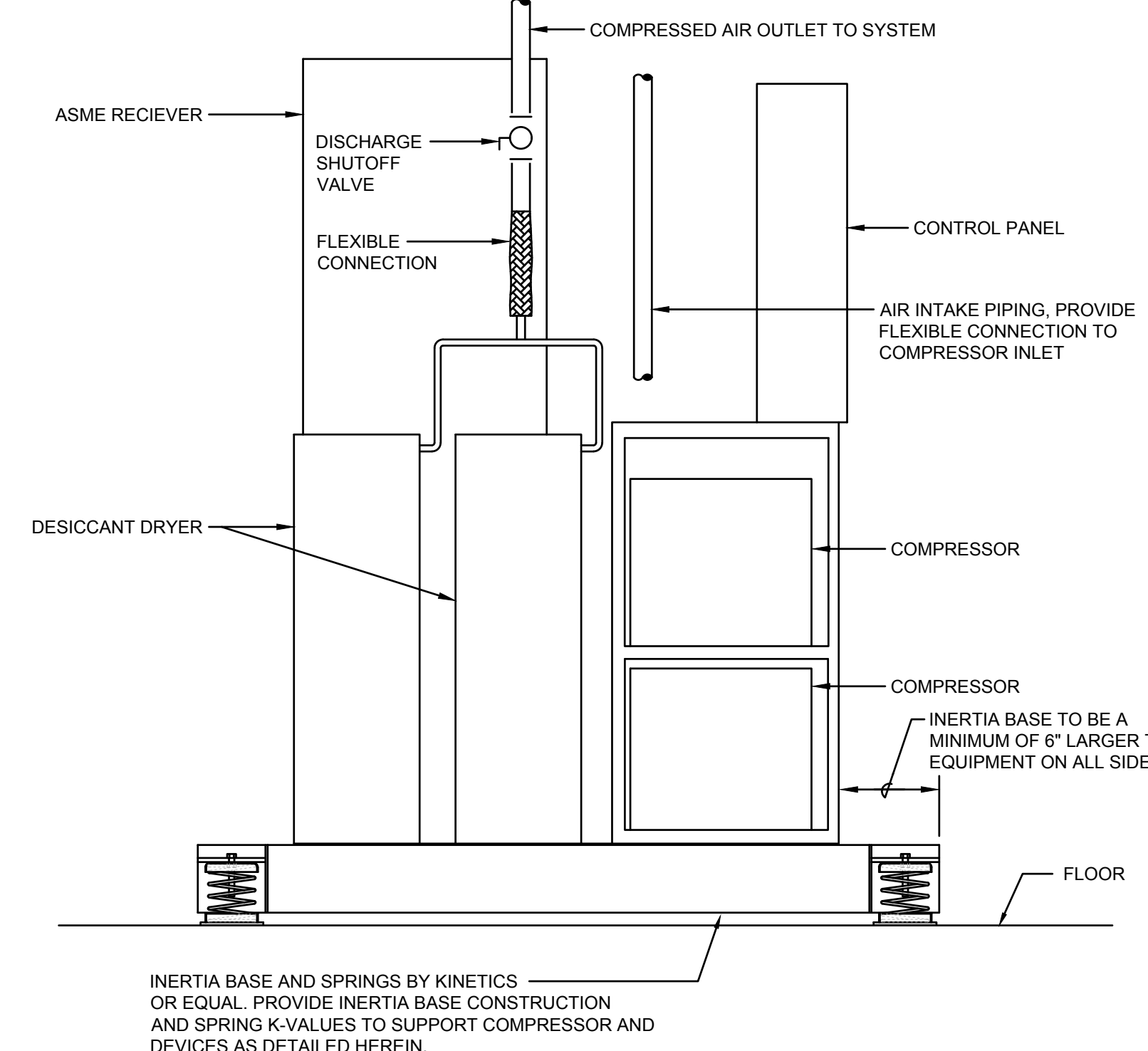
MGO	<p>MEDICAL GAS WALL OUTLET</p> <p>THE QUICK CONNECT RECESSED OUTLETS SHALL BE SUITABLE FOR THE SERVICES LISTED BELOW. OUTLETS SHALL CONSIST OF A ROUGHING IN ASSEMBLY AND A FINISHED ASSEMBLY.</p> <p>THE ROUGHING IN ASSEMBLY SHALL CONSIST OF A DIE-CAST BACK PLATE WITH MOUNTING FLANGES ON ALL FOUR SIDES, A RAISED PLASTER STRIKE AND A NON-REMOVABLE POSITIVE PIN-KEYING ARRANGEMENT FOR EACH SPECIFIC GAS SERVICE. IDENTIFICATION OF EACH GAS SERVICE SHALL BE PERMANENTLY CAST INTO THE BACK PLATE AND CAN BE READ THROUGH A TRANSPARENT PLASTIC PLASTER GUARD.</p> <p>MOUNTED TO THE BACK PLATE IS A FULLY ASSEMBLED BRASS SECONDARY CHECK THAT IS COMPLETELY SERVICEABLE FROM THE FRONT. THE CHECK PREVENTS A GAS FLOW WHEN THE FINISHING ASSEMBLY IS REMOVED FOR MAINTENANCE OR SERVICE. THE SECONDARY CHECK VALVE INCLUDES 7-INCHES OF 3/8-INCH O.D. TYPE K COPPER INLET TUBE WITH A LABEL IDENTIFYING THE SPECIFIC GAS BY NAME AND COLOR AND A PLASTIC DUST CAP. ROTATION OF THE INLET TUBE SHALL ALLOW GAS CONNECTION FROM THE TOP OR BOTTOM.</p> <p>THE FINISH ASSEMBLY SHALL CONSIST OF A STAINLESS STEEL FINISH PLATE, A DIE-CAST CHROME PLATED COVER PLATE, A MACHINED BRASS HOUSING FOR THE PRIMARY CHECK VALVE, THE SECONDARY CHECK VALVE, AND POSITIVE PIN-KEYING DEVICES TO PREVENT ACCIDENTAL INSTALLATION INTO A ROUGHING-IN ASSEMBLY OF A DISSIMILAR GAS. THE FINISHING ASSEMBLY SHALL INCORPORATE A DOUBLE SEAL WHICH AUTOMATICALLY ENGAGES WHEN A HOSE ADAPTER OR PATIENT TREATMENT DEVICE IS REMOVED FROM THE OUTLET.</p> <p>THE FINISHING ASSEMBLY SHALL BE DESIGNED IN ACCORDANCE WITH CGA V-5 STANDARD FOR DIAMETER INDEX SAFETY SYSTEM. THE EXPOSED PORTION OF QUICK CONNECT OUTLET CONNECTION SHALL BE POLISHED CHROME PLATE.</p> <p>GAS SERVICE COMPLETE ASSEMBLY</p> <p>BASIS OF DESIGN</p> <p>AMICO (OHMEDA COMPATIBLE, VERIFY HOSPITAL COMPATIBILITY PRIOR TO ORDERING) MGO-O: OXYGEN - O-QDWAL-U-OXY (PROVIDE 1/2") MGO-A: AIR - O-QDWAL-U-AIR (PROVIDE 1/2") MGO-V: VACUUM - O-QDWAL-U-VAC (PROVIDE 3/4") MGO-W: WASTE ANESTHETIC GAS DISPOSAL - O-QDWAL-U-WAG (PROVIDE 3/4"WAGD) MGO-S: VACUUM SLIDE - O-WALSLIDE (PROVIDE 1 SLIDE FOR EACH VACUUM AND WAGD OUTLET)</p>
MGV-1	<p>MEDICAL GAS VALVE BOX</p> <p>THE VALVE BOX SHALL BE CONSTRUCTED OF 18 GAUGE STEEL WITH A BAKED WHITE ENAMEL FINISH.</p> <p>THE DOOR FRAME ASSEMBLY SHALL BE CONSTRUCTED OF ANODIZED ALUMINUM. CONCEALED MOUNTING SCREWS SHALL SECURE THE FINISH FRAME TO THE TRANSPARENT WINDOW SHALL BE EASILY REMOVED OR REPLACED WITHOUT THE AIDS OF TOOLS. THE WINDOW SHALL BE MARKED PER NFPA 99 REQUIREMENTS.</p> <p>VALVES TO BE 3 PIECE BALL TYPE VALVES WITH BRONZE BODY, A CHROME PLATED BRASS OR STAINLESS STEEL BALL AND BLOW-OUT PROOF STEM. THE VALVE SHALL HAVE A MINIMUM PRESSURE RATING OF 600 P.S.I. THE VINYL-COATED HANDLE SHALL ONLY REQUIRE ONE QUARTER OF A TURN TO COMPLETELY OPEN OR CLOSE THE VALVE. THE VALVE WITH TUBING EXTENSIONS SHALL BE FACTORY BRAZED, PRESSURE TESTED, CLEANED FOR OXYGEN SERVICE AND CAPPED. A LABEL SHALL BE AFFIXED TO EACH VALVE AND BOTH TUBE EXTENSIONS IDENTIFYING THE GAS BY NAME AND COLOR.</p> <p>PRESSURE/VACUUM GAUGE(S) TO BE PROVIDED FOR EACH GAS & VACUUM: O & A (0-100 PSIG FOR O & A), AND VAC (0-30 INCHES HG) REFER TO DRAWINGS FOR GAS TYPES REQUIRED. SEE PLAN FOR VALVE SIZES & QUANTITIES REQUIRED.</p> <p>BASIS OF DESIGN</p> <p>AMICO ALERT-1 SERIES MODEL - VBE-M</p>
MGM	<p>MEDICAL GAS MANIFOLD</p> <p>THE MEDICAL GAS MANIFOLD SHALL BE A DIGITAL, FULLY AUTOMATIC TYPE AND SHALL SWITCH FROM "BANK IN USE" TO "RESERVE" BANK WITHOUT FLUCTUATING SUPPLY LINE PRESSURE AND WITHOUT THE NEED FOR EXTERNAL POWER. AFTER THE SWITCH-OVER, THE "RESERVE" BANK SHALL THEN BECOME THE "BANK IN USE" AND THE "BANK IN USE" SHALL BECOME THE "RESERVE" BANK. THE MANIFOLD SHALL HAVE A MICROPROCESSOR BASED DIGITAL DISPLAY PANEL AND REQUIRE 20V. CONTROL PANEL TO HAVE TRIGGER LARGE, RED, ILLUMINATED LED DISPLAYS FOR THE LEFT BANK, THE RIGHT BANK AND FOR THE SUPPLY PRESSURE, AND LED'S FOR "BANK IN USE", "BANK READY" AND "BANK EMPTY". THE HEADER BARS TO BE EQUIPPED WITH EMERGENCY HIGH PRESSURE SHUT-OFF VALVES OUTSIDE THE CABINET TO ALLOW FOR EMERGENCY ISOLATION OF THE HEADER BARS. THE HEADER BAR SHALL INCLUDE INTEGRAL CHECK VALVES FOR EACH STATION. PROVIDE HEADER BAR SUPPORT BRACKETS. THE MANIFOLD SHALL BE EQUIPPED WITH OUTLET SHUT-OFF VALVE, LIMIT SWITCHES AND PRESSURE TRANSDUCERS FOR INDICATION AND FOR OPERATION OF THE FAIL-SAFE RELAY WHICH TRANSMITS A REMOTE NORMALLY CLOSED SIGNAL TO THE MASTER MEDICAL GAS ALARM. THE MANIFOLD SHALL INCLUDE TWO PRESSURE RELIEF VALVES, ONE HIGH PRESSURE 225 PSI AND ONE LOW PRESSURE 75 PSI FOR ALL GASES EXCEPT NITROGEN. NITROGEN HAS ONE HIGH PRESSURE RELIEF VALVE AT 350 PSI AND ONE LOW PRESSURE AT 225 PSI. THE MANIFOLD TO BE UL LISTED. ALL MANIFOLD REGULATORS, PIPING AND CONTROL SWITCHING EQUIPMENT SHALL BE CLEANED FOR OXYGEN SERVICE AND INSTALLED INSIDE THE CABINET TO MINIMIZE TAMPERING WITH THE REGULATORS OR SWITCH SETTINGS. PROVIDE MANUFACTURERS RECOMMENDED WALL BRACKET WHICH ALLOWS FOR STAGGERED HEADER BAR INSTALLATION. PROVIDE HEADER BAR SUPPORT BRACKETS AS REQUIRED BY MANUFACTURER.</p> <p>BASIS OF DESIGN AMICO ALERT-2 HEAVY DUTY SERIES</p>
AP-1	<p>ALARM PANEL</p> <p>THE AREA ALARM PANEL SHALL BE A DIGITAL LCD ALARM SYSTEM EQUAL TO AN AMICO ALERT-3 SERIES, COMPLETE WITH A FIVE-YEAR WARRANTY. THE LCD ALARM SHALL BE MICROPROCESSOR BASED, WITH A MINIMUM OF A 10' SCREEN, THE SENSORS SHALL BE CAPABLE OF LOCAL (IN BOX UP TO 8 SENSORS) OR REMOTE MOUNTING (UP TO 8 SENSORS). SENSORS WILL BE AUTOMATED FOR GAS SPECIFIC DETECTION.</p> <p>EACH SPECIFIC SERVICE SHALL BE PROVIDED WITH A DIGITAL READ-OUT COMPRISING OF 0-249 PSI FOR PRESSURE AND 0-30"HG FOR VACUUM. THE DIGITAL READ-OUT SHALL PROVIDE A CONSTANT INDICATION OF EACH SERVICE BEING MEASURED. AN INDICATOR SHALL BE PROVIDED FOR EACH SERVICE INDICATING A GREEN "NORMAL" AND A RED "HIGH" OR "LOW" ALARM CONDITION. IF AN ALARM OCCURS, THE GREEN INDICATOR WILL TURN OFF AND A CONTINUOUS AUDIBLE ALARM WILL SOUND. PUSHING THE (MUTE BUTTON/PUSH TO TEST BUTTON) WILL CANCEL THE AUDIBLE ALARM, BUT THE UNIT WILL REMAIN IN THE ALARM CONDITION UNTIL THE PROBLEM IS RECTIFIED. THE BOX SHALL BE FABRICATED FROM 18 GAUGE STEEL WITH A 3/8" O.D. TYPE "K" COPPER PIPE FOR CONNECTION TO THE SERVICE LINE. THE BOX MOUNTING BRACKETS SHALL BE ADJUSTABLE TO ACCOMMODATE FOR DIFFERENT WALL THICKNESS. INPUT POWER: 115-220 VAC, 50-60 HZ. THE ALARM PANEL TO BE LISTED TO UL 1069 AND CSA C22.2 NO 205.</p> <p>BASIS OF DESIGN</p> <p>AMICO 3-MODULE AREA ALARM PANEL - A3AR-U-OA(V) (1 OXYGEN, 1 AIR & 1 VACUUM)</p>
MAP	<p>MASTER ALARM PANEL</p> <p>THE MASTER ALARM PANEL SHALL BE A MICROPROCESSOR BASED ALARM PANEL WITH UP TO 80 FUNCTIONS, LED ALARM LIGHTS, SELF DIAGNOSTIC CIRCUITRY, 80+ DECIBEL ALARM BUZZER, CAPABLE OF INTERFACING WITH BUILDING MANAGEMENT SYSTEM AND COMPLETE WITH A FIVE-YEAR WARRANTY. EACH MODULE TO CONTAIN 10 FUNCTIONS WITH A MAXIMUM OF 6 MODULES. AN INDICATOR SHALL BE PROVIDED FOR EACH SIGNAL INDICATING A GREEN "NORMAL" AND A RED FOR "ABNORMAL" CONDITION. IF AN ALARM OCCURS, THE GREEN LED WILL TURN OFF AND THE RED LED WITH TURN ON AND A CONTINUOUS AUDIBLE ALARM WILL SOUND. PUSHING THE (MUTE BUTTON/PUSH TO TEST BUTTON) WILL CANCEL THE AUDIBLE ALARM, BUT THE UNIT WILL REMAIN IN THE ALARM CONDITION UNTIL THE PROBLEM IS RECTIFIED. THE BOX SHALL BE FABRICATED FROM 18 GAUGE STEEL. THE BOX MOUNTING BRACKETS SHALL BE ADJUSTABLE TO ACCOMMODATE FOR DIFFERENT WALL THICKNESS. INPUT POWER: 115-220 VAC, 50-60 HZ. THE ALARM PANEL TO BE UL LISTED AND COMPLY WITH NFPA-99 AND CSA STANDARDS. PROVIDE A MINIMUM OF 3 MODULES (30 FUNCTIONS), COORDINATE FUNCTION QUANTITIES WITH BUILDING REQUIREMENTS INCLUDING BUT NOT LIMITED TO THE FOLLOWING: MAIN LINE PRESSURES FOR ALL GASES UTILIZED FOR O₂S, NITROGEN MANIFOLD REQUIREMENTS, NITROUS OXIDE MANIFOLD REQUIREMENTS AND LOCAL ALARM PANELS.</p> <p>BASIS OF DESIGN</p> <p>AMICO MASTER ALARM PANEL - AZM</p>

MEDICAL GASES CERTIFICATION

1	THE MEDICAL GAS SYSTEM SUPPLIER AND CONTRACTORS SHALL SIGN MEDICAL GAS PIPELINE INSPECTION AGREEMENT DESCRIBING SERVICE TO BE PERFORMED BY THE MEDICAL GAS SYSTEM SUPPLIER OR AN INDEPENDENT CERTIFICATION AND SERVICE ORGANIZATION. SERVICES NOT PERFORMED BY THE MEDICAL GAS SYSTEM SUPPLIER, PRICE QUOTATION, AND EXCEPTIONS AFFECTING QUOTED PRICE.																		
2	THE MEDICAL GAS SUPPLIER OR INDEPENDENT CERTIFICATION AND SERVICE ORGANIZATION SHALL PROVIDE FACTORY TRAINED, QUALIFIED REPRESENTATIVES TO PERFORM PIPELINE INSPECTION AND TO PROVIDE REPORT AND CERTIFICATION IN ACCORDANCE WITH PREVIOUSLY SIGNED AGREEMENT FOR PIPING AND EQUIPMENT FURNISHED BY THE CONTRACTOR.																		
2.1	DISCREPANCIES DISCOVERED DURING THE INSPECTION SHALL BE NOTED, CORRECTED, AND ANY PORTIONS OF THE SYSTEM AFFECTED BY CORRECTIVE ACTION SHALL BE RETESTED AND FINDINGS RECORDED AFTER RETEST.																		
3	CONTRACTOR SHALL PROVIDE REPRESENTATIVE WHO SHALL SERVE AS THE CUSTOMER CONTACT PERSON AND WHO SHALL WITNESS THE INSPECTIONS AND CERTIFY ITEMS ON THE LIST FURNISHED BY THE CONTRACTOR HAVE BEEN CHECKED AND IS IN ACCORDANCE WITH INSPECTION PROCEDURE AND FINDINGS AS WITNESSED.																		
4	THE BUILDING/HOSPITAL ENGINEERING DEPARTMENT SHALL PROVIDE A REPRESENTATIVE WHO SHALL WITNESS THE INSPECTION AND CERTIFY THAT ITEMS LISTED ON THE LIST FURNISHED BY THE CONTRACTOR HAVE BEEN CHECKED IN ACCORDANCE WITH INSPECTION PROCEDURE.																		
5	THE MEDICAL GAS SYSTEM SUPPLIER OR AN INDEPENDENT CERTIFICATION AND SERVICE ORGANIZATION SHALL FURNISH CUSTOMER COPIES OF MEDICAL GAS PIPELINE INSPECTION REPORT AND MEDICAL GAS PIPELINE CERTIFICATION TO THE CONTRACTOR AND THEY SHALL BE DISTRIBUTED AS FOLLOWS:																		
5.1	BUILDING/HOSPITAL ADMINISTRATION.																		
5.2	BUILDING/HOSPITAL MAINTENANCE ENGINEER.																		
5.3	OWNER OR OWNERS REPRESENTATIVE.																		
5.4	ARCHITECT AND ENGINEER.																		
5.5	CONTRACTORS.																		
6	THE FOLLOWING PROCEDURE SHALL BE FOLLOWED IN ADDITION TO THE ABOVE:																		
6.1	OWNERS REPRESENTATIVE SHALL WITH ADEQUATE ADVANCE NOTICE, REQUEST THAT SYSTEM SUPPLIERS INSPECTOR OR INSPECTION TEAM BE ON-SITE WHEN OLD PIPING IS CUT-IN FOR INSTALLATION OF NEW LINES.																		
6.2	OWNERS REPRESENTATIVE AND SYSTEM SUPPLIERS REPRESENTATIVE SHALL ARRANGE TO HAVE INSPECTION TEAM ON-SITE WHEN THE EXISTING PIPING IS CUT INTO FOR INSTALLATION OF NEW LINES.																		
6.3	MAIN LINE SHUT-OFF VALVES SHALL BE INSTALLED IN NEW PIPING AS CLOSE AS POSSIBLE TO POINT TO CUT-IN TO PREVIOUSLY INSTALLED PIPING.																		
6.4	NOTE: FOLLOWING VERIFICATION OF PROPER LABELING OR PROPER GAS DISTRIBUTION OF PREVIOUSLY INSTALLED PIPING AFTER CUT-IN PROCEDURE, THE AFOREMENTIONED VALVES (ITEM 3) SHALL BE CONSIDERED THE "SOURCE" OF SUPPLY FOR THE NEW PIPING.																		
6.5	AFTER RE-ESTABLISHING PRESSURE IN EACH PREVIOUSLY INSTALLED SUPPLY LINE AFTER "CUT-IN", AT LEAST THE PREVIOUSLY INSTALLED OUTLETS FOR EACH GAS AND FOR EACH CUT-IN POINT SHALL BE OPENED TO ENSURE THAT THE PROPER GAS IS BEING DELIVERED. THE OUTLETS MUST BE THOSE MOST IMMEDIATELY "UPSTREAM" OF THE CUT-IN POINT. GAS SHOULD BE BLED TO ATMOSPHERE PRIOR TO ANALYZATION TO ENSURE PURGING FROM POINT OF CUT-IN TO THE POINT OF TEST.																		
7	THE PRESENCE OF THE DESIRED GAS SHALL BE CONFIRMED WITH THE USE OF AN ANALYZER DESIGNED TO MEASURE THE SPECIFIC GAS DISPENSED, AND A PRESSURE GAUGE ATTACHED TO AN APPROPRIATE ADAPTOR WITH CORRECT RESULTS TABULATED AS FOLLOWS:																		
7.1	<table border="1"> <thead> <tr> <th>GAS</th> <th>CONCENTRATION</th> <th>PRESSURE</th> </tr> </thead> <tbody> <tr> <td>OXYGEN (MO)</td> <td>99-100%</td> <td>50 TO 55 PSI</td> </tr> <tr> <td>MEDICAL AIR (MA)</td> <td>19.5 - 23.5%</td> <td>50 TO 55 PSI</td> </tr> <tr> <td>MEDICAL VACUUM (MV)</td> <td>0%</td> <td>15 TO 30" HgV</td> </tr> <tr> <td>NITROUS OXIDE (N₂O)</td> <td>99-100%</td> <td>50 TO 55 PSI</td> </tr> <tr> <td>NITROGEN (N)</td> <td>≤1% OXYGEN OR ≥99% NITROGEN</td> <td>160 TO 185 PSI</td> </tr> </tbody> </table>	GAS	CONCENTRATION	PRESSURE	OXYGEN (MO)	99-100%	50 TO 55 PSI	MEDICAL AIR (MA)	19.5 - 23.5%	50 TO 55 PSI	MEDICAL VACUUM (MV)	0%	15 TO 30" HgV	NITROUS OXIDE (N ₂ O)	99-100%	50 TO 55 PSI	NITROGEN (N)	≤1% OXYGEN OR ≥99% NITROGEN	160 TO 185 PSI
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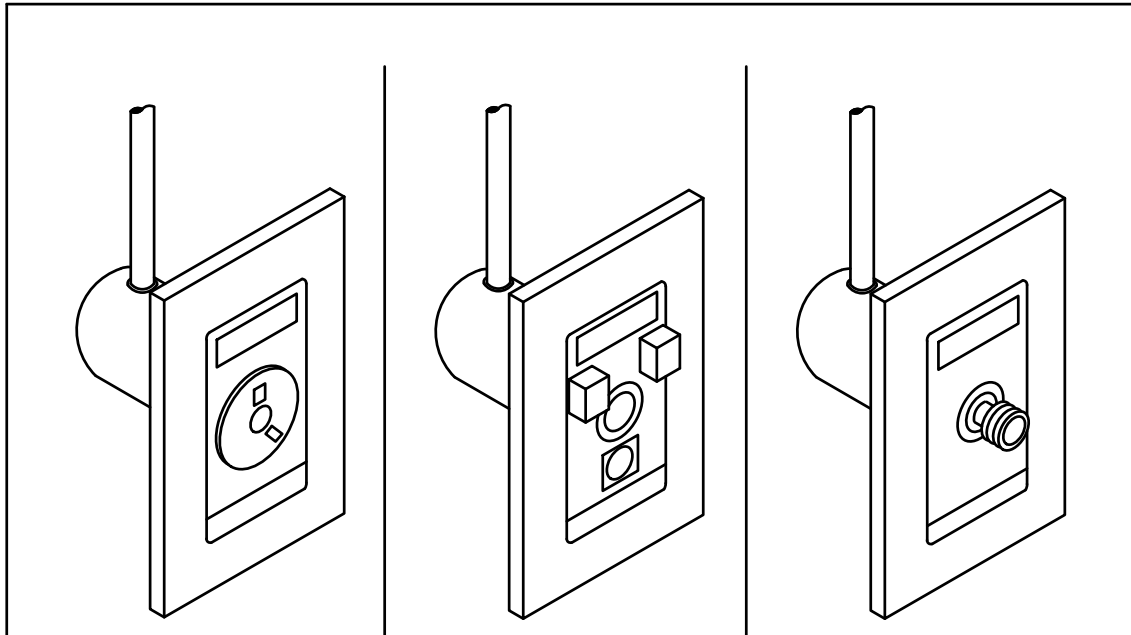
MEDICAL GAS MODIFICATION OR ISOLATION PROCEDURES

1	IN ADDITION TO OTHER REQUIREMENTS CONCERNING MEDICAL GAS SHUT DOWNS AND THE INS FOUND WITHIN THESE DOCUMENTS, THE FOLLOWING PROCEDURES SHALL BE USED TO ENSURE THAT THE SYSTEM TO BE ALTERED DOES NOT AFFECT OTHER AREAS OF THE HOSPITAL UNKNOWN TO THE OWNER, DESIGNERS, AND CONSTRUCTION TEAMS. WHERE ADDITIONAL TIME IS REQUIRED BY THE MEDICAL GAS CONTRACTOR(S) OR MEDICAL GAS SUPPLIER(S), TIME SHALL BE PROVIDED AND REFLECTED IN THEIR BIDS.
2	THE CONTRACTOR SHALL OBTAIN THE WRITTEN RISK ASSESSMENT AS PERFORMED BY THE FACILITY REGARDING THE PROJECT DETAILED HEREIN. WHERE A RISK ASSESSMENT HAS NOT BEEN PERFORMED, THE CONTRACTOR SHALL REQUEST AN ASSESSMENT WITH INPUT INCLUDED FROM THE FOLLOWING HOSPITAL PERSONNEL:
2.1	HOSPITAL PROJECT MANAGER.
2.2	HOSPITAL DEPARTMENT HEADS.
2.3	HOSPITAL ICRA CONTROL OFFICER.
2.4	HOSPITAL FACILITIES MAINTENANCE MANAGER.
2.5	HOSPITAL MEDICAL GAS MAINTENANCE MANAGER.
3	THE RISK ASSESSMENT SHALL DETERMINE THE RISK CATEGORY AS DEFINED BY NFPA 99, CHAPTER 4, AS A CATEGORY 1, CATEGORY 2, CATEGORY 3, OR CATEGORY 4. ONCE RISK CATEGORY HAS BEEN ESTABLISHED AND ALL POTENTIAL DEPARTMENTS ALERTED AS TO THE PROJECT AND RISK EXPOSURES, THE SUPPLIER(S) AND CONTRACTOR(S) SHALL PROCEED WITH INSPECTION AND TESTING AS OUTLINED BELOW.
3.1	THE MEDICAL GAS SYSTEM SUPPLIER AND MEDICAL GAS CONTRACTOR(S) SHALL PROVIDE AN INITIAL INSPECTION AND TEST OF THE MEDICAL GAS SYSTEM TO BE ALTERED OR ISOLATED. THIS INSPECTION AND TEST SHALL INCLUDE (AT A MINIMUM) THE FOLLOWING:
3.1.1	REVIEW AND PROVIDE, UPON REQUEST, VERIFICATION THAT NFPA 99 CHAPTER 5, SECTIONS 1.12 THRU 1.14 ARE BEING MET.
3.2	COORDINATE WITH AND DETERMINE PROPOSED ISOLATION VALVE POINTS WITH HOSPITAL MAINTENANCE PERSONNEL.
3.3	SCHEDULE TEST OF MEDICAL GAS SYSTEM WITH DEPARTMENT HEADS, HOSPITAL MAINTENANCE PERSONNEL AND ICRA CONTROL OFFICER.
3.4	INSPECT CONDITION OF PROPOSED ISOLATION VALVES AND PROPOSED LOCATIONS OF TIE-IN POINTS. WHERE CONDITIONS ARE FOUND TO BE UNSUITABLE, STOP WORK AND REPORT DEFICIENCIES TO CONSTRUCTION MANAGER AND ENGINEER OF RECORD.
3.5	WHERE TIE-IN POINTS AND VALVES HAVE BEEN DETERMINED SUITABLE, PROCEED WITH INITIAL TEST OF SHUT DOWN PROCEDURES.
3.6	ALERT DEPARTMENT HEADS THAT A MEDICAL GAS SYSTEM TEST IS BEING PERFORMED. STATION HOSPITAL AND CONTRACTOR PERSONNEL AT AREA AND MAIN MEDICAL GAS PRESSURE ALARM STATIONS. PROVIDE WITH 2-WAY COMMUNICATION.
3.7	ISOLATE GAS SYSTEM(S) TO BE MODIFIED OR ISOLATED. ONE AT A TIME. RELIEVE PRESSURES ON GAS SYSTEM(S) TO BE MODIFIED. ENSURE THAT ONLY MEDICAL GAS ALARMS IN IMMEDIATE CONSTRUCTION AREA ALERTED. WHERE ADDITIONAL ALARM STATIONS ARE ALERTED WITHIN THE HOSPITAL, TURN GAS SYSTEM(S) BACK ON IMMEDIATELY.
3.8	WHERE ADDITIONAL ALARMS ARE GENERATED, WORK WITH HOSPITAL PERSONNEL TO PROVIDE TEMPORARY GASES FOR PERIOD OF TIME NEEDED TO PERFORM MEDICAL GAS SYSTEM(S) MODIFICATIONS. ONCE TEMPORARY GAS SERVICES HAVE BEEN ESTABLISHED AND ARE VERIFIED TO BE OPERATIONAL, COORDINATE WITH HOSPITAL STAFF AND PROCEED WITH NEEDED MEDICAL GAS SYSTEM(S) MODIFICATIONS OR ISOLATION.
4	ONCE SYSTEM MODIFICATIONS HAVE BEEN COMPLETED, THE SYSTEM SHALL BE TESTED IN ACCORDANCE WITH NFPA 99 CHAPTER 6 SECTION 1.12 TO BEING PLACED BACK IN SERVICE. ONCE ALL TESTING HAS BEEN COMPLETED AND CERTIFICATION REPORTS PROVIDED TO ALL GOVERNING AGENCIES AND THE HOSPITAL, THE SYSTEM MAY BE PLACED INTO SERVICE.
5	AFTER 48-HOURS OF SERVICE WITHOUT INCIDENT, THE TEMPORARY MEDICAL GAS SERVICE(S) INDICATED IN SECTIONS 3.7 AND 3.8 ABOVE MAY BE REMOVED.



- NOTES:**
- VALVES AND PIPING SPECIALTIES SHALL BE FULL LINE SIZE UNLESS NOTED OTHERWISE.
 - SUPPORT PIPING INDEPENDENTLY OF EQUIPMENT.
 - INERTIA BASE TO HAVE A MAXIMUM DEFLECTION OF 1".

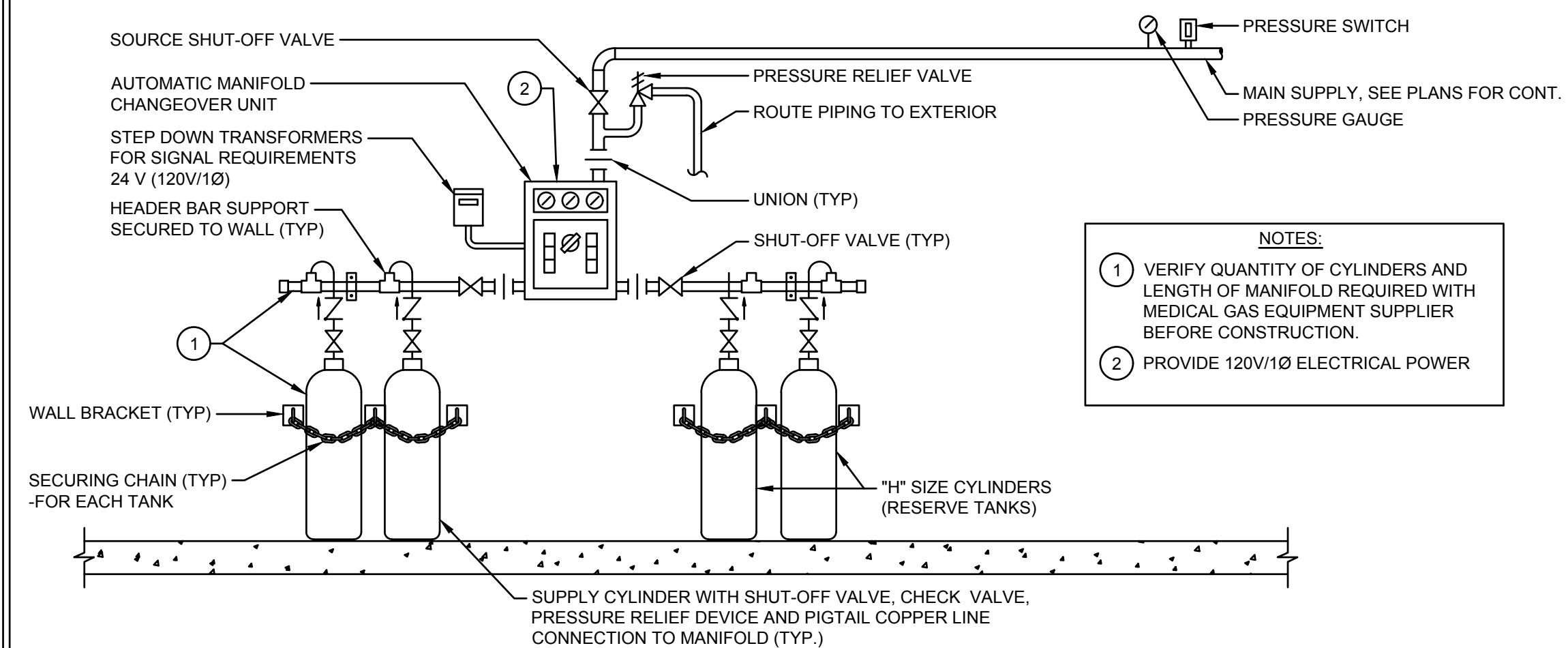
1 LAB AIR COMPRESSOR MOUNTING DETAIL SCALE: NONE



<input checked="" type="checkbox"/>	SPECIFIED TYPE OUTLET FOR PROJECT	<input type="checkbox"/>	DO NOT USE FOR THIS PROJECT	<input type="checkbox"/>	DO NOT USE FOR THIS PROJECT
<input checked="" type="checkbox"/>	OHMEDA DIAMOND COMPATIBLE OUTLET	<input type="checkbox"/>	CHEMETRON COMPATIBLE OUTLET	<input type="checkbox"/>	D.I.S.S. OUTLET

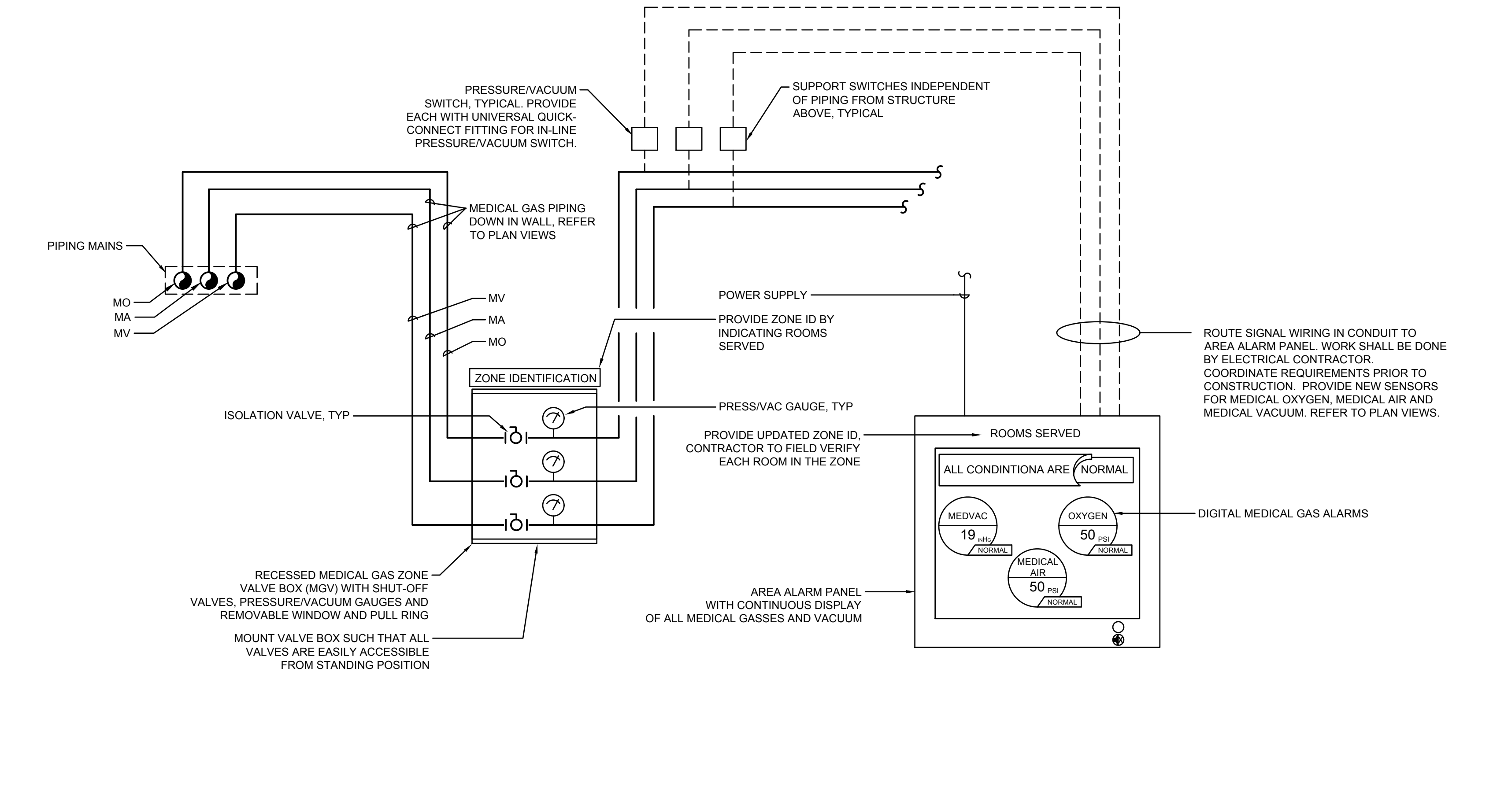
* MEDICAL GAS OUTLETS INDICATED ARE THE MOST COMMON TYPE OUTLETS IN HEALTHCARE FACILITIES. OTHER OUTLET TYPES INCLUDE PURITAN BENNETT QUICK CONNECT, SCHRADERA, ETC.. FIELD VERIFY FACILITY STANDARD OUTLET TYPE BEFORE CONSTRUCTION.

3 MEDICAL GAS OUTLET SELECTION DETAIL SCALE: NONE



- NOTES:**
- VERIFY QUANTITY OF CYLINDERS AND LENGTH OF MANIFOLD REQUIRED WITH MEDICAL GAS EQUIPMENT SUPPLIER BEFORE CONSTRUCTION.
 - PROVIDE 120V/1Ø ELECTRICAL POWER

4 MEDICAL GAS MANIFOLD SYSTEM DETAIL SCALE: NONE



2 MEDICAL GAS ZONE VALVE AND ALARM PANEL DETAIL SCALE: NONE



1940 Buford Boulevard Tallahassee, FL 32308
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Certificate of Authorization #: 29709
Tomahawk Project #: 24002



P.O.B. II THIRD FLOOR:
SINGLE DAY SUGERY
RENOVATION
AHCA LOG NO: 23/00195-000

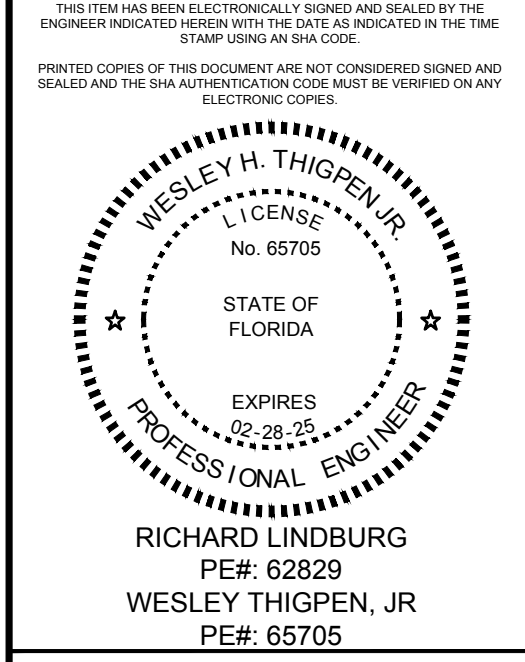
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RICHARD LINDBURG
PE# 62829
WESLEY THOMPSON, JR.
PE# 65705

PHASE	DATE	DRAWN	CHECK
SCHEMATIC	02/26/24	-	-
ARCHITECTURE	05/31/24	TRE	WAT
CONTRACT	07/03/24	TRE	WAT
ISSUE FOR PERMIT	08/16/24	TRE	WAT
ARCHITECTURE	11/13/24	TRE	WAT

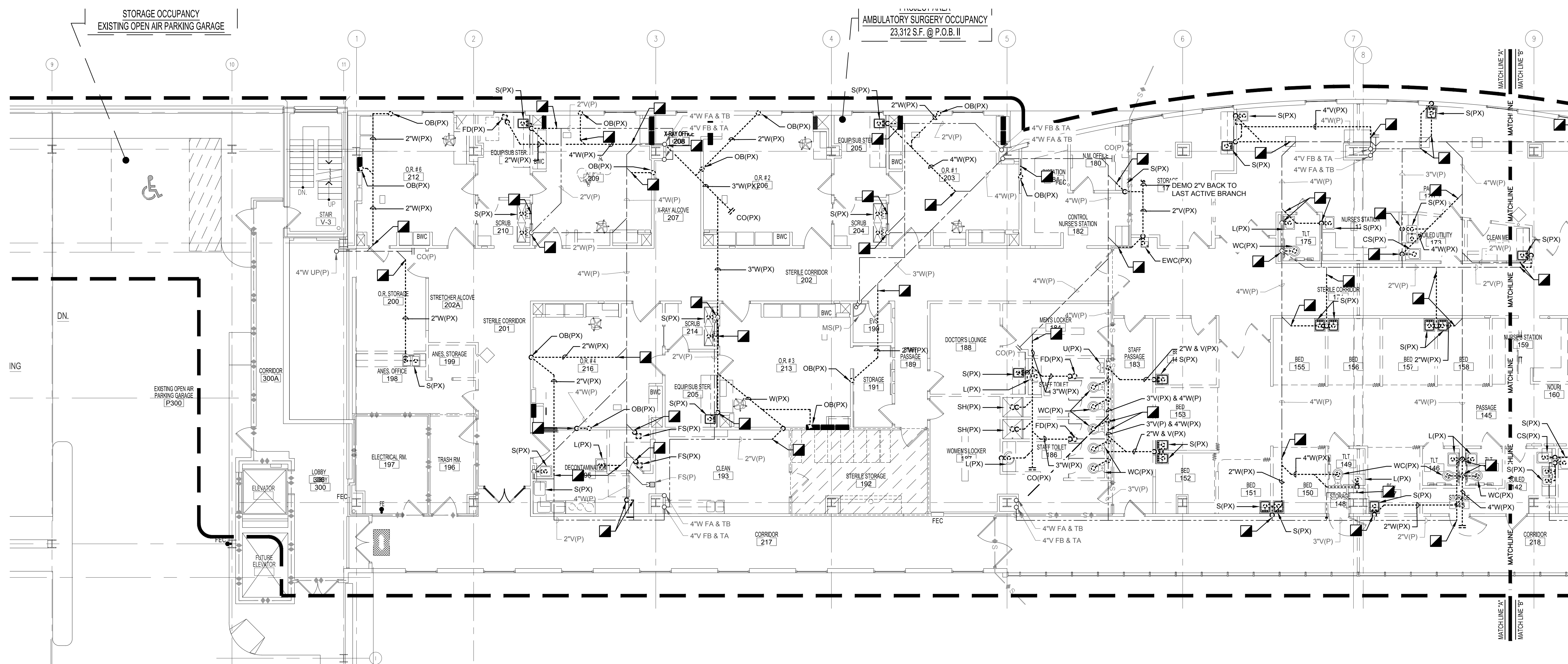
REVISIONS

#	DATE	COMMENTS
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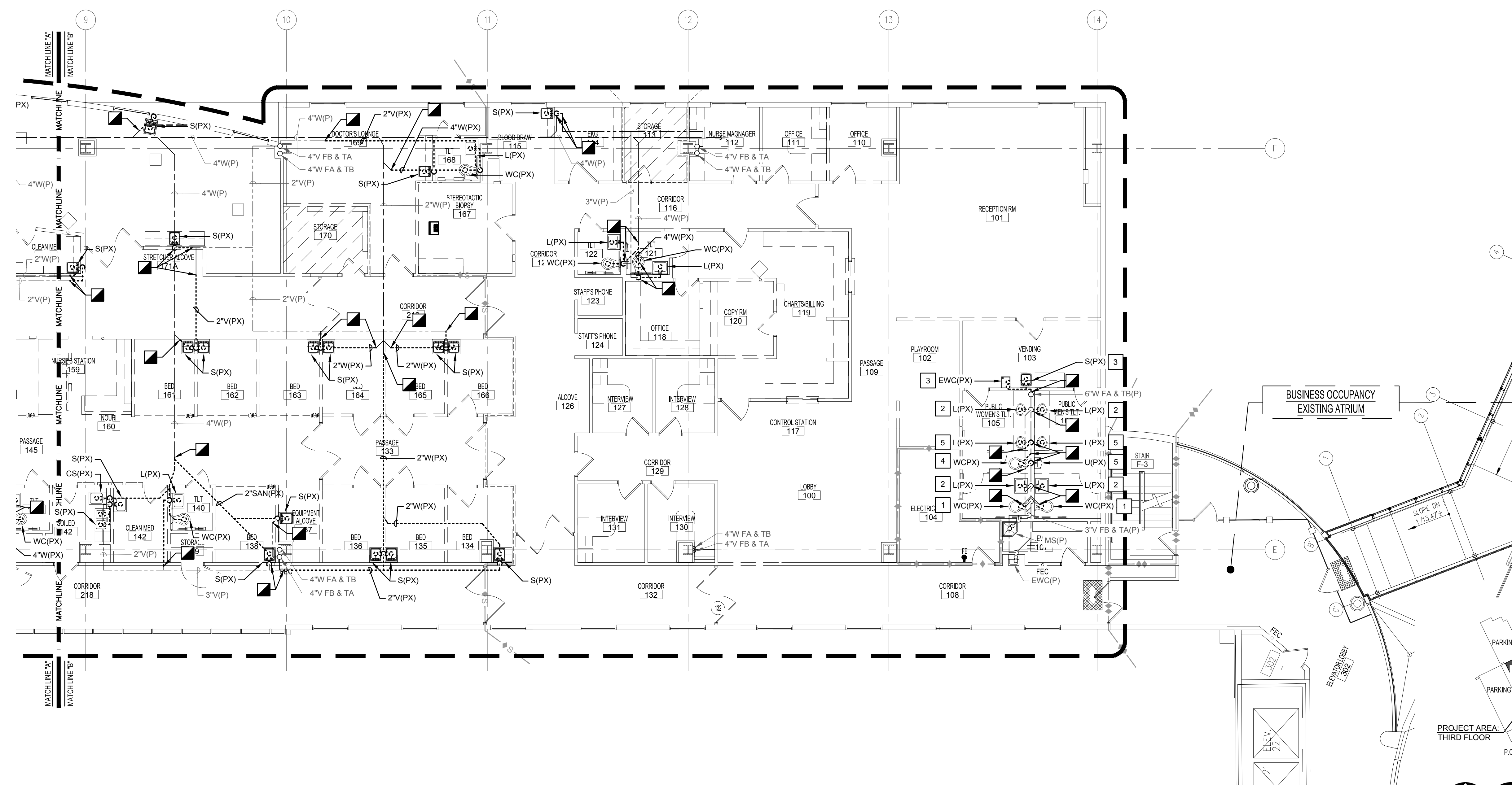
CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT

SHEET TITLE
SCHEDULES AND DETAILS - MEDICAL GAS

P0.2



1 THIRD FLOOR - DEMOLITION PLAN "A" - GRAVITY PLUMBING
SCALE: 1/8"=1'-0"



2 THIRD FLOOR - DEMOLITION PLAN "B" - GRAVITY PLUMBING
SCALE: 1/8"=1'-0"

SHEET DEMOLITION KEY NOTES:

- REMOVE FIXTURE AND TRIM. WASTE PIPING TO REMAIN TO CONNECT TO NEW FIXTURE IN SAME LOCATION. REFER TO RENOVATION PLAN FOR ADDITIONAL INFORMATION.
- REMOVE FIXTURE AND TRIM. WASTE PIPING TO REMAIN TO CONNECT TO NEW FIXTURE IN SAME LOCATION. REFER TO RENOVATION PLAN FOR ADDITIONAL INFORMATION.
- REMOVE FIXTURE AND TRIM. CAP WASTE PIPING BELOW FLOOR. PATCH WALL TO MATCH EXISTING AND NEW FINISHES.
- REMOVE FIXTURE AND TRIM. CAP WASTE PIPING IN WALL FLOOR. REFER TO RENOVATION PLAN FOR ADDITIONAL INFORMATION.
- REMOVE FIXTURE AND TRIM. CAP WASTE PIPING IN CHASE. REFER TO RENOVATION PLAN FOR ADDITIONAL INFORMATION.
- REMOVE FIXTURE AND TRIM. REMOVE WASTE PIPING BACK TO WALL AND PROVIDE A WALL CLEAN OUT. PATCH WALL TO MATCH EXISTING AND NEW FINISHES.

SHEET NOTES:

- ALL EXISTING WASTE AND VENT PIPING BELOW FLOOR WHICH IS EXPOSED IN THE PARKING GARAGE SHALL BE REPLACED WITH THE SAME SIZE CAST IRON PIPING. THIS ONLY INCLUDE THE PIPING ON THE GARAGE FLOOR DIRECTLY BELOW THE 3RD FLOOR. ANY VERTICAL PIPING WHICH PENETRATES THE GARAGE FLOOR SHALL BE REPLACED TO WITH-IN 12" OF THE FLOOR.

WALL RATING LEGEND

- S — SMOKE TIGHT
- 1 — 1 HOUR FIRE
- 2 — 2 HOUR FIRE
- 3 — 2 HOUR FIRE/SMOKE

TOMAHAWK
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Tallahassee Memorial HealthCare

P.O.B. II THIRD FLOOR: SINGLE DAY SUGERY RENOVATION
AHCA LOG No: 23/00195-000

1405 CENTERVILLE RD. TALLAHASSEE, FL

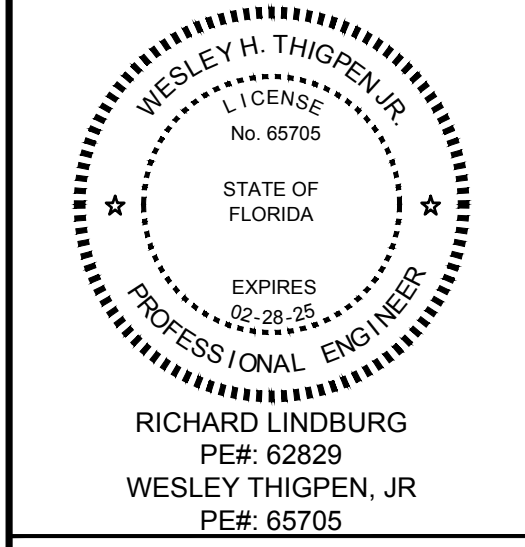


Clemons, Rutherford & Associates Inc.

Architects
Planners
Interior Designers
Construction Managers
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(850) 385-6153
Fax (850) 386-8420
e-mail cra@crarchitects.com
Website www.crarchitects.com

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REVISIONS

PHASE	DATE	DRAWN	CHECK
SCHEMATICS	02/26/24	-	-
AHCA SING I	05/31/24	TRE	WAT
SRG Q1	07/03/24	TRE	WAT
VIEW ONE REVIEW	08/16/24	TRE	WAT
AHCA SING II	11/13/24	TRE	WAT

REVISIONS

#	DATE	COMMENTS

CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT

SHEET TITLE
THIRD FLOOR - DEMOLITION PLANS - GRAVITY PLUMBING
PDL1



- SHEET RENOVATION KEY NOTES:**
1. INSTALL FIXTURE AND TRIM. EXTEND EXISTING WASTE PIPING FROM REMOVED WATER CLOSET.
 2. INSTALL FIXTURE AND TRIM. CONNECT TO EXISTING WASTE PIPING WHICH SERVED REMOVED LAVATORIES.
 3. INSTALL FIXTURE AND TRIM. CONNECT TO EXISTING WASTE PIPING IN CEILING BELOW.
 4. INSTALL FIXTURE AND TRIM. CONNECT TO EXISTING WASTE PIPING IN CHASE AND EXISTING VENT PIPING ABOVE CEILING.

- SHEET NOTES:**
1. THE CONTRACTOR SHALL PROVIDE ALL CORES THRU EXISTING FLOORS TO INSTALL PIPING AS INDICATED. ALL HOLES THRU RATED FLOORS SHALL BE PROVIDED WITH UL LISTED PENETRATION ASSEMBLIES.
 2. PROVIDE PIPING CONNECTIONS FOR PURE WATER AND COMPRESSED AIR IN ACCORDANCE WITH THE OWNER SUPPLIED EQUIPMENT MANUFACTURER'S WRITTEN INSTALLATION INSTRUCTIONS. WHERE QUICK CONNECTS ARE REQUIRED FOR COMPRESSED AIR, THEY SHALL BE PROVIDED.

AMBULATORY
SURGERY OCCUPANCY
23,312 S.F. @ P.O.B. II

- WALL RATING LEGEND**
- S — SMOKE TIGHT
 - 1 — 1 HOUR FIRE
 - S — 1 HOUR FIRE/SMOKE
 - 2 — 2 HOUR FIRE
 - S — 2 HOUR FIRE/SMOKE

TOMAHAWK
ENGINEERING & CONSULTING, INC.
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Certificate of Authorization #: 29709
Tomahawk Project #: 24002

Tallahassee Memorial HealthCare

**P.O.B. II THIRD FLOOR:
SINGLE DAY SURGERY
RENOVATION**
AHCA LOG No: 23/100195-000

**1405 CENTERVILLE RD.
TALLAHASSEE, FL**

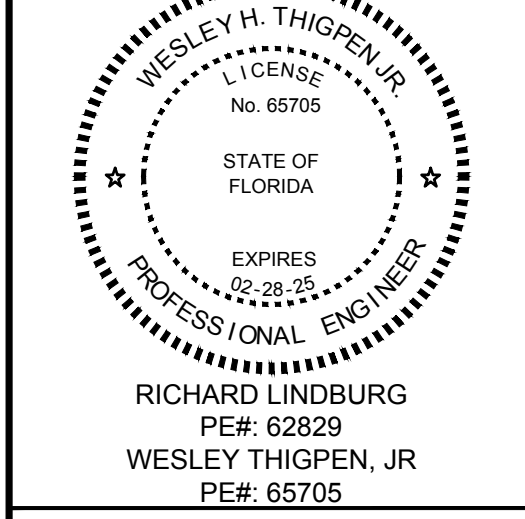


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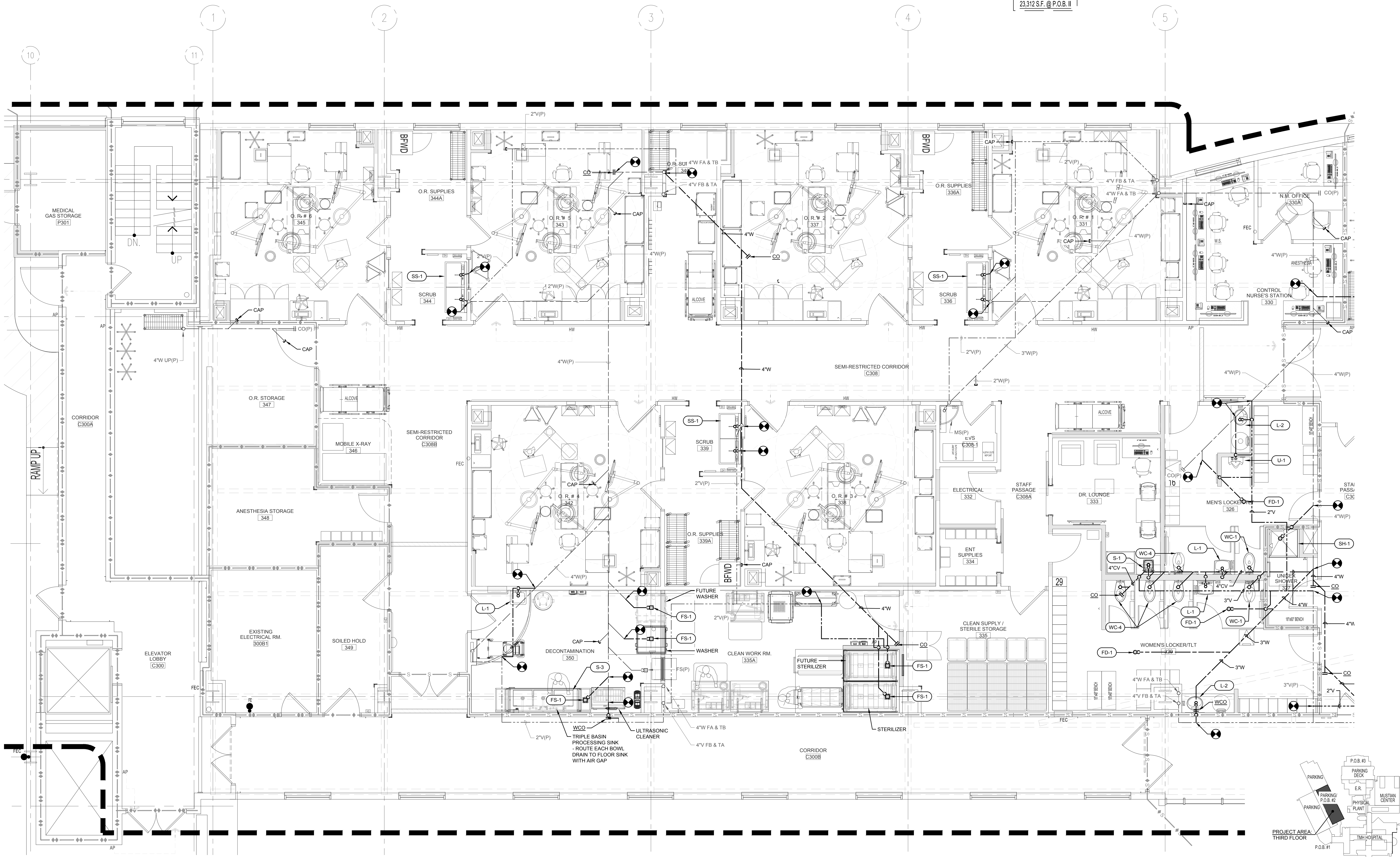
PHASE	DATE	DRAWN	CHECK
SCHEMATIC	02/26/24		
ARCHITECTURAL	05/01/24	TRC	WAT
CONCEPT	07/03/24	TRC	WAT
PRELIMINARY	08/16/24	TRC	WAT
ARCHITECTURAL	11/13/24	TRC	WAT

REVISIONS

#	DATE	COMMENTS

CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT

PL1



THIRD FLOOR - RENOVATION PLAN "A" - GRAVITY PLUMBING
SCALE: 1/4"=1'-0"



SHEET RENOVATION KEY NOTES:

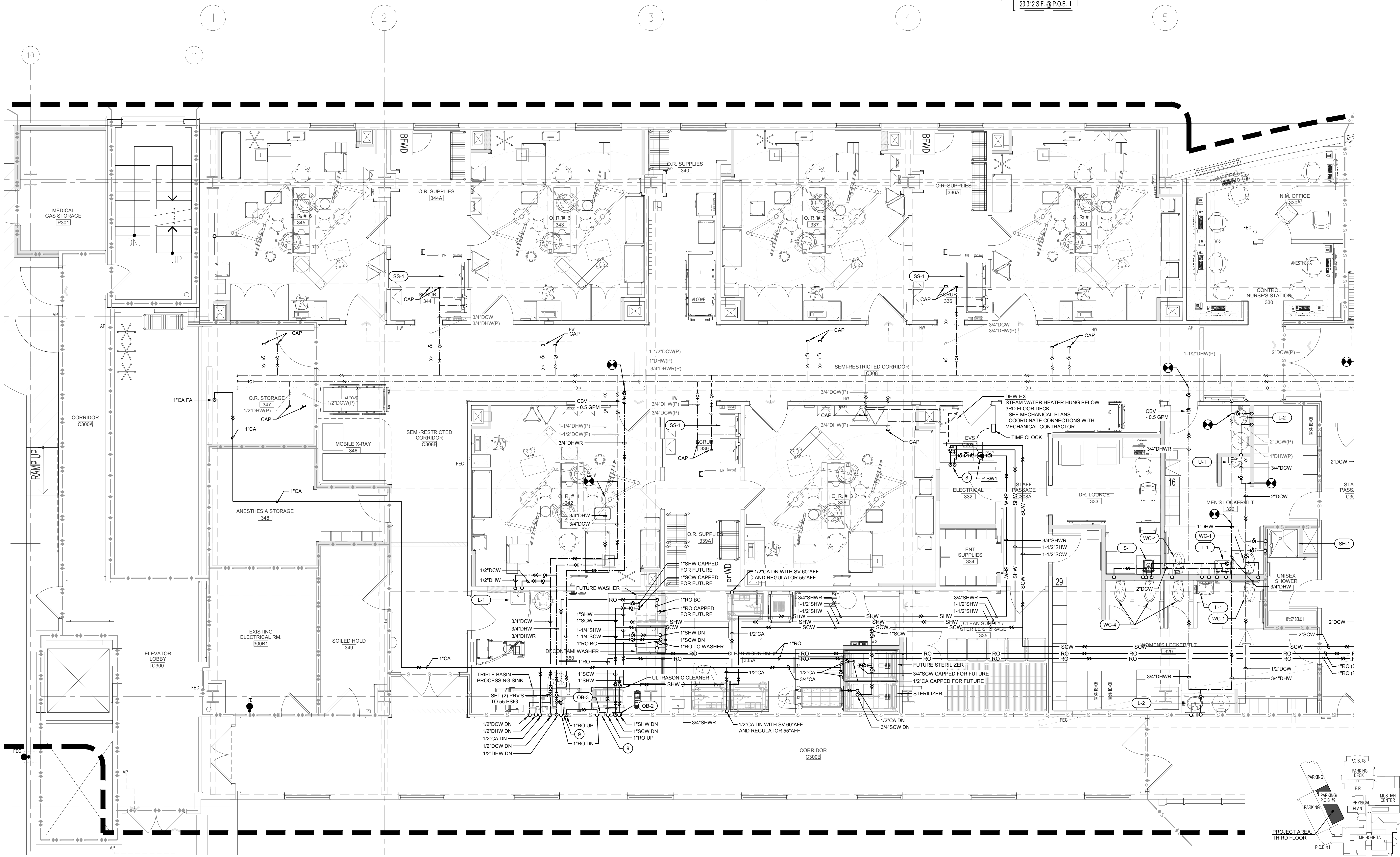
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2. INSTALL FIXTURE, TRIM AND NEW WATER STOPS. CONNECT TO EXISTING WATER PIPING IN CHASE.
3. INSTALL FIXTURE & TRIM. CONNECT TO EXISTING WATER PIPING IN CHASE.
4. 2"DCW TO WATER TREATMENT. COORDINATE CONNECTION LOCATIONS & SIZES WITH WATER TREATMENT VENDOR PRIOR TO INSTALLATION.
5. 2"SCW FROM WATER SOFTENOR. COORDINATE CONNECTION LOCATION & SIZE WITH WATER TREATMENT VENDOR PRIOR TO INSTALLATION.
6. 1"RO FROM REVERSE OSMOSIS SYSTEM. COORDINATE CONNECTION LOCATION WITH WATER TREATMENT VENDOR PRIOR TO INSTALLATION. PROVIDE SAMPLING PORT.
7. 1"RO RETURN TO REVERSE OSMOSIS SYSTEM. COORDINATE CONNECTION LOCATION WITH WATER TREATMENT VENDOR PRIOR TO INSTALLATION. PROVIDE SAMPLING PORT.
8. 1-1/2"SCW & 1-1/2"SHW THROUGH 3RD FLOOR WITH PIPE SLEEVE. ROUTE TO STEAM WATER HEATER LOCATED IN STRUCTURE BELOW. REFER TO MECHANICAL PLANS FOR ADDITIONAL INFORMATION. SEAL ANNULAR SPACE BETWEEN PIPE INSULATION AND PIPE SLEEVE AIR AND WEATHER TIGHT. PROVIDE AN EXPANSION TANK ET-1 ON THE 1-1/2"SCW BETWEEN THE SHUTOFF VALVE AND THE STEAM WATER HEATER.
9. RO WATER TO LOOP DOWN IN WALL TO BELOW EQUIPMENT OUTLET AND THEN BACK UP TO ABOVE THE CEILING. MAKE CONNECTION TO EQUIPMENT OR OUTLET BOX AS SHORT AS POSSIBLE.

AMBULATORY
SURGERY OCCUPANCY
23,312 S.F. @ P.O.B. II

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WALL RATING LEGEND

- S — SMOKE TIGHT
- 1 — 1 HOUR FIRE
- 1 — 1 HOUR FIRE/SMOKE
- 2 — 2 HOUR FIRE
- 2 — 2 HOUR FIRE/SMOKE



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Tallahassee Memorial HealthCare

**P.O.B. II THIRD FLOOR:
SINGLE DAY SURGERY
RENOVATION**
AHCA LOG No: 23/00195-000

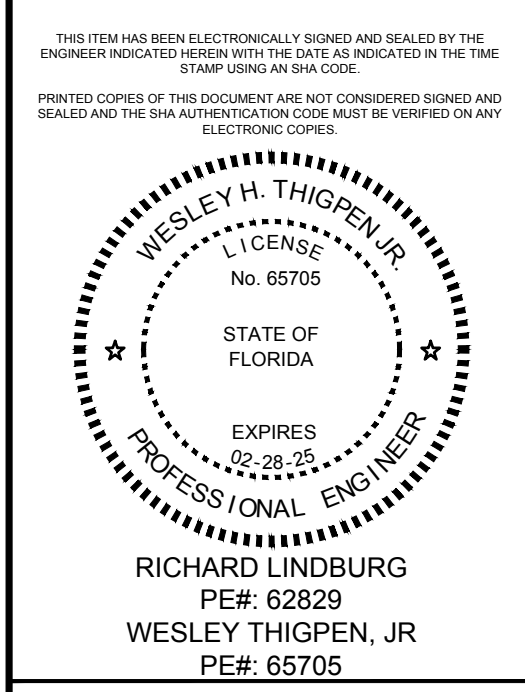
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REVISIONS

PHASE	DATE	DRAWN	CHECK
SCHEMATIC	02/28/24		
ARCHITECTURE	05/21/24	TRC	WAT
CONTRACT	07/03/24	TRC	WAT
ISSUE FOR PERMIT	08/16/24	TRC	WAT
ARCHITECTURE	11/13/24	TRC	WAT

REVISIONS

#	DATE	COMMENTS

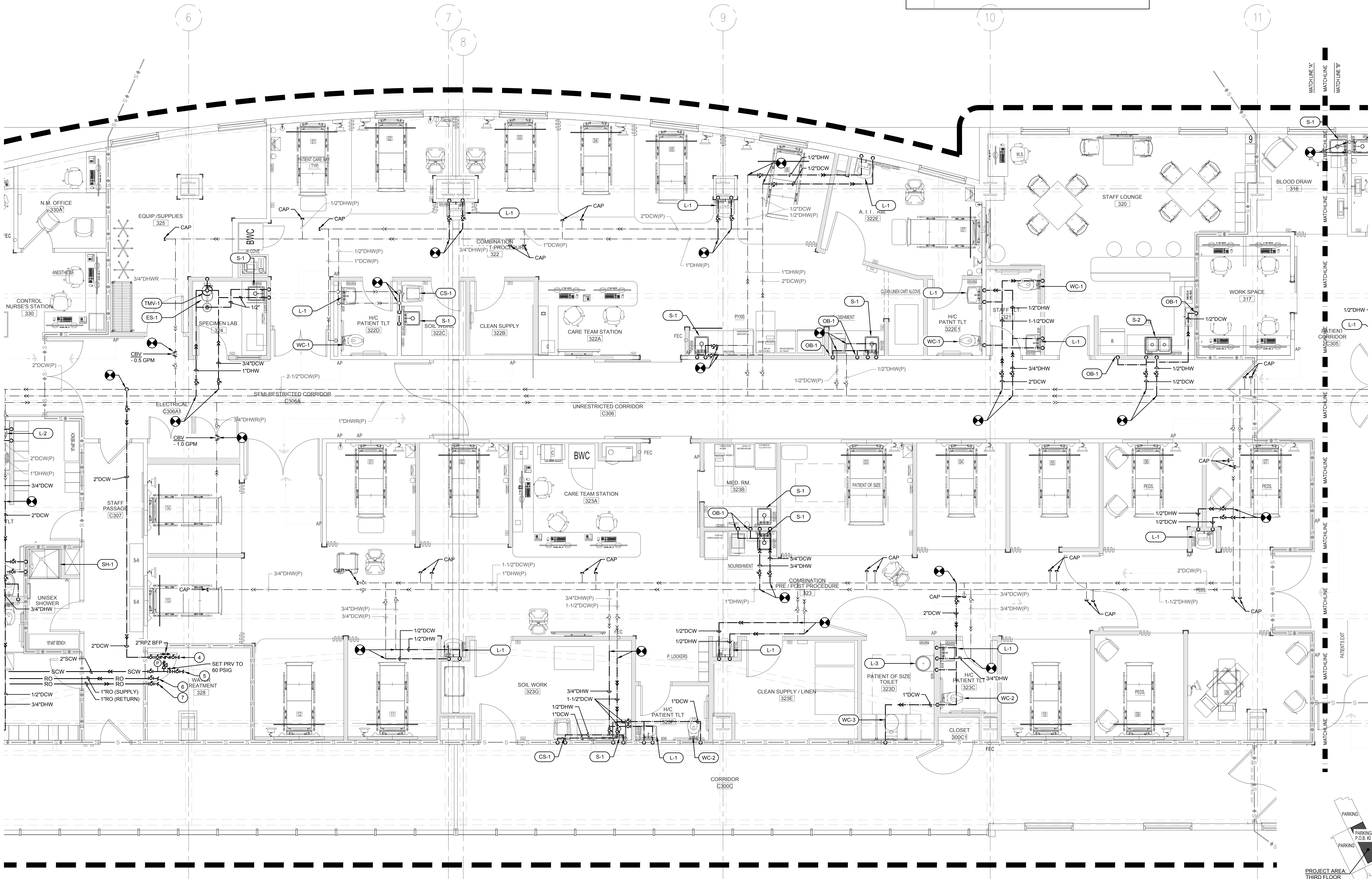
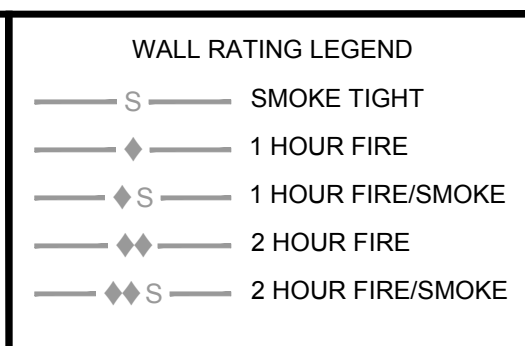
CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT
SHEET TITLE
THIRD FLOOR - RENOVATION PLAN A - PRESSURE PLUMBING
P21

THIRD FLOOR - RENOVATION PLAN "A" - PRESSURE PLUMBING
SCALE: 1/4"=1'-0"



- SHEET RENOVATION KEY NOTES:**
1. INSTALL FIXTURE AND TRIM. CONNECT TO EXISTING WATER PIPING THAT SERVED REMOVED FIXTURE.
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Certificate of Authorization #: 29709
Tomahawk Project #: 24002

Tallahassee Memorial HealthCare

P.O.B. II THIRD FLOOR: SINGLE DAY SUGERY RENOVATION
AHCA LOG No: 23/00195-000

1405 CENTERVILLE RD. TALLAHASSEE, FL

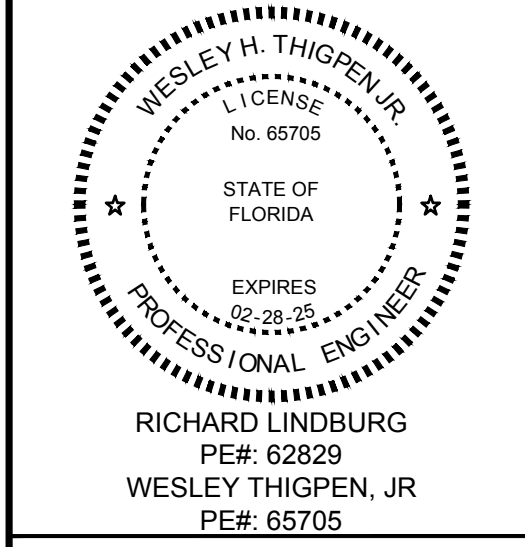


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PHASE	DATE	DRAWN	CHECK
SCHEMATIC	02/26/24		
AHCA SING I	05/21/24	TRC	WAT
SCHEMATIC	07/03/24	TRC	WAT
AHCA SING I	08/16/24	TRC	WAT
AHCA SING II	11/13/24	TRC	WAT

REVISIONS

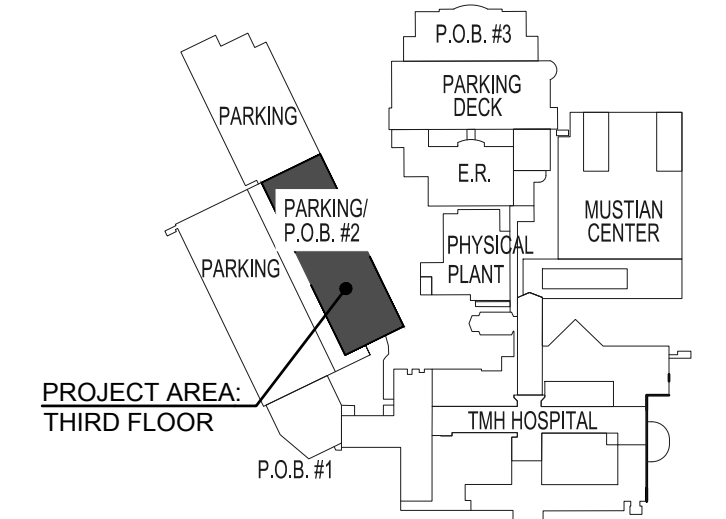
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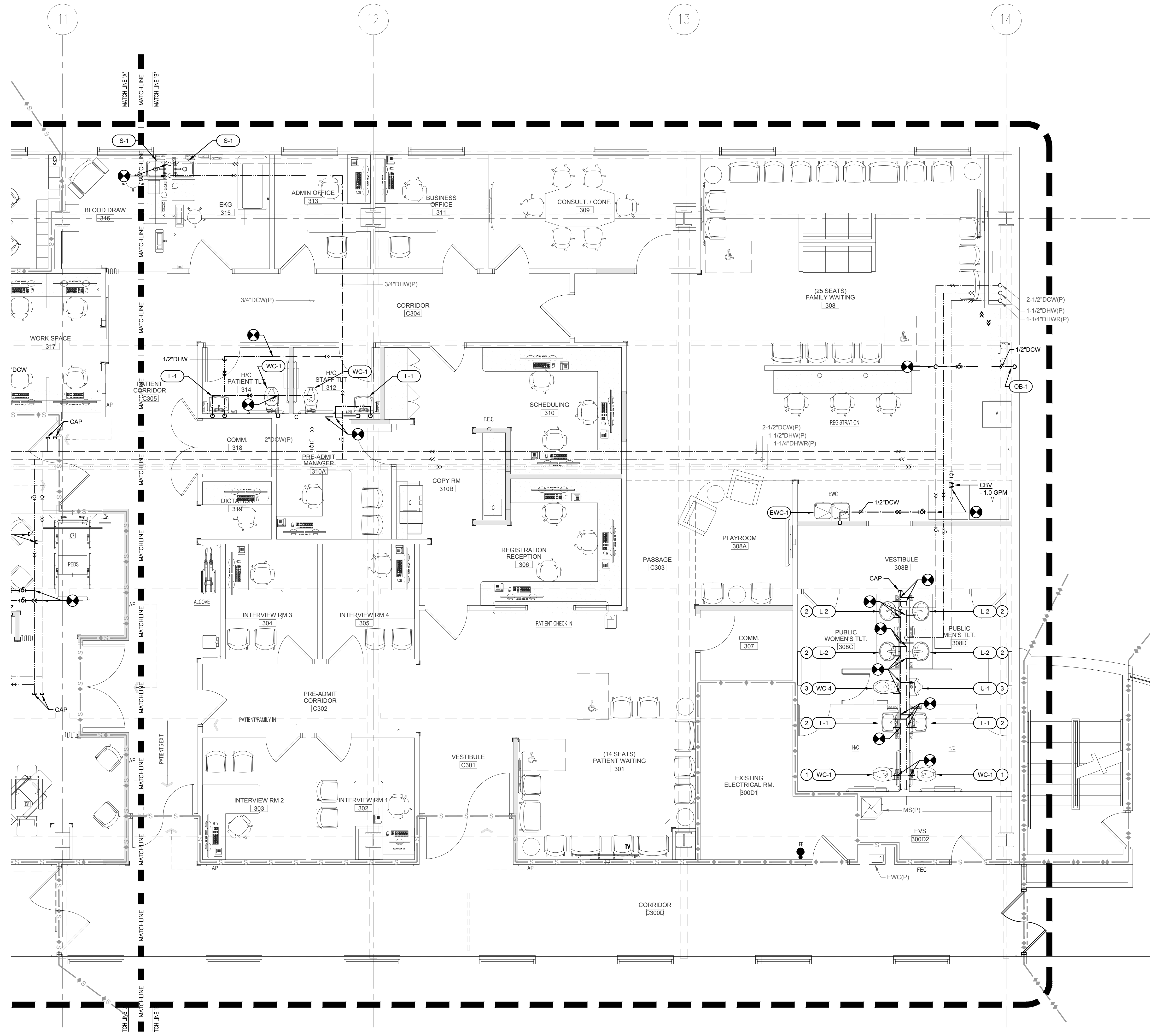
CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT

SHEET TITLE
THIRD FLOOR - RENOVATION PLAN B - PRESSURE PLUMBING

P22

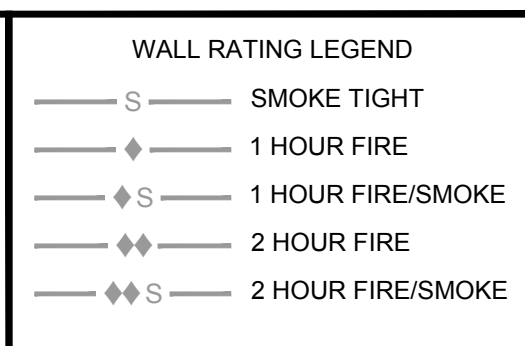
THIRD FLOOR - RENOVATION PLAN "B" - PRESSURE PLUMBING
SCALE: 1/4"=1'-0"





- SHEET RENOVATION KEY NOTES:**
1. INSTALL FIXTURE AND TRIM. CONNECT TO EXISTING WATER PIPING THAT SERVED REMOVED FIXTURE.
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 3. INSTALL FIXTURE & TRIM. CONNECT TO EXISTING WATER PIPING IN CHASE.
 4. 2\"/>

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Certificate of Authorization #: 29709
Tomahawk Project #: 24002

Tallahassee Memorial HealthCare

**P.O.B. II THIRD FLOOR:
SINGLE DAY SUGERY
RENOVATION**
AHCA LOG No: 23/00195-000

**1405 CENTERVILLE RD.
TALLAHASSEE, FL**



Clemons, Rutherford & Associates Inc.

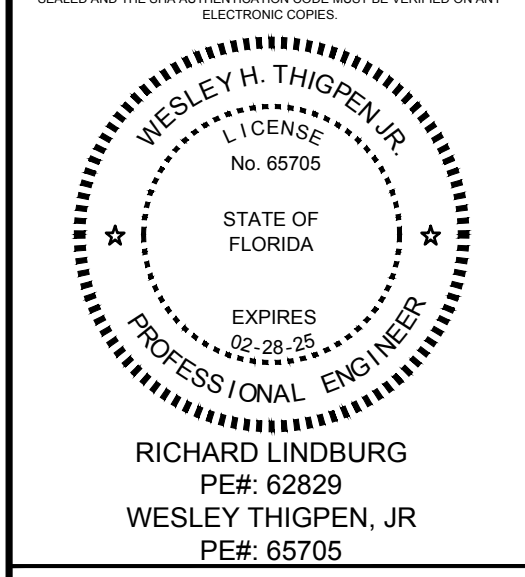
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PHASE	DATE	DRAWN	CHECK
SCHEMATIC	02/26/24	-	-
AHCA SINGLE REVIEW	05/31/24	TRE	WAT
SEALED	07/03/24	TRE	WAT
FINAL REVIEW	08/16/24	TRE	WAT
AHCA SINGLE II	11/13/24	TRE	WAT

REVISIONS

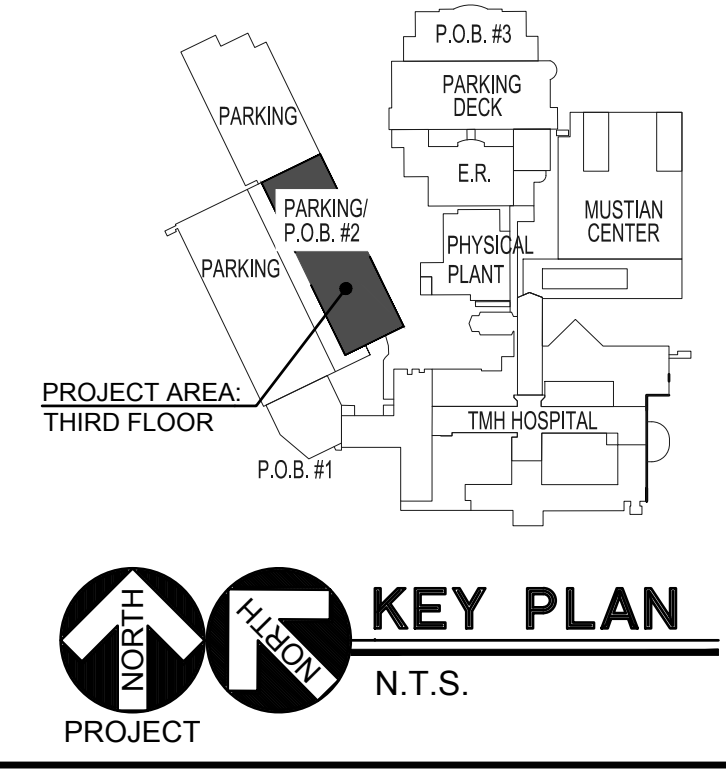
#	DATE	COMMENTS

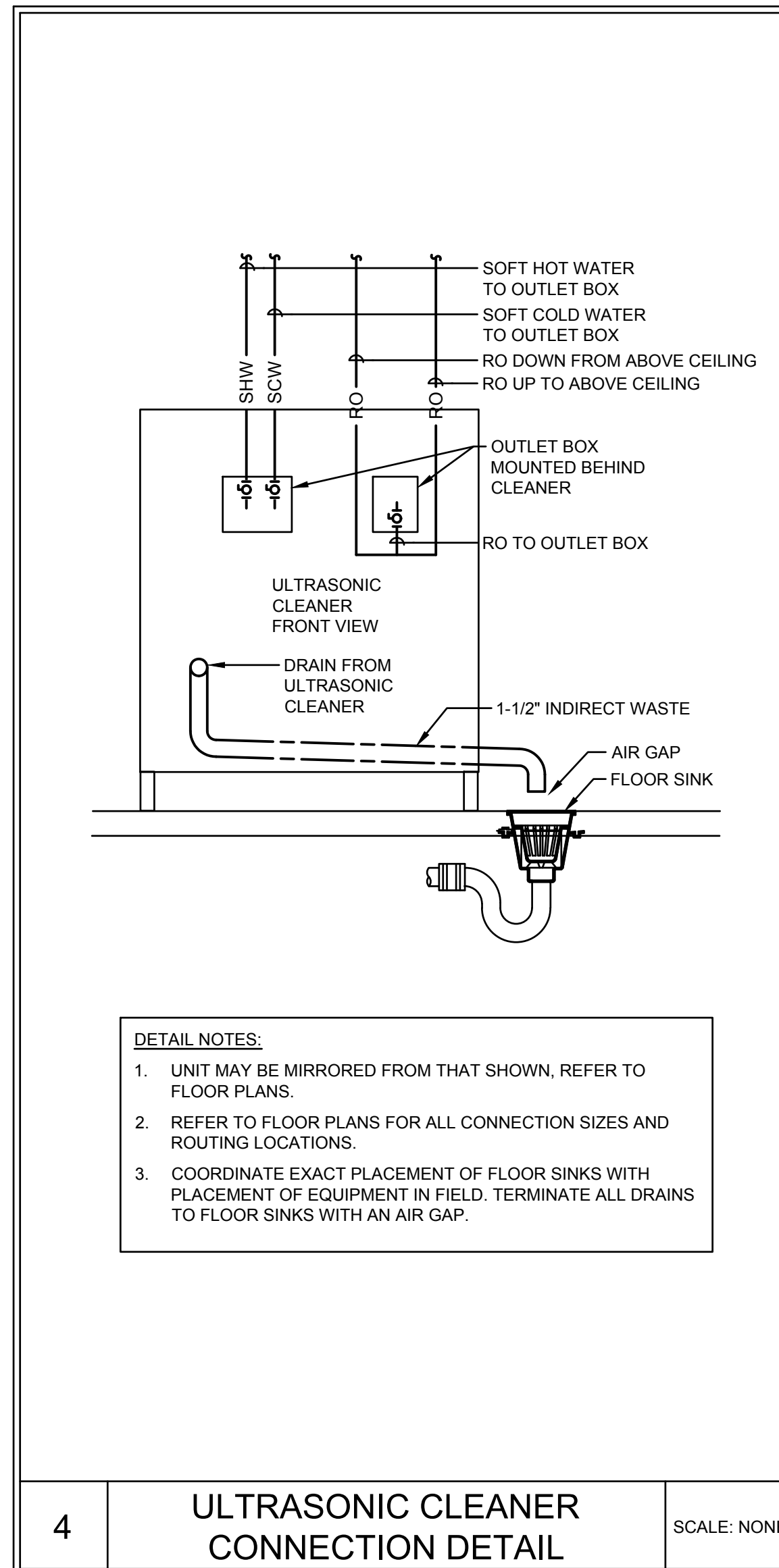
CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT

SHEET TITLE
THIRD FLOOR - RENOVATION PLAN C - PRESSURE PLUMBING

P23

THIRD FLOOR - RENOVATION PLAN "C" - PRESSURE PLUMBING
SCALE: 1/4"=1'-0"

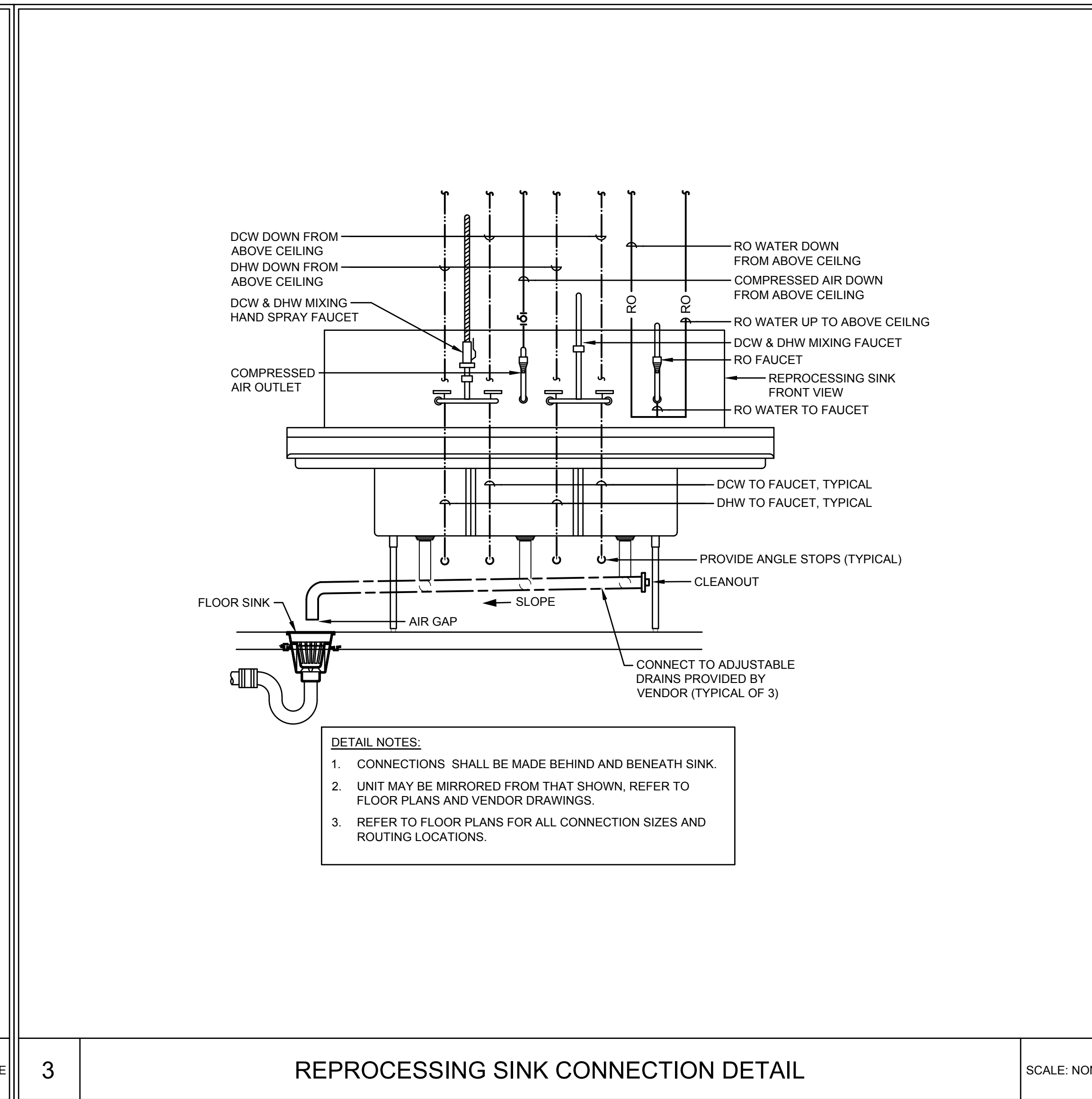




4

ULTRASONIC CLEANER CONNECTION DETAIL

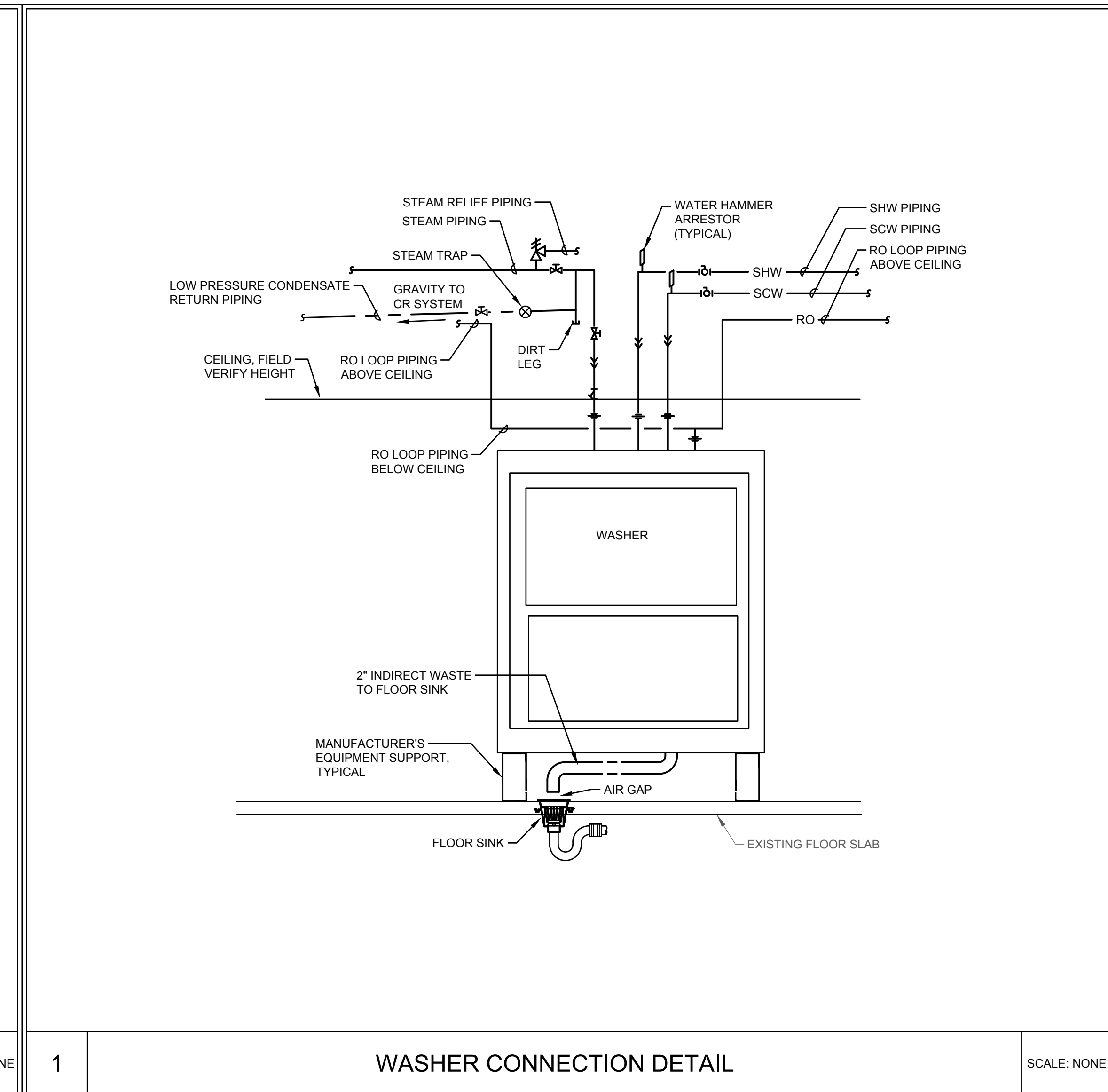
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3

REPROCESSING SINK CONNECTION DETAIL

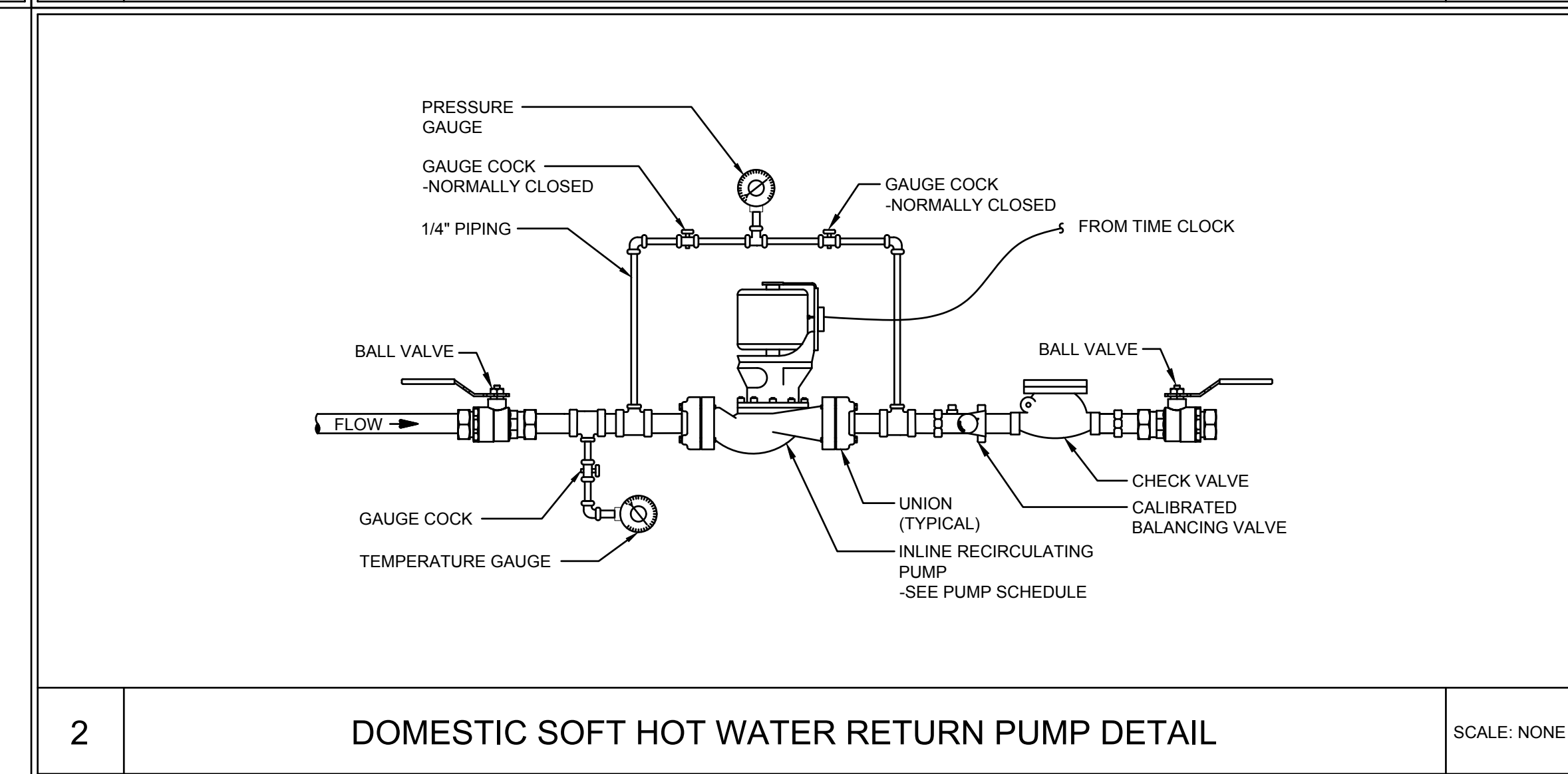
SCALE: NONE



1

WASHER CONNECTION DETAIL

SCALE: NONE



2

DOMESTIC SOFT HOT WATER RETURN PUMP DETAIL

SCALE: NONE

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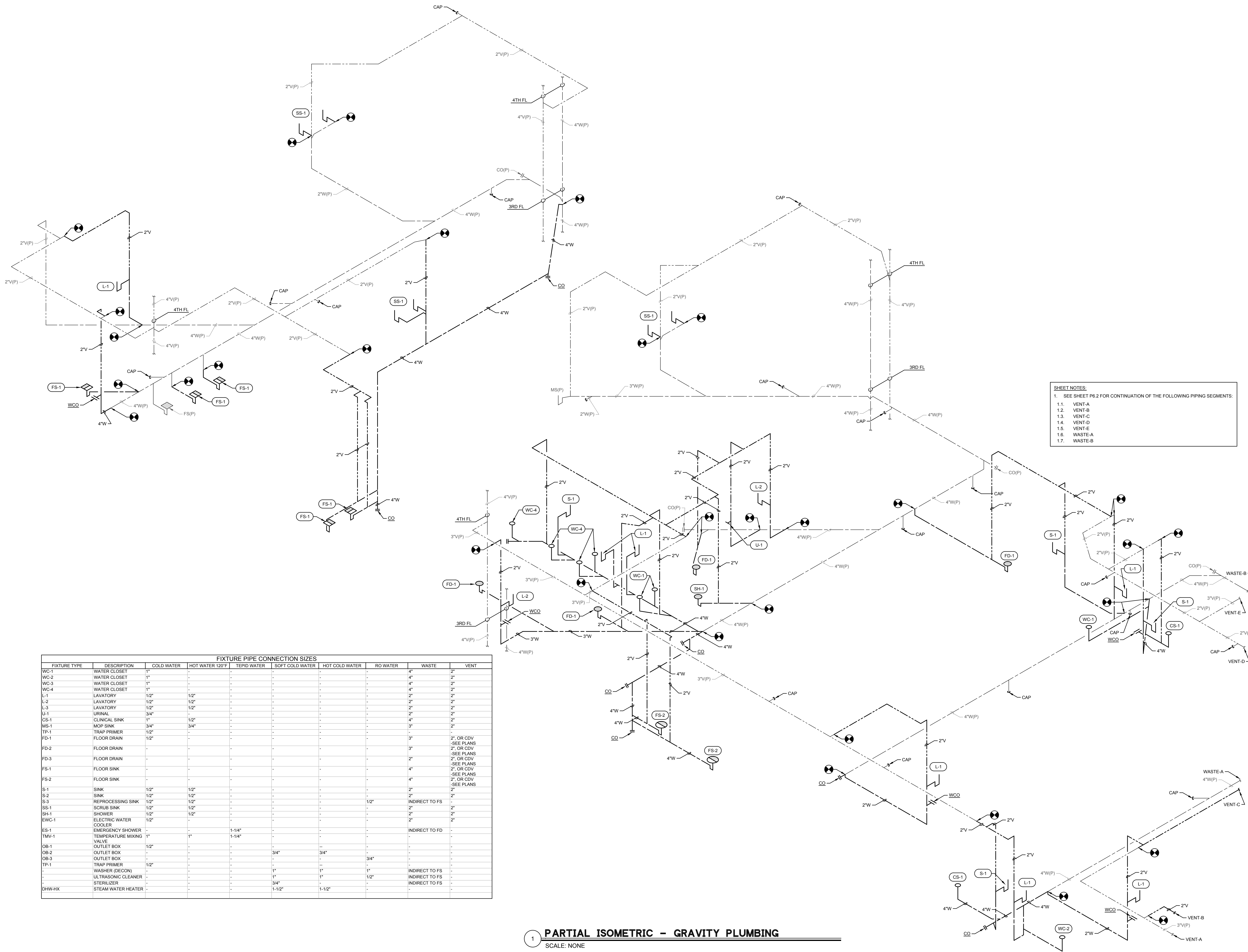
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WESLEY H. THOMPEN, JR.
No. 65705
STATE OF FLORIDA
EXPIRES 02/28/25
PROFESSIONAL ENGINEER
RICHARD LINDBURG
PE# 62829
WESLEY THOMPEN, JR.
PE# 65705

SUBMITTAL				
PHASE	DATE	DRAWN	CHECK	
SCHEMATICS	02/26/24	-	-	
AHCA SINGLE REVIEW	05/31/24	-	-	
SEALED	07/03/24	-	-	
FINAL REVIEW	08/16/24	-	-	
AHCA SINGLE #	11/13/24	TRC	WAT	

REVISIONS		
#	DATE	COMMENTS

CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT
SHEET TITLE
DETAILS - PLUMBING
P5.2



SHEET NOTES:
 1. SEE SHEET P6.2 FOR CONTINUATION OF THE FOLLOWING PIPING SEGMENTS:
 1.1. VENT-A
 1.2. VENT-B
 1.3. VENT-C
 1.4. VENT-D
 1.5. VENT-E
 1.6. WASTE-A
 1.7. WASTE-B

FIXTURE PIPE CONNECTION SIZES									
FIXTURE TYPE	DESCRIPTION	COLD WATER	HOT WATER 120°F	TEPID WATER	SOFT COLD WATER	HOT COLD WATER	RO WATER	WASTE	VENT
WC-1	WATER CLOSET	1"	-	-	-	-	-	4"	2"
WC-2	WATER CLOSET	1"	-	-	-	-	-	4"	2"
WC-3	WATER CLOSET	1"	-	-	-	-	-	4"	2"
WC-4	WATER CLOSET	1"	-	-	-	-	-	4"	2"
L-1	LAVATORY	1/2"	1/2"	2"	-	-	-	2"	2"
L-2	LAVATORY	1/2"	1/2"	2"	-	-	-	2"	2"
L-3	LAVATORY	1/2"	1/2"	2"	-	-	-	2"	2"
U-1	URINAL	3/4"	-	-	-	-	-	2"	2"
CS-1	CLINICAL SINK	1"	1/2"	-	-	-	-	4"	2"
MS-1	MOP SINK	3/4"	-	-	-	-	-	3"	3/4"
TP-1	TRAP PRIMER	1/2"	-	-	-	-	-	-	-
FD-1	FLOOR DRAIN	1/2"	-	-	-	-	-	3"	2", OR CDV -SEE PLANS
FD-2	FLOOR DRAIN	-	-	-	-	-	-	3"	2", OR CDV -SEE PLANS
FD-3	FLOOR DRAIN	-	-	-	-	-	-	2"	2", OR CDV -SEE PLANS
FS-1	FLOOR SINK	-	-	-	-	-	-	4"	2", OR CDV -SEE PLANS
FS-2	FLOOR SINK	-	-	-	-	-	-	4"	2", OR CDV -SEE PLANS
S-1	SINK	1/2"	1/2"	-	-	-	-	2"	2"
S-2	SINK	1/2"	1/2"	-	-	-	-	2"	2"
S-3	REPROCESSING SINK	1/2"	1/2"	-	-	-	-	1/2"	INDIRECT TO FS
SS-1	SCRUB SINK	1/2"	1/2"	-	-	-	-	2"	2"
SH-1	SHOWER	1/2"	1/2"	-	-	-	-	2"	2"
EW-1	ELECTRIC WATER COOLER	1/2"	1/2"	-	-	-	-	2"	2"
ES-1	EMERGENCY SHOWER	-	-	-	-	-	-	-	INDIRECT TO FD
TMV-1	TEMPERATURE MIXING VALVE	1"	1"	1-1/4"	-	-	-	-	INDIRECT TO FD
OB-1	OUTLET BOX	1/2"	-	-	-	-	-	-	-
OB-2	OUTLET BOX	-	-	-	3/4"	3/4"	-	-	-
OB-3	OUTLET BOX	-	-	-	-	-	3/4"	-	-
TP-1	TRAP PRIMER WASHER (DECON)	1/2"	-	-	-	-	-	-	INDIRECT TO FS
-	ULTRASONIC CLEANER	-	-	-	1"	1"	1/2"	-	INDIRECT TO FS
-	STERILIZER	-	-	-	3/4"	3/4"	-	-	INDIRECT TO FS
DHW-HX	STEAM WATER HEATER	-	-	-	1-1/2"	1-1/2"	-	-	-

1 PARTIAL ISOMETRIC - GRAVITY PLUMBING
 SCALE: NONE

WALL RATING LEGEND

— S —	SMOKE TIGHT
— 1 —	1 HOUR FIRE
— 1.5 —	1 HOUR FIRE/SMOKE
— 2 —	2 HOUR FIRE
— 2 S —	2 HOUR FIRE/SMOKE

TOMAHAWK
 ENGINEERING & CONSULTING, INC.
 1940 Buford Boulevard Tallahassee, FL 32308
 Phone: 850-402-3040
 Fax: 850-877-5135
 Certificate of Authorization #: 29709
 Tomahawk Project #: 24002

Tallahassee Memorial HealthCare

P.O.B. II THIRD FLOOR: SINGLE DAY SUGERY RENOVATION
 AHCA LOG No: 23/100195-000

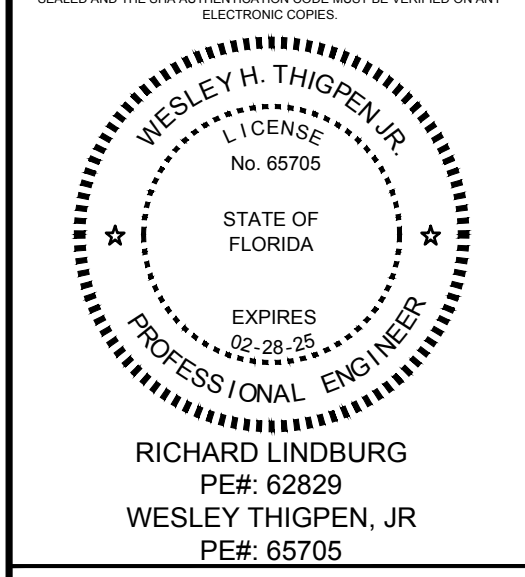
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PHASE	DATE	DRAWN	CHECK
SCHEMATIC	02/26/24	-	-
AHCA SING I	05/31/24	TRC	WAT
CON QP	07/03/24	TRC	WAT
ISSUE REPLY	08/16/24	TRC	WAT
AHCA SING II	11/13/24	TRC	WAT

REVISIONS		
#	DATE	COMMENTS

CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT
 SHEET TITLE
 PARTIAL ISOMETRIC - GRAVITY PLUMBING
P6.1

WALL RATING LEGEND

—	SMOKE TIGHT
—	1 HOUR FIRE
—	1 HOUR FIRE/SMOKE
—	2 HOUR FIRE
—	2 HOUR FIRE/SMOKE

TOMAHAWK
ENGINEERING & CONSULTING, INC.
1940 Buford Boulevard Tallahassee, FL 32308
Phone: 850-402-3040
Fax: 850-877-5135
Certificate of Authorization #: 29709
Tomahawk Project #: 24002

Tallahassee Memorial HealthCare

**P.O.B. II THIRD FLOOR:
SINGLE DAY SUGERY
RENOVATION**
AHCA LOG No: 23/00195-000

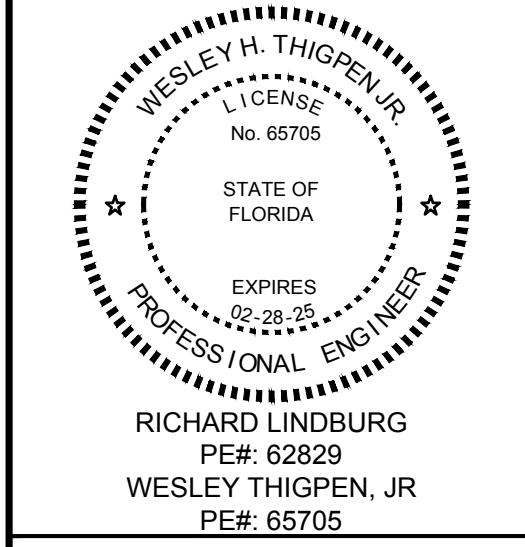
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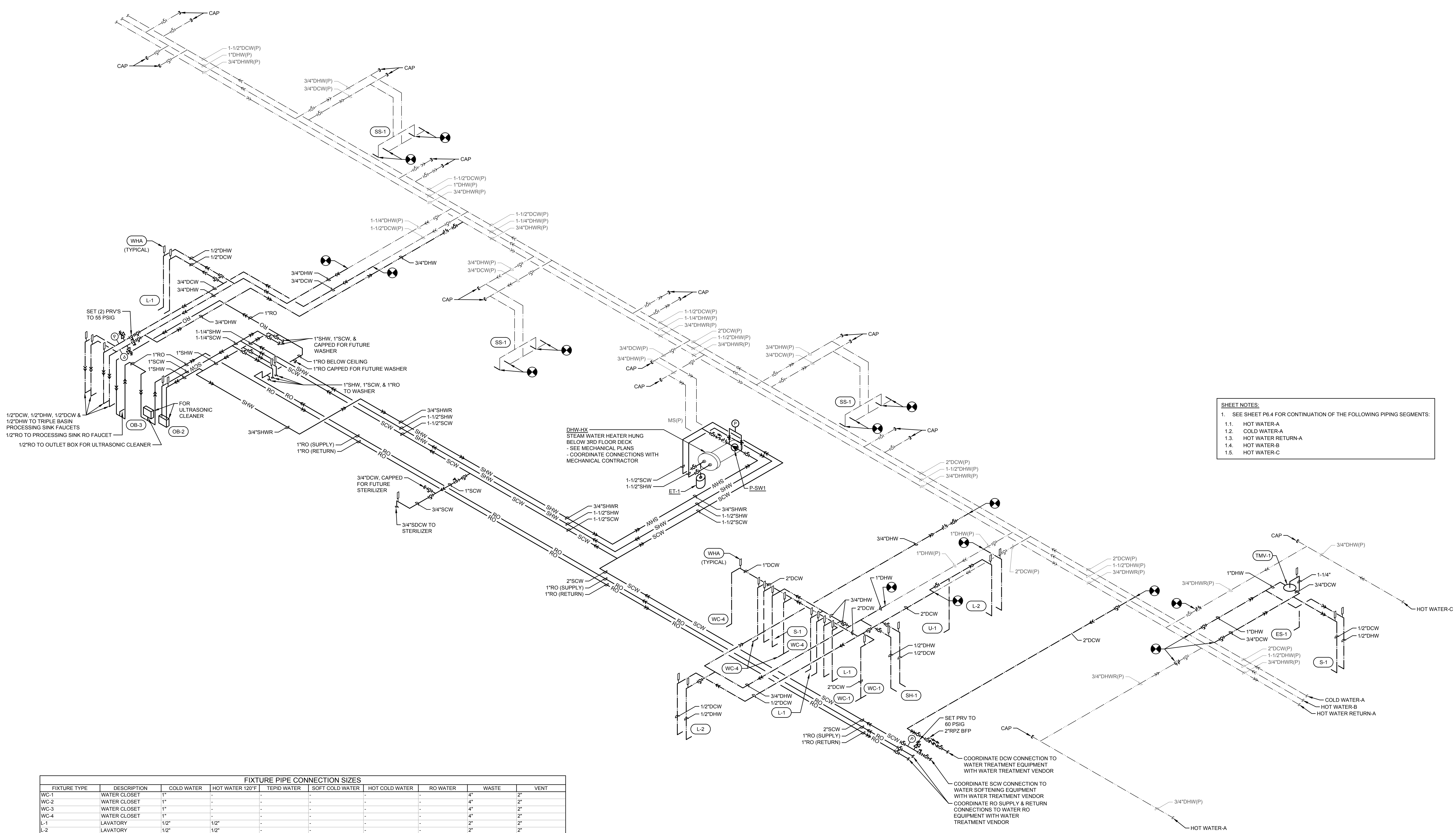


RICHARD LINDBURG
PE# 62829
WESLEY THIGPEN, JR.
PE# 65705

SUBMITTAL			
PHASE	DATE	DRAWN	CHECK
SCHEMATICS	02/26/24	-	-
AHCA SING I REVISION	05/31/24	TRC	WAT
SHI 05	07/03/24	TRC	WAT
REVISION REPLY	08/16/24	TRC	WAT
AHCA SING II	11/13/24	TRC	WAT

REVISIONS	
#	DATE

CRA PROJ.#: 23102
PHASE: 100% DESIGN DEVELOPMENT
SHEET TITLE
PARTIAL ISOMETRIC - PRESSURE PLUMBING
P6.3



SHEET NOTES:
1. SEE SHEET P6.4 FOR CONTINUATION OF THE FOLLOWING PIPING SEGMENTS:
1.1. HOT WATER-A
1.2. COLD WATER-A
1.3. HOT WATER RETURN-A
1.4. HOT WATER-B
1.5. HOT WATER-C

FIXTURE PIPE CONNECTION SIZES									
FIXTURE TYPE	DESCRIPTION	COLD WATER	HOT WATER 120°F	TEPID WATER	SOFT COLD WATER	HOT COLD WATER	RO WATER	WASTE	VENT
WC-1	WATER CLOSET	1"	-	-	-	-	-	4"	2"
WC-2	WATER CLOSET	1"	-	-	-	-	-	4"	2"
WC-3	WATER CLOSET	1"	-	-	-	-	-	4"	2"
WC-4	WATER CLOSET	1"	-	-	-	-	-	4"	2"
L-1	LAVATORY	1/2"	1/2"	-	-	-	-	2"	2"
L-2	LAVATORY	1/2"	1/2"	-	-	-	-	2"	2"
L-3	LAVATORY	1/2"	1/2"	-	-	-	-	2"	2"
U-1	URINAL	3/4"	-	-	-	-	-	2"	2"
CS-1	CLINICAL SINK	1"	1/2"	-	-	-	-	4"	2"
MS-1	MOP SINK	3/4"	3/4"	-	-	-	-	3"	2"
TP-1	TRAP PRIMER	1/2"	-	-	-	-	-	-	-
FD-1	FLOOR DRAIN	1/2"	-	-	-	-	-	3"	2", OR CDV -SEE PLANS
FD-2	FLOOR DRAIN	-	-	-	-	-	-	3"	2", OR CDV -SEE PLANS
FD-3	FLOOR DRAIN	-	-	-	-	-	-	2"	2", OR CDV -SEE PLANS
FS-1	FLOOR SINK	-	-	-	-	-	-	4"	2", OR CDV -SEE PLANS
FS-2	FLOOR SINK	-	-	-	-	-	-	4"	2", OR CDV -SEE PLANS
S-1	SINK	1/2"	1/2"	-	-	-	-	2"	2"
S-2	SINK	1/2"	1/2"	-	-	-	-	2"	2"
S-3	REPROCESSING SINK	1/2"	1/2"	-	-	-	1/2"	-	-
SS-1	SCRUB SINK	1/2"	1/2"	-	-	-	-	2"	2"
SH-1	SHOWER	1/2"	1/2"	-	-	-	-	2"	2"
EW-1	ELECTRIC WATER COOLER	1/2"	-	-	-	-	-	2"	2"
ES-1	EMERGENCY SHOWER	-	-	-	-	-	-	-	INDIRECT TO FD
TMV-1	TEMPERATURE MIXING VALVE	1"	1"	1-1/4"	-	-	-	-	INDIRECT TO FD
OB-1	OUTLET BOX	1/2"	-	-	-	-	-	-	-
OB-2	OUTLET BOX	-	-	-	3/4"	3/4"	-	-	-
OB-3	OUTLET BOX	-	-	-	-	3/4"	-	-	-
TP-1	TRAP PRIMER	1/2"	-	-	-	-	-	-	-
-	WASHER (DECON)	-	-	-	1"	1"	-	-	INDIRECT TO FS
-	ULTRASONIC CLEANER	-	-	-	1"	1"	1/2"	-	INDIRECT TO FS
-	STERILIZER	-	-	-	3/4"	3/4"	-	-	INDIRECT TO FS
DHW-HX	STEAM WATER HEATER	-	-	-	1-1/2"	1-1/2"	-	-	-

1 PARTIAL ISOMETRIC - PRESSURE PLUMBING
SCALE: NONE

