1st Floor Radiology Mammo

BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jackmantin Blvd PERMIT NO. 11-3097

CONSTRUCTION PERMIT APPLICATION C-11-083700

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

Mammo

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center Radiology 1st Flr
2. Name of Owner in Fee: Ocean Medical Center
   Tel. (732) 836 4077 e-mail _____
   Address 425 Jackmantin Blvd. Brick NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: BPM Construction Co Tel. (732) 859 1420
   Address PO Box 431 e-mail _____
   Atlantic Highlands NJ 07716
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223296600 FAX: ( ) _____
5. Architect or Engineer Spohn & Albarran Arch Contact ED Albarran
   Address 12 W. Main St Freehold NJ e-mail _____
   Tel. (848) 737 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Richard Diebold
   Tel. (732) 859 1420 FAX: (732) 291 3437

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 100 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	12		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	112		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	☒ Building	$2000.-	JDT	10/5/11						
	☒ Electrical	$3000.-				10-11-11	JS			
N/A	☐ Plumbing									
N/A	☐ Fire Protection									
N/A	☐ Elevator									
	TOTAL COST	$5000.-								

VII. DESCRIPTION OF BUILDING USE

COMMERCIAL

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☒ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

[X] Check if contractor.

Agent Name RDM Construction Corp

Address PO Box 436

Atlantic Highlands NJ 07716

Telephone (732) 859 1420

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X							
☐ N.J. Department of Transportation	X	X							
☐ N.J. Department of Environmental Protection	X	X							
☐ Utility Dig No.									
☐									
☐									

M.J.
This was in the
Bldg - Stack For Review -
But has - no bldg - work.
Thanx
Mike

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☑ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
10/7/11	No building per Mike Vecchio	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/21/2011
Control Number C-11-003701
Permit Number 11-3097
Permit Issue Date 10/13/2011
Certificate Number 11-3097

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. 1st Floor Radiology (Mammography Machine) Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone:

Contractor BDM Contracting

Address P.O. Box 436 Atlantic Highlands NJ 07716

Telephone: (732) 859-1420 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL Mammography Machine

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/21/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 10/13/11
Control # C-11-003701
Permit # 11-3017

IDENTIFICATION Block: 1170 Lot: 18 Qualifier
Work Site Location: 425 JACK MARTIN BLVD. 1st Floor Radiology (Mammography Machine) Brick Township, NJ
Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753
Telephone:

Contractor: BDM Contracting
Address: P.O. Box 436 Atlantic Highlands NJ 07716
Telephone: (732) 859-1420
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL Mammography Machine

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $7,000

Construction Official — Date 10-11-11

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	
Other	$0
Total	$112
Check No.	6 3 3 1
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

TROY
908-902-9711

Date Received 11-3097
Control #

Date Issued 10/13/11
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code ______

Work Site Location Ocean Medical Center - Mammography Room
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. ( ) ______ e-mail ______

Address 425 Jack Martin Boulevard, Brick, NJ
street municipality

Contractor: R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050
zip code

Address 7 Debele Lane, Lincroft, NJ 07738 e-mail ______

Contractor License No. 7246 Exp. Date 03-31-12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

COMMERCIAL

Use Group Present x Proposed ______

[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ~~13,000.00~~ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[•] No Plans Required ______ ______

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date 10-11-11

Approved by: JS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10/20/11

Approved by: JS

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-19-11	DD
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[illegible]

Applicant's Signature/Contractor's Seal and Signature

XX Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~12~~		Lighting Fixtures	
3 ~~6~~		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
8 ~~28~~		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	40	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hook up Mammography Machine	

Administrative Surcharge $ ______

Minimum Fee $ ______

State Permit Surcharge Fee $ ______

TOTAL FEE $ ______

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11-30-07
Date Issued / Permit # 10/13/11

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code:

Work Site Location: Ocean Medical Center - Mammography Room
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. ( ) e-mail

Address: 425 Jack Martin Boulevard, Brick, NJ
street municipality zip code

Contractor: R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050

Address: 7 Debele Lane, Lincroft, NJ 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~13,000.00~~ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 10-13-11

Approved by: JS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

XX Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~18~~		Lighting Fixtures	
3~~6~~		Receptacles	
3		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
8~~28~~		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
1	40	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hook up Mammography Machine	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 11-3097

Date Issued
Permit # 10/13/11

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center - Mammography Room
425 Jack Martin Boulevard, Brick, NJ

Owner in Fee: Ocean Medical Center

Tel. ( ) e-mail

Address 425 Jack Martin Boulevard, Brick, NJ
street municipality zip code

Contractor: R&A Electric, Inc., t/a MIDDLETOWN ELECTRIC Tel. (732) 495-5050

Address 7 Debele Lane, Lincroft, NJ 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-12

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3282269 FAX: (732) 495-7700

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~13,000.00~~ 7,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date 10-11-11
Approved by: JS

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Electric work per the drawings.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~18~~ 36		Lighting Fixtures	
3		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C. Panel	
8 ~~25~~		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	40	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Hook up Mammography Machine	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center Radiology
425 Jackmartin Blvd. Brick Mammo Room

Owner in Fee: Ocean Medical Center

Tel. (732) 839 4077 e-mail

Address 425 Jackmartin Blvd Brick
street municipality zip code

Contractor: RDH Construction Tel. (732) 859 1420

Address PO Box 436 e-mail
Atl Highlands NJ

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable)

Federal Emp. ID No. 273629660 FAX: (732)

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 2000.00
3. Total (1+ 2) $ 2000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: [illegible]

Print name here: Richard Diebold

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 1 New Cabinet
Replace 3 Floor Tiles
Mammo Machine

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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(rev. 11/09)

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2 Canary = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Center Radiology
425 Jacksonville Blvd, Brick Mammo Room

Owner in Fee: Ocean Medical Center

Tel. (732) 839 4077 e-mail

Address 425 Jacksonville Blvd Brick
street municipality zip code

Contractor: RDH Construction Tel. (732) 899 1720

Address Po Box 436 e-mail

Atl Highlands NJ

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 273629660 FAX: (732)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here: Richard DeBold

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 New Cabinet
Repair 3 Floor Tiles

Mammo Machine

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present — Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 2000.00
3. Total (1+ 2) $ 2000.00

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence Height (exceeds 6')
- [ ] Sign Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code

Work Site Location Ocean Medical Cent. Radiology
425 Jacksonst. Bldg. Brick Manno Mehta

Owner in Fee: Ocean Medical Center

Tel. (732) 839 4077 e-mail

Address 425 Jacksonst. Bldg. Brick
street municipality zip code

Contractor: RDA Construction Tel. (732) 899 1720

Address P.O. Box 431 e-mail
Atl Highlands NJ

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 273629660 FAX: (732)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 2000.00
3. Total (1+ 2) $ 2000.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:
Print name here: Richard DeBoo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 New Cabinet
Repair 3 Floor Tiles

Manno Mehta

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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(rev. 11/09)

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BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1170 Lot 18 Qualification Code

Work Site Location

Owner in Fee:

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 1 Hour Ceiling
Bldg 3 Floor Two

Plano Medical

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present R-2 Proposed
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 2,000.00
3. Total (1+ 2) $ 2,000.00

U.C.C. F110
(rev. 11/09)

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State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 817
TRENTON, NJ 08625-0817

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

LORI GRIFA
Commissioner

July 7, 2011

Mr. Edwin Albaran, AIA
Saphire & Albaran
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review
Ocean Medical center
Replacement of Mammography Unit

Dear Mr. Albaran;

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review of this project is appropriate**. This is with the understanding that this is strictly limited to the review of the **upgrading of the existing mammography unit** and all work necessary to accomplish this project at the above referenced facility.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani

Farivar Kiani,
Supervisor
Health Care Plan Review
Construction Plan Approval

New Mammography Unit
Ocean Medical Center

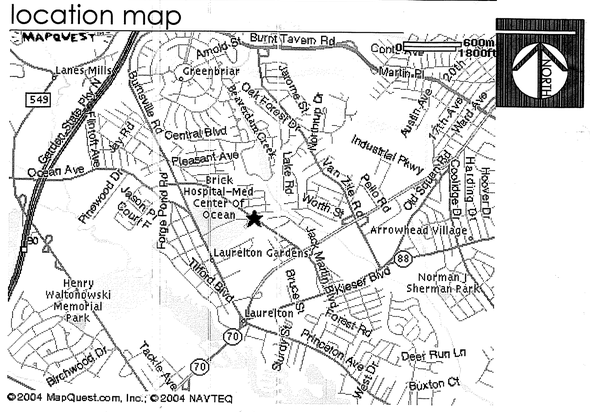
425 Jack Martin Boulevard Brick, New Jersey

drawing list

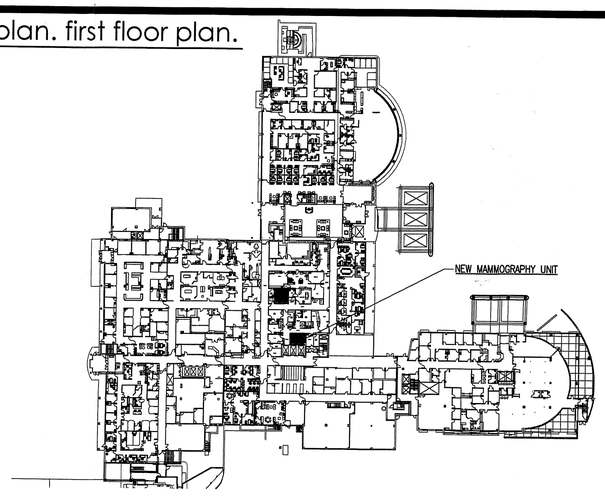
ARCHITECTURAL		date	rev.
C0.0	COVER SHEET	08.22.11	
A0.1	GENERAL NOTES, ICRA NOTES	08.22.11	
A1.1	DEMOLITION PLAN, FLOOR PLAN, REFLECTED CEILING PLAN	08.22.11	
ELECTRICAL			
E1.1	ELECTRICAL PLAN AND DETAILS	08.22.11	

EQUIPMENT			
MAMMOMAT MAMMOGRAPHY UNIT BY SIEMENS			
C	COVER SHEET	08.02.11	
A-101	EQUIPMENT PLAN	08.02.11	
E-101	STRUCTURAL LAYOUT	08.02.11	
E-501	STRUCTURAL DETAILS	08.02.11	

location map



key plan. first floor plan.



building code summary

NAME OF PROJECT.	New Mammography Room
ADDRESS	Ocean Medical Center, 415 Jack Martin Boulevard, Brick , New Jersey
PROPOSED USE	New Equipment

APPLICABLE CODES.	
	New Jersey Uniform Construction Code (NJUCC, NJAC 5:23) - Subchapter 6: REPAIR
	International Building Code, NJ Edition, 2009
	"Accessible and Usable Buildings and Facilities", ICC/ANSI A117.1-2003 (NJAC 5:23-7.2)
	The International Mechanical Code, 2009 (NJAC 5:23-3.20)
	The International Fuel Gas Code, 2009 (NJAC 5:23-3.22)
	The National Standard Plumbing Code, 2006 (NJAC 5:23-3.15)
	The National Electrical Code, 2008 (NJAC 5:23-3.16)
	Life Safety Code NFPA 101-2000
	Health Care Facilities NFPA 99-2005
	"Guidelines for Design and Construction of Health Care Facilities" , 2010 (NJUCC, NJAC 5:23-3.2, NJDOH, NJAC 8:43-19.1.(a). Chapter 2 "Hospitals"
	New Jersey Department of Health and Senior Services - "Licensing Standards for Hospitals" (NJAC 8:43G)

BUILDING DATA.	
CONSTRUCTION TYPE	1A - IBC, TABLE 601
USE GROUP	I-2 - INSTITUTIONAL - IBC, SECTION 304
SPRINKLERS	FULLY SPRINKLERED BUILDING

PROPOSED GROSS BUILDING AREA.	
1ST FLOOR	NA
NEW MAMMOGRAPHY ROOM	202 SQ. FT.

ALLOWABLE HEIGHT AND BUILDING AREAS.	
MAX. ALLOWABLE HEIGHT	NA
HEIGHT INCREASE	NA
AREA LIMITATION	NA

FIRE PROTECTION REQUIREMENTS FOR CONSTRUCTION TYPE I-A (TABLE 601).			
BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FT.)	RATING REQ'D	RATING PROVIDE
STRUCTURAL FRAME INCLUDING COLUMNS, GIRDERS, TRUSSES	NA	3 HRS	NA
BEARING WALLS EXTERIOR			
NORTH	NA	3 HRS	NA
EAST	NA	3 HRS	NA
WEST	NA	3 HRS	NA
SOUTH	NA	3 HRS	NA
NON-BEARING WALLS AND PARTITIONS EXTERIOR			
NORTH	NA	0 HRS	NA
EAST	NA	0 HRS	NA
WEST	NA	0 HRS	NA
SOUTH	NA	0 HRS	NA
INTERIOR WALLS AND PARTITIONS		0 HRS	NA
FLOOR CONSTRUCTION INCLUDING SUPPORTING BEAMS AND JOISTS		2 HRS	2 HRS
ROOF CONSTRUCTION INCLUDING SUPPORTING BEAMS AND JOISTS		1.5 HRS	NA
SHAFTS ENCLOSURES - EXIT		NA	NA
SHAFTS ENCLOSURES - OTHER		NA	NA
CORRIDOR SEPARATION		0 HRS	0 HRS
OCCUPANCY SEPARATION		N/A	N/A
PARTY/FIRE WALL SEPARATION			
SMOKE BARRIER SEPARATION		1 HR	NA
TENANT SEPARATION		-	-
INCIDENTAL USE SEPARATION		-	-

LIFE SAFETY REQUIREMENTS.	
EMERGENCY LIGHTING	IBC SECTION 1006.1
EXIT SIGNS	IBC SECTION 1011
FIRE ALARM	IBC SECTION 907.2
SMOKE DETECTOR SYST.	IBC SECTION 907.2.10
PANIC HARDWARE	IBC SECTION 1008.19

EXIT REQUIREMENTS - NUMBER AND ARRANGEMENT OF EXITS. (no changes proposed)						
FLOOR, ROOM OR SPACE DESIGNATION	MINIMUM NUMBER OF EXITS REQ'D TABLE 1019.1 (*2)	MINIMUM NUMBER OF EXITS SHOWN ON PLANS (*2)	TRAVEL DISTANCE ALLOWABLE (FT.) TABLE 1016.1	MAX. ACTUAL TRAVEL DISTANCE ON PLANS(FT.)	MEANS OF EGRESS (SECTION 1015.2.1.2) MIN. REQD. DIST.BETWEEN DOORS (*1,3)	MEANS OF EGRESS (SECTION 1014.2) ACTUAL DISTANCE ON PLANS BETW. DOORS (*1,3)
NEW MAMMO RM	1	1	200	166	NA	NA
	(*1) CORRIDOR DEAD ENDS (SECTION 1017.3)GROUP B NO MORE THAN 50 FT.					
	(*2) SINGLE EXIT (TABLE 1019.2)					
	(*3) COMMON PATH OF TRAVEL (SECTION 1014.3) GROUP I2 NO MORE THAN 100 FT.					

EXIT WIDTH. (no changes proposed)									
USE GROUP OR SPACE DESIGNATION	(A) AREA SQ.FT.	(B) AREA PER OCCUPANT TABLE 1004.1,1 (*1)	CALCULATED OCCUPANT LOAD	(C) EGRESS WIDTH PER OCCUPANT TABLE 1005.1		MIN. CALCULATED EXIT WIDTH (IN.) (*2,3,4,5,6) REQUIRED SECTION 1005.1 (D x C)		EGRESS CAPACITY (D/C)	
				STAIR	LEVEL	STAIR	LEVEL	STAIR	LEVEL
NEW MAMMO RM	202	100	2	NA	0.15	NA	12	NA	566
	(*1) SEE TABLE 1004.1.2 TO DETERMINE WHETHER NET OR GROSS AREA IS APPLICABLE.								
	(*2) MINIMUM STAIRWAY WIDTH (SECTION 1005.1); MINIMUM CORRIDOR WIDTH (SECTION 1016.2); MINIMUM DOOR WIDTH (SECTION 1018.1)								
	(*3) MINIMUM WIDTH OF EXIT PASSAGEWAY (SECTION 1020.2)								
	(*4) SEE SECTION 1004.5 FOR CONVERGING EXITS								
	(*5) THE LOSS ON ONE MEANS OF EGRESS SHALL NOT REDUCE THE AVAIBLE CAPACITY TO LESS THAN 50 PERCENT OF THE TOTAL REQUIRED (SECTION 1018.1)								
	(*6) ASSEMBLY OCCUPANCIES (SECTION 1024)								

PLUMBING FIXTURE REQUIREMENTS. (no changes proposed)								
OCCUPANCY	(A) AREA SQ.FT.	OCC. LOAD	NO. OF MALE OCC.	NO. OF FEMALE OCC.	NO. OF MALE WC/ URINALS	NO. OF FEMALE WC	NO. OF MALE LAV. SINKS	NO. OF FEMALE LAV. SINKS
1ST FLOOR	493							

project narrative

Within the Women's Imaging Center, Meridian Health Systems - Ocean Medical Center, in Brick, New Jersey is proposing to locate a new mammography unit, a Mammomat Inspiration unit by Siemens, at the location of a former Stereotactic Mammography room. The Stereotactic Mammography unit will be moving to a former radiology room, also within the Women's Imaging Center. There will be cosmetic upgrades to the new Mammography Room. Redistribution of existing HVAC, electrical and plumbing service will not be required at the New Mammography Room. No changes to the means of egress systems are being proposed.

This facility and the operator are well aware of the regulations and requirements of the Department of Health and Senior Services and the Department of Community Affairs of the State of New Jersey, as well as Federal and other regulatory agency requirements.

APPROVED WITH THE FOLLOWING CONDITIONS
ALL ELECTRICAL WORK MUST COMPLY WITH NATIONAL ELECTRICAL CODE 2008
ELECTRICAL SUBCODE OFFICIAL

saphire + albarran ARCHITECTURE LLC
joseph e. saphire, n.j. license A108932
twelve north main street
pennington, new jersey 08534
609.737.1000

consultants.

CHARLES P. BUCKLEY
PROFESSIONAL ENGINEER
600 DEPOT ST.
BURLEY, N.J. 08266
856.461.1000

key plan. first floor.

rev.	date.	remarks.
	07.06.11	NJ DHSS SUBMISSION
	08.22.11	PERMIT SET

by. CH CH

PLEASE BE ADVISED: THESE DRAWINGS ARE NOT VALID FOR CONSTRUCTION UNLESS THEY HAVE BEEN

project. New Mammography Unit
Ocean Medical Center
MERIDIAN PROJECT # —
dca no.
drawing title. COVER SHEET & CODE DATA
date. drawn by.
scale. AS NOTED checked by.
drawing no. C0.0
phase. SD project no. 11

GENERAL NOTES

1. PRIOR TO BEGINNING ANY WORK, THE CONTRACTOR IS TO ESTABLISH SCHEDULE AND PROCEDURES APPROVED BY THE OWNER FOR THE EXECUTION OF THE WORK. THE CONTRACTOR IS RESPONSIBLE FOR NOTIFYING THE OWNER OF THE PROGRESS OF THE WORK AND REVISIONS TO THE APPROVED SCHEDULE AS THEY OCCUR. THE CONTRACTOR IS TO NOTIFY ARCHITECT OF ALL LONG LEAD TIME ITEMS AFFECTING PROJECT SCHEDULE. ORDER CONFIRMATIONS AND DELIVERY DATES TO BE SUBMITTED TO THE ARCHITECT UPON REQUEST.

2. SUBSTITUTIONS

   CONTRACTOR IS TO MAKE REQUESTS FOR SUBSTITUTIONS ONLY AS SPECIFIED.

   DO NOT REQUEST SUBSTITUTIONS BY THE SUBMITTALS.

   SUBMIT 3 COPIES OF EACH REQUEST FOR SUBSTITUTION.

   IDENTIFY THE PRODUCT OR FABRICATION OR INSTALLATION METHOD TO BE REPLACED BY THE SUBSTITUTION, INCLUDING RELATED SPECIFICATION SECTION AND DRAWING NUMBERS.

   CONTRACTOR MUST INCLUDE THE FOLLOWING INFORMATION, AS APPROPRIATE, WITH EACH REQUEST: REASON FOR PROPOSED SUBSTITUTION. COMPLETE PRODUCT DATA, DRAWINGS AND DESCRIPTIONS OF PRODUCTS, AND FABRICATION AND INSTALLATION PROCEDURES. SAMPLES WHERE APPLICABLE OR REQUESTED. A DETAILED COMPARISON OF THE PROPOSED SUBSTITUTION WITH THE WORK SPECIFIED. INCLUDE SIGNIFICANT QUALITIES SUCH AS SIZE, WEIGHT, PERFORMANCE CHARACTERISTICS, COMPLIANCE WITH REQUIREMENTS AND STANDARDS, AND VISUAL CHARACTERISTICS. SUBMIT IN SAME TERMS AND SAME ORDER AS SPECIFIED WORK, TO FACILITATE COMPARISON. COMPLETE COORDINATION INFORMATION. IDENTIFY CHANGES REQUIRED IN OTHER ELEMENTS OF THE WORK TO ACCOMMODATE THE SUBSTITUTION, INCLUDING WORK PERFORMED BY OTHER CONTRACTORS.

   CONTRACTOR MUST ALSO INCLUDE ONE OF THE FOLLOWING: A STATEMENT BY THE CONTRACTOR PROPOSING THE SUBSTITUTION THAT HE WILL PAY FOR ANY ADDITIONAL COSTS TO OTHER CONTRACTORS. A STATEMENT BY EACH CONTRACTOR AFFECTED, THAT IDENTIFIES CHANGES TO THE COSTS, TIME ARRANGEMENT OR PERFORMANCE CHARACTERISTICS OF HIS WORK, AND A STATEMENT BY ALL OTHER CONTRACTORS THAT THE PROPOSED SUBSTITUTION WILL REQUIRE NO CHANGE TO THE COST, TIME ARRANGEMENT OR PERFORMANCE CHARACTERISTICS OF THEIR WORK. A STATEMENT THAT THE CONTRACTOR AGREES TO PAY DESIGN COSTS OR OTHER COSTS INCURRED BY THE OWNER IN CONNECTION WITH THE SUBSTITUTION. A STATEMENT INDICATING THE EFFECT THE SUBSTITUTION WOULD HAVE ON THE WORK SCHEDULE INCLUDING TOTAL CONTRACT TIME, IN COMPARISON TO THE SCHEDULE WITHOUT THE PROPOSED SUBSTITUTION. COMPLETE COST INFORMATION, INCLUDING A PROPOSAL OF THE NET REDUCTION IN THE CONTRACT SUM. CERTIFICATION BY THE CONTRACTOR TO THE EFFECT THAT, IN THE CONTRACTOR'S OPINION, THE PROPOSED SUBSTITUTION SHALL RESULT IN WORK THAT IN EVERY SIGNIFICANT RESPECT IS EQUAL TO OR BETTER THAN THE WORK REQUIRED BY THE CONTRACT DOCUMENTS, AND THAT IT SHALL PERFORM ADEQUATELY IN THE APPLICATION INDICATED. INCLUDE IN THIS CERTIFICATION THE CONTRACTOR'S WAIVER OF RIGHTS TO SUBSEQUENTLY BE NECESSARY BECAUSE OF THE FAILURE OF THE SUBSTITUTION TO PERFORM ADEQUATELY.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE REVISION AND CONTINUOUS MAINTENANCE OF ADEQUATE PROTECTION OF ALL WORK FROM DAMAGE AND SHALL PROTECT THE OWNER'S PROPERTY FROM DAMAGE OR LOSS BY DUST, DIRT, WATER, THEFT, FIRE, OR ANY OTHER PHYSICAL DAMAGE ARISING IN CONNECTION WITH THIS CONTRACT. CONTRACTOR SHALL MAINTAIN EXISTING CORRIDORS IN A WORKMANLIKE MANNER.

4. CONTRACTOR TO MAINTAIN PROJECT WORK AREA IN GOOD OPERATING CONDITION UNTIL PROJECT COMPLETION. MAINTAIN OPERATION OF TEMPORARY ENCLOSURES AND VENTILATION ON A 24-HOUR BASIS WHERE REQUIRED TO ACHIEVE RESULTS AND TO AVOID POSSIBILITY OF DAMAGE.

5. CONTRACTOR TO ERECT AND MAINTAIN DUSTPROOF PARTITIONS AND TEMPORARY ENCLOSURES WHERE REQUIRED TO LIMIT DUST AND DIRT MIGRATION AND TO SEPARATE AREAS FROM FUMES AND NOISE. CONSTRUCT DUSTPROOF, FLOOR TO CEILING PARTITIONS OF NOT LESS THAN NOMINAL 4-INCHES STUDS, 2 LAYERS OF 3-MIL POLYETHYLENE SHEETS, INSIDE AND OUTSIDE TEMPORARY ENCLOSURE. COVER FLOOR WITH 2 LAYERS OF 3-MIL POLYETHYLENE SHEETS, EXTENDING SHEETS 18 INCHES UP THE SIDE WALLS. SEAL JOINTS AND PERIMETER. EQUIP PARTITIONS WITH DUST PROOF DOORS AND SECURITY LOCKS. PROTECT AIR HANDLING EQUIPMENT. WEATHERSTRIP OPENINGS.

6. ALL WORK TO BE DONE IN ACCORDANCE WITH ALL APPLICATION CODES, ORDINANCES, AND ACCEPTED STANDARDS.

7. CONTRACTOR TO BE RESPONSIBLE FOR VERIFYING EXISTING CONDITIONS. THE EXISTENCE AND LOCATION OF UTILITIES AND OTHER CONSTRUCTION INDICATED AS EXISTING ARE NOT GUARANTEED. BEFORE BEGINNING WORK, INVESTIGATE AND VERIFY THE EXISTENCE AND LOCATION OF MECHANICAL AND ELECTRICAL, AND PLUMBING SYSTEMS, AND OTHER CONSTRUCTION AFFECTING THE WORK.

8. CONTRACTOR TO VERIFY AND BE RESPONSIBLE FOR ALL DIMENSIONS AND FIELD CONDITIONS. NOTIFY ARCHITECT OF ANY DISCREPANCIES PRIOR TO CONSTRUCTION.

9. DO NOT SCALE DRAWINGS. ALL DIMENSIONS GIVEN TO FINISHED WALL AND TO BE CONSIDERED AS CLEAR OPENING UNLESS OTHERWISE NOTED.

10. CONTRACTOR TO COORDINATE INTERRUPTIONS OR SHUTDOWN OF ANY UTILITY OR ELECTRICAL/MECHANICAL/ PLUMBING SYSTEMS. TEMPORARY INTERRUPTIONS OR SHUTDOWN OF ANY UTILITY SHOULD BE REQUESTED FROM THE OWNER 48 HOURS PRIOR TO THE DESIRED TIME, AND SHOULD BE PERFORMED AT TIMES OTHER THAN THE NORMAL HOURS OF OPERATION OR AS DIRECTED BY THE OWNER.

11. CONTRACTOR TO HALT AFFECTED WORK WHEN NOTIFIED OF PROPOSED CHANGES – PROCEED ONLY AFTER RECEIVING ADDITIONAL INFORMATION FROM ARCHITECT.

12. ALL EXISTING AND NEW PENETRATIONS THROUGH FLOORS, WALLS AND PARTITIONS WITHIN THE AREA OF WORK MUST BE PACKED, FILLED AND SEALED WITH APPROVED FIRE AND SMOKE RATED SEALANT AND/OR COMPOUND.

DEMOLITION NOTES

PRIOR TO COMMENCEMENT OF WORK: PRIOR TO THE BEGINNING OF ANY WORK, THE CONTRACTOR IS TO ESTABLISH SCHEDULE AND PROCEDURES APPROVED BY THE OWNER FOR THE EXECUTION OF THE WORK. THE CONTRACTOR IS RESPONSIBLE FOR NOTIFYING THE OWNER FOR THE EXECUTION OF THE WORK. THE CONTRACTOR IS RESPONSIBLE FOR NOTIFYING THE OWNER OF THE PROGRESS OF THE WORK AND REVISIONS TO THE APPROVED SCHEDULE AS THEY OCCUR. THE CONTRACTOR IS TO NOTIFY ARCHITECT OF ALL LONG LEAD TIME ITEMS AFFECTING THE PROJECT SCHEDULE. ORDER CONFIRMATIONS AND DELIVERY DATES TO BE SUBMITTED TO THE ARCHITECT UPON REQUEST.

CONTRACTOR IS TO BE RESPONSIBLE FOR VERIFYING EXISTING CONDITIONS. THE EXISTENCE AND LOCATION OF UTILITIES AND OTHER CONSTRUCTION INDICATED AS EXISTING ARE NOT GUARANTEED. BEFORE BEGINNING WORK INVESTIGATE AND VERIFY THE EXISTENCE AND LOCATION OF MECHANICAL, ELECTRICAL, AND PLUMBING SYSTEMS, AND ALL OTHER CONSTRUCTION AFFECTING THE WORK.

INTERRUPTIONS / SHUTDOWN OF UTILITIES: CONTRACTOR IS TO COORDINATE INTERRUPTIONS OR SHUTDOWN OF ANY UTILITY OR MEP SYSTEMS. TEMPORARY INTERRUPTIONS OR SHUTDOWN OF ANY UTILITY SHOULD BE REQUESTED FROM THE OWNER 48 HOURS PRIOR TO THE DESIRED TIME, AND SHOULD BE PERFORMED AT TIMES OTHER THAN THE NORMAL HOURS OF OPERATION OR AS DIRECTED BY THE OWNER.

DIMENSIONS: ALL DIMENSIONS INDICATED ARE TO FINISH WALL, EXCEPT WHERE NOTED. WHEN DIMENSION LINE EXTENDS FROM AN EXISTING WALL, THE DIMENSION IS FROM THE FINISH SURFACE UNLESS OTHERWISE NOTED. DO NOT SCALE THE DRAWINGS. NOTIFY ARCHITECT OF ANY CONFLICTING OR LACKING DIMENSIONS. CONTRACTOR IS TO VERIFY AND BE RESPONSIBLE FOR ALL DIMENSIONS AND FIELD CONDITIONS. NOTIFY ARCHITECT OF ANY DISCREPANCIES PRIOR TO CONSTRUCTION.

BUILDING PERMIT: BUILDING PERMIT REQUIRED FOR CONSTRUCTION OF THIS PROJECT SHALL BE OBTAINED AND FEE PAID BY THE OWNER. ALL OTHER PERMITS AND FEES REQUIRED BY ANY OTHER AGENCY OR AUTHORITY SHALL BE OBTAINED AND PAID FOR BY THE CONTRACTOR. NO WORK SHALL BE PERFORMED WITHOUT THE REQUIRED PERMIT.

ALTERNATIVE DETAILS AND MATERIALS: ALTERNATIVE DETAILS AND MATERIALS MAY BE SUBMITTED TO THE ARCHITECT FOR REVIEW AND APPROVAL. THESE WILL BE REVIEWED IN TERMS OF DESIGN INTENT, STRUCTURAL INTEGRITY, AND MATERIAL QUALITY. SUFFICIENT INFORMATION, INCLUDING COSTS ASSOCIATED WITH THESE ALTERNATIVES, MUST BE PROVIDED.

SUBSTITUTIONS:
- CONTRACTOR IS TO MAKE REQUESTS FOR SUBSTITUTES ONLY AS SPECIFIED.
- DO NOT REQUEST SUBSTITUTIONS BY THE SUBMITTALS.
- SUBMIT THREE (3) COPIES OF EACH REQUEST FOR SUBSTITUTION.
- IDENTIFY THE PRODUCT OR FABRICATION OR INSTALLATION METHOD TO BE REPLACED BY THE SUBSTITUTION, INCLUDING RELATED SPECIFICATION SECTION AND DRAWING NUMBERS.
- CONTRACTOR MUST INCLUDE THE FOLLOWING INFORMATION, AS APPROPRIATE, WITH EACH REQUEST: REASON FOR PROPOSED SUBSTITUTION, COMPLETE PRODUCT DATA, DRAWINGS AND DESCRIPTIONS OF PRODUCTS, FABRICATION AND INSTALLATION PROCEDURES, SAMPLES WHERE APPLICABLE OR REQUESTED, AND A DETAILED COMPARISON OF THE PROPOSED SUBSTITUTION WITH THE WORK SPECIFIED. INCLUDE SIGNIFICANT QUALITIES SUCH AS SIZE, WEIGHT, PERFORMANCE CHARACTERISTICS, COMPLIANCE WITH REQUIREMENTS AND STANDARDS, AND VISUAL CHARACTERISTICS
- SUBMIT IN SAME TERMS AND SAME ORDER AS SPECIFIED IN THE WORK TO FACILITATE COMPARISON.
- COMPLETE COORDINATION INFORMATION.
- IDENTIFY CHANGES REQUIRED IN OTHER ELEMENTS OF THE WORK TO ACCOMMODATE THE SUBSTITUTION, INCLUDING WORK PERFORMED BY OTHER CONTRACTORS

REMOVALS OF EQUIPMENT, ETC: CONTRACTOR SHALL REVIEW ALL REMOVALS WITH THE OWNER TO VERIFY STORAGE OF ITEMS TO BE KEPT (IF ANY).

THE WORK WITHIN THE CONTRACT: THE WORK UNDER THIS CONTRACT SHALL INCLUDE: THE FURNISHING OF ALL LABOR, MATERIALS, EQUIPMENT, TOOLS AND TEMPORARY WORK AND SERVICES REQUIRED TO EXECUTE THE COMPLETE FABRICATION, THE INSTALLATION OF ALL ITEMS OF WORK AS SPECIFIED, SHOWN OR INDICATED ON DRAWINGS, AND ALSO THE INCIDENTAL ITEMS TO EFFECT A FINISHED AND COMPLETED JOB EVEN THOUGH AS SUCH ITEMS ARE NOT SHOWN OR PARTICULARLY MENTIONED HEREIN.

WORKMANSHIP: ALL WORK SHALL BE PERFORMED IN A WORKMANLIKE MANNER TO PRODUCE A DURABLE AND WATERTIGHT STRUCTURE IN EVERY RESPECT.

EXISTING FIELD CONDITIONS: THE CONTRACTOR SHALL VERIFY ALL EXISTING FIELD CONDITIONS, MECHANICAL SYSTEMS AND DIMENSIONS BEFORE CONSTRUCTION BEGINS AND PROPOSALS ARE FINALIZED AND SHALL REPORT DISCREPANCIES TO THE ARCHITECT.

SAFETY: THE CONTRACTOR IS RESPONSIBLE FOR SAFETY ON THE JOB.

CUTTING AND PATCHING: CUTTING AND PATCHING AS SPECIFIED SHALL INCLUDE ALL MATERIALS SUCH AS TRIM, FINISHES, MASONRY, ETC. SO AS TO MATCH EXISTING IN EVERY DETAIL. ALL DISTURBED SURFACES SHOULD BE PATCHED SO AS TO BLEND IN WITH EXISTING ADJACENT SURFACES.

PROTECTION OF FINISHES: IT IS THE CONTRACTOR'S RESPONSIBILITY TO PROTECT ALL EXISTING FINISHES TO REMAIN DURING CONSTRUCTION. ANY DAMAGES SHALL BE PROMPTLY REPAIRED TO MATCH ORIGINAL CONDITIONS BY THE CONTRACTOR AT NO ADDITIONAL COST.

TEMPORARY STRUCTURES AND CONTINUOUS ACCESS: THE CONTRACTOR SHALL PROVIDE AND MAINTAIN TEMPORARY CHAIN LINK CONSTRUCTION FENCE AND OTHER ENCLOSURES, AS MAY BE NECESSARY TO SECURE AND PROTECT ALL WORK FROM DAMAGE. KEYS TO LOCK SHALL BE PROVIDED TO THOSE IN AUTHORITY TO ENTER CONSTRUCTION AREA. THE CONTRACTOR SHALL PROVIDE AND MAINTAIN CONTINUOUS SECURITY AND WEATHER PROTECTION OF THE BUILDING, ITS OCCUPANTS, AND ITS CONTENTS. THE CONTRACTOR SHALL PROVIDE AND MAINTAIN ALL TEMPORARY FENCES, BARRICADES, GUARD LIGHTS, SIGNS AND LIGHTS AS REQUIRED TO PROTECT PERSONS IN OR ADJACENT TO THE CONSTRUCTION AREA. SIDEWALKS TO REMAIN SHALL BE MAINTAINED UNOBSTRUCTED AND SAFE FOR PUBLIC USE.

TEMPORARY FACILITIES: UTILITY CONNECTIONS FOR CONSTRUCTION PURPOSES SHALL BE PROVIDED BY THE CONTRACTOR. THE COST OF UTILITY USAGE SHALL BE PAID BY THE CONTRACTOR. TEMPORARY HEAT AND TEMPORARY TELEPHONE SHALL BE PROVIDED AND PAID FOR BY THE CONTRACTOR.

REMOVALS: REMOVE ALL WALLS AND ASSOCIATED ELECTRICAL, PLUMBING, DOORS, TRIM, ETC. AS SHOWN DOTTED ON DRAWINGS OR AS INDICATED IN

TEMPORARY MECHANICAL, ELECTRICAL, PLUMBING: ALL TEMPORARY ELECTRICAL, HVAC, PLUMBING AND STRUCTURE SHALL BE PROVIDED DURING THE REMOVAL PROCESS AS REQUIRED BY THE JOB. THIS INCLUDES THE MOVING AND CAPPING OF ALL UTILITIES.

TEMPORARY SHORING AND SUPPORT: CONTRACTOR IS RESPONSIBLE FOR ALL METHODS AND MEANS OF TEMPORARY SHORING AND SUPPORT DURING CONSTRUCTION.

CLEANLINESS OF AREAS WITHIN AREA OF DEMOLITION: AREAS UNDER CONSTRUCTION RENOVATION MUST BE CLEANED AND VACUUMED FREQUENTLY. THERE SHOULD BE NO VISIBLE DEBRIS FOR PROLONGED PERIODS. THE AREA INSIDE THE BARRIER MUST BE CLEANED AND VACUUMED BEFORE AND AFTER THE BARRIER IS REMOVED. JOB SITE TO BE KEPT FREE OF DEBRIS AND ALL MATERIAL ON SITE TO BE STORED IN AN ORDERLY MANNER.

CLEANLINESS OF ADJACENT AREAS TO THE DEMOLITION: THE CONTRACTOR SHALL CLEAN ADJACENT AREAS AFFECTED BY DIRT, DUST, AND DEBRIS CAUSED BY DEMOLITION.

BARRIERS: ANY RENOVATION SITE MUST HAVE A BARRIER TO CONTAIN THE DUST AND DEBRIS. SHORT TERM PROJECTS (LESS THAN 48 HOURS) MUST HAVE PLASTIC SHEETING SECURELY SEALED WITH DUCT TAPE. LONG TERM PROJECTS MUST HAVE GYPSUM WALLBOARD SEALED WITH DUCT TAPE OR SPACKLING COMPOUND (WITH A CLOSABLE DOOR INSTALLED WITH ACCESS FOR THE CONSTRUCTION CREW) AND A SIGN DENOTING IT AS A CONSTRUCTION SITE AND DENOTING THAT ONLY AUTHORIZED PERSONS MAY ENTER.

ADHESIVE FLOOR STRIPS: ADHESIVE FLOOR STRIPS MUST BE PLACED OUTSIDE THE DOOR TO THE CONSTRUCTION SITE TO TRAP THE DUST.

EXISTING OR NEW PENETRATIONS: ALL EXISTING AND NEW PENETRATIONS THROUGH FLOORS, WALLS, AND PARTITIONS WITHIN THE AREA OF WORK MUST BE PACKED, FILLED, AND SEALED WITH APPROVED FIRE AND SMOKE RATED SEALANT AND/OR COMPOUND.

PATIENT EQUIPMENT / SUPPLY STORAGE AREA NEAR AREA OF WORK: ANY PATIENT EQUIPMENT / SUPPLY STORAGE AREA NEEDS TO HAVE AN ENCLOSED CEILING.

TOOL CARTS: TOOL CARTS SHOULD REMAIN IN THE WORK AREA. WHEN THEY ARE REMOVED FROM THE WORK AREA, THEY MUST BE COVERED WITH A SHEET.

ASBESTOS REMOVAL: ALL DEMOLITION WORK INVOLVING ASBESTOS REMOVAL AND TRANSPORTATION SHOULD BE DONE IN FULL COMPLIANCE WITH APPROPRIATE STATE REGULATIONS REGARDING ASBESTOS HAZARD ABATEMENT.

ICRA COMPLIANCE: CONTRACTOR SHOULD REVIEW ALL WORK WITH OWNER'S INFECTION CONTROL RISK ASSESSMENT (ICRA) DEPARTMENT PRIOR TO THE COMMENCEMENT OF ANY WORK.

EXISTING FIRE RATED BARRIERS: CONTRACTOR SHALL VERIFY ALL EXISTING NEARBY FIRE-RATED BARRIERS AND SHALL PROVIDE NEW FIRE-RATED CONSTRUCTION TO MATCH EXISTING UNLESS OTHERWISE NOTED.

MAINTENANCE: THE AREA JUST OUTSIDE THE WORK AREA MUST ALSO BE WET MOPPED DAILY. A HEPA FILTERED VACUUM IS TO BE USED TO CLEAN CARPETED AREAS DAILY. CARPETS ARE TO BE SHAMPOOED WHEN CONSTRUCTION IS DONE.

AIRFLOW AT CONSTRUCTION AREA: AIRFLOW SHOULD BE FROM CLEAN TO DIRTY AROUND THE CONSTRUCTION SITE. AIRFLOW SHOULD NOT BE CIRCULATED FROM CONSTRUCTION AREA TO OTHER SURROUNDING CLEAN AREAS. VENTILATION SYSTEMS/FILTERS MUST BE MONITORED FOR EFFICIENCY AND BUILD-UP OF DUST.

SITE ACCESS: CONSTRUCTION CREW SHOULD UTILIZE ONE EXIT/ENTRANCE THAT IS NOT THE CENTER OF PATIENT CARE ACTIVITY. IF THEY MUST HAVE ACCESS TO A PATIENT CARE AREA, THEY MUST PROVIDE NOTIFICATION TO THE MANAGER OF THE DEPARTMENT AND BE PROPERLY ATTIRED IN CERTAIN AREAS (I.E. OPERATING ROOMS, PROCEDURE ROOMS, CRITICAL CARE AREAS, ETC.)

APPROPRIATE APPAREL OF WORKERS: WORKERS NEED TO HAVE COVER APPAREL OVER THEIR WORK CLOTHES. DUST AND DEBRIS MUST BE REMOVED FROM THEIR BODIES AND THEIR CLOTHING.

AREAS OF EXPOSED CEILING TILES: IF ANY WORK IS TO BE DONE WHERE THERE IS EXPOSED CEILING TILES, A BARRIER NEEDS TO BE ERECTED, FLOOR TO CEILING, EVEN IF SHORT TERM.

DEFINITIONS

"REVIEWED": THE TERM "REVIEWED," WHEN USED TO CONVEY ARCHITECT'S ACTION ON CONTRACTOR'S SUBMITTALS, APPLICATIONS, AND REQUESTS, IS LIMITED TO ARCHITECT'S DUTIES AND RESPONSIBILITIES AS STATED IN THE CONDITIONS OF THE CONTRACT.

"DIRECTED": TERMS SUCH AS "DIRECTED," "REQUESTED," "AUTHORIZED," "SELECTED," "APPROVED," "REQUIRED," AND "PERMITTED" MEAN DIRECTED BY ARCHITECT, REQUESTED BY ARCHITECT, AND SIMILAR PHRASES.

"INDICATED": THE TERM "INDICATED" REFERS TO GRAPHIC REPRESENTATIONS, NOTES, OR SCHEDULES ON DRAWINGS OR TO OTHER PARAGRAPHS OR SCHEDULES IN SPECIFICATIONS AND SIMILAR REQUIREMENTS IN THE CONTRACT DOCUMENTS. TERMS SUCH AS "SHOWN," "NOTED," "SCHEDULED" AND "SPECIFIED" ARE USED TO HELP THE USER LOCATE THE REFERENCE.

"REGULATIONS": THE TERM "REGULATIONS" INCLUDES LAWS, ORDINANCES, STATUTES, AND LAWFUL ORDERS ISSUED BY AUTHORITIES HAVING JURISDICTION, AS WELL AS RULES, CONVENTIONS, AND AGREEMENTS WITHIN THE CONSTRUCTION INDUSTRY THAT CONTROL PERFORMANCE OF THE WORK.

"FURNISH": THE TERM "FURNISH" MEANS TO SUPPLY AND DELIVER TO PROJECT SITE, READY FOR UNLOADING, UNPACKING, ASSEMBLY, INSTALLATION, AND SIMILAR OPERATIONS.

"INSTALL": THE TERM "INSTALL" DESCRIBES OPERATIONS AT PROJECT SITE INCLUDING UNLOADING, TEMPORARILY STORING, UNPACKING, ASSEMBLING, ERECTING, PLACING, ANCHORING, APPLYING, WORKING TO DIMENSION, FINISHING, CURING, PROTECTING, CLEANING, AND SIMILAR OPERATIONS.

"PROVIDE": THE TERM "PROVIDE" MEANS TO FURNISH AND INSTALL, COMPLETE AND READY FOR THE INTENDED USE.

"PROJECT SITE": IS THE SPACE AVAILABLE FOR PERFORMING CONSTRUCTION ACTIVITIES. THE EXTENT OF PROJECT SITE IS SHOWN ON DRAWINGS AND

INFECTION CONTROL RISK ASSESSMENT GEN. NOTES

CONTRACTOR TO COMPLY WITH ALL ICRA REQUIREMENTS FOR THE ENTIRE SCOPE AND DURATION OF THE PROJECT. SEE ALSO INFECTION CONTROL RISK ASSESSMENT POLICY AND PROCEDURES OF MEDICAL CENTER / MEDICAL FACILITY.

PROVIDE TEMPORARY PLASTIC ZIPPER PARTITIONS FROM FLOOR TO UNDERSIDE OF DECK ABOVE TO SEAL AGAINST THE MIGRATION OF DUST AND DIRT ALONG PATHS OF TRAVEL BETWEEN AREA OF WORK AND ADJACENT OCCUPIED AREAS.

PROVIDE PARTITIONS AS REQUIRED ALONG PERIMETER BETWEEN AREA OF WORK EXISTING AREAS TO REMAIN. PARTITIONS TO BE FROM FLOOR TO UNDERSIDE OF DECK ABOVE AND SEALED ALONG PERIMETER TO PREVENT MIGRATION OF DUST AND DIRT, WHERE TEMPORARY NOT INSTALLED.

MAINTAIN A NEGATIVE AIR PRESSURE WITHIN AREA OF WORK FOR DURATION OF DEMOLITION AND CONSTRUCTION ACTIVITIES.

BUILDING WILL BE CONTINUOUSLY OCCUPIED DURING CONSTRUCTION DURATION. MAINTAIN ACCESS TO ALL EXITS AND FROM EXITS TO EXTERIOR.

PROVIDE STICKY WALK-OFF MATS ON BOTH SIDES OF ALL DOORS.

ALL PENETRATIONS THROUGH EXISTING STRUCTURE SHALL BE SEALED IMMEDIATELY.

ALL ANTE ROOMS: ALL CLOTHING, TOOLS, AND MATERIALS (POST-DEMOLITION PHASE) ARE TO BE HEPA-VACUUMED EACH TIME THROUGH THE ANTE ROOM.

CONTRACTOR SHALL PROVIDE FULL GOWNS AND BOOTIES DURING DEMOLITION PHASE.

PROVIDE SWEEPS AND VERTICAL ASTRAGALS ON ALL ICRA DOORS AND STAIR TOWER DOORS.

CONTRACTOR SHALL COORDINATE MEP SHUT DOWNS THAT MAY BE REQUIRED WITH OWNER.

EXISTING SPRINKLER SYSTEM SHALL BE MAINTAINED AS LONG AS FEASIBLE WITHIN THE PROJECT PARAMETERS.

CONTRACTOR SHALL PROVIDE AIR BASE READING PRIOR TO PROCEEDING WITH ANY PHASE OF THE WORK AND PROVIDE REGULAR MONITORING DURING THE LENGTH OF CONSTRUCTION.

INFECTION CONTROL RISK ASSESSMENT (ICRA) POLICY & PROCEDURES:

PURPOSE: THE PURPOSE OF THE INFECTION CONTROL RISK ASSESSMENT POLICY IS TO PREVENT OR LIMIT THE POTENTIAL FOR INFECTION WITH CONSTRUCTION OR RENOVATION AND TO PROTECT PATIENTS, EMPLOYEES AND VISITORS.

POLICY: THE MEDICAL CENTER / MEDICAL FACILITY WILL UTILIZE APPROPRIATE METHODS INCLUDING, BUT NOT LIMITED TO, THOSE DESCRIBED WITHIN THIS PROCEDURE TO PREVENT OR LIMIT THE RISK OF INFECTION TO PATIENTS, EMPLOYEES, AND VISITORS DURING CONSTRUCTION OR RENOVATION PROJECTS AS DEFINED BY REGULATIONS ISSUED BY THE STATE AGENCY/AGENCIES HAVING JURISDICTION ON SUCH MATTERS.

DEFINITIONS – CONSTRUCTION ACTIVITY TYPES:
THE CONSTRUCTION ACTIVITY TYPES ARE DEFINED BY THE AMOUNT OF DUST THAT IS GENERATED, THE DURATION OF THE ACTIVITY, AND THE AMOUNT OF SHARED HVAC SYSTEMS. CONTACT STATE FACILITIES MANAGEMENT AND ENGINEERING DEPARTMENT IF ANY ACTIVITY IS QUESTIONABLE UNDER THESE GUIDELINES.
TYPE A: INSPECTIONS AND NON-INVASIVE ACTIVITIES. THIS INCLUDES, BUT IS NOT LIMITED TO, REMOVAL OF CEILING TILES FOR VISUAL INSPECTION LIMITED TO ONE (1) TILE PER 50 SQUARE FEET, PAINTING (BUT NOT SANDING), WALLCOVERING, ELECTRICAL TRIM WORK, MINOR PLUMBING, AND ACTIVITIES WHICH DO NOT GENERATE DUST OR REQUIRE CUTTING OF WALLS OR ACCESS TO CEILINGS OTHER THAN FOR VISUAL INSPECTION.
TYPE B: THIS SHALL INCLUDE SMALL SCALE, SHORT DURATION ACTIVITIES THAT CREATE MINIMAL DUST. THIS INCLUDES, BUT IS NOT LIMITED TO, THE INSTALLATION OF TELEPHONE AND COMPUTER CABLING, ACCESS TO CHASE SPACES, CUTTING OF WALLS OR CEILING WHERE DUST MIGRATION CAN BE CONTROLLED.
TYPE C: THIS INCLUDES ANY WORK THAT GENERATES A MODERATE TO HIGH LEVEL OF DUST OR REQUIRES DEMOLITION OR REMOVAL OF ANY FIXED BUILDING COMPONENTS OR ASSEMBLIES. THIS INCLUDES, BUT IS NOT LIMITED TO, SANDING OF WALL FOR PAINTING OR WALLCOVERING, REMOVAL OF FLOOR COVERINGS, CEILING TILES OR CASEWORK, NEW WALL CONSTRUCTION, MINOR DUCTWORK OR ELECTRICAL WORK ABOVE CEILINGS, MAJOR CABLING ACTIVITIES, AND ACTIVITY WHICH CANNOT BE COMPLETED WITHIN A SINGLE WORKSHIFT.
TYPE D: THIS INCLUDES MAJOR DEMOLITION AND CONSTRUCTION PROJECTS. THIS INCLUDES BUT IS NOT LIMITED TO ACTIVITIES WHICH REQUIRE CONSECUTIVE WORK SHIFTS, HEAVY DEMOLITION OR REMOVAL OF A COMPLETE CEILING SYSTEM, AND NEW CONSTRUCTION.

DEFINITIONS – INFECTIOUS CONTROL RISK GROUPS:
GROUP 1 – LOWEST: OFFICE AREAS (NON-CLINICAL)
GROUP 2 – MEDIUM: CARDIOLOGY, ECHOCARDIOLOGY, ENDOSCOPY-GI, PHYSICAL THERAPY, RADIOLOGY/MRI, NUCLEAR MEDICINE, RESPIRATORY CARE (EXCEPT BRONCHOSCOPY AREA), CAFETERIA, OUTPATIENT AREAS – CLINICS AND OFFICES (EXCEPT TRANSPLANT AND ONCOLOGY)
GROUP 3 – HIGH: EMERGENCY ROOM, POST-ANESTHESIA CARE UNITS, LABOR AND DELIVERY, PEDIATRICS, ADMISSION/DISCHARGE AREA, LABORATORIES, PHARMACY, INPATIENT UNITS (NOT OTHERWISE SPECIFIED).
GROUP 4 – HIGHEST: ALL OPERATING ROOMS, ANESTHESIA AND PUMP AREAS, CARDIAC CATHETERIZATION AND ANGIOGRAPHY AREAS, INTERVENTIONAL RADIOLOGY, ALL INTENSIVE CARE UNITS, NEWBORN NURSERIES (INCLUDING NEONATAL INTENSIVE CARE UNITS), DIALYSIS UNIT, ONCOLOGY – INPATIENT AND OUTPATIENT, TRANSPLANT – INPATIENT AND OUTPATIENT, PHARMACY ADMIXTURE, NEGATIVE PRESSURE ISOLATION ROOMS (INCLUDING BRONCHOSCOPY AREA.)

PERFORMANCE REQUIREMENTS:
INFECTION CONTROL IS CRITICAL IN ALL AREAS OF ALL FACILITIES. CONSTRUCTION ACTIVITIES CAUSING DISTURBANCE OF EXISTING DUST, OR CREATING NEW DUST MUST BE CONDUCTED IN TIGHT ENCLOSURES CUTTING OFF ANY FLOW OF PARTICLES INTO PATIENT AREAS.

THE MEDICAL CENTER / MEDICAL FACILITY REQUIRES WITHIN THEIR CONTRACT ALL CONTRACTORS AS WELL AS THEIR SUBCONTRACTORS, MATERIAL SUPPLIERS, VENDORS, EMPLOYEES, OR AGENTS TO BE BOUND BY THESE SAME REQUIREMENTS. BEFORE ANY MAJOR CONSTRUCTION ON-SITE BEGINS,

QUALITY CONTROL:
THE MEDICAL CENTER / MEDICAL FACILITY DEPARTMENT OF INFECTION CONTROL AND EPIDEMIOLOGY IN CONJUNCTION WITH THE MEDICAL CENTER / MEDICAL FACILITY MANAGER WILL MONITOR BIOLOGICAL AND PARTICLE COUNTS IN THE VICINITY OF THE CONSTRUCTION WORK ON AN AS-NEEDED BASIS. WHATEVER SAFE LEVELS ARE EXCEEDED, CONTRACTOR WILL BE NOTIFIED TO CORRECT CONDITIONS IMMEDIATELY. ALL WORK SHALL BE STOPPED ON THE PROJECT WHENEVER A HAZARDOUS INFECTION CONTROL DEFICIENCY IS IDENTIFIED . THE CONTRACTOR SHALL TAKE IMMEDIATE ACTION TO CORRECT ALL DEFICIENCIES. THE FAILURE OF THE CONTRACTOR TO CORRECT SUCH DEFICIENCIES WILL RESULT IN CORRECTIVE ACTION TAKEN BY THE MEDICAL CENTER / MEDICAL FACILITY AS PER CONTRACT GUIDELINES.

PRODUCTS AND MATERIALS:
SHEET PLASTIC: FIRE-RETARDANT POLYSTYRENE, 6 MIL THICKNESS.
BARRIER DOORS: SOLID CORE WOOD I METAL FRAME, PAINTED.
HEPA-EQUIPPED AIR INFILTRATION MACHINES: SUCH AS FORCED AIR 2000 HEPA-EQUIPPED AIR-FILTRATION.
EXHAUST HOSES: HEAVY DUTY, FLEXIBLE STEEL REINFORCED; VENTILATION BLOWER HOSE, SUCH AS MANUFACTURED BY FEDERAL HOSE MTG. CO, PAINS, OH, OR EQUAL.
ADHESIVE WALK-OFF MATS: PROVIDE MINIMUM SIZE MATS OF 2'-0" X 3'-0" AS MANUFACTURED BY 3M, ST. PAUL, MN OR EQUAL
DISINFECTANT: MEDICAL CENTER/ MEDICAL FACILITY APPROVED DISINFECTANT OR EQUAL.
CONTROL CUBE: SUCH AS PORTABLE CEILING ACCESS MODULE, "KONTROL KUBE, JR." WITH HEAVY DUTY VINYL ENCLOSURE AS MANUFACTURED BY FIBERLOCK TECHNOLOGIES, CAMBRIDGE, MA.

BARRIERS:
BARRIERS TO CONTAIN DUST AND OTHER CONSTRUCTION, RENOVATION, AND/OR DEMOLITION DEBRIS MAY INCLUDE THE FOLLOWING:
- CLOSE DOOR(S) AND APPLY MASKING TAPE OVER THE FRAME AND DOOR IF PROJECT CAN BE CONTAINED WITHIN A SINGLE ROOM.

IF CONSTRUCTION, DEMOLITION OR RECONSTRUCTION CANNOT BE CONTAINED WITHIN A SINGLE ROOM, THE FOLLOWING STEPS MUST BE FOLLOWED.
- ERECT AIRTIGHT PLASTIC BARRIER THAT EXTENDS FROM FLOOR TO CEILING. SEAMS MUST BE SEALED WITH DUCT TAPE TO PREVENT FROM DUST OR DEBRIS FROM ESCAPING, OR
- ERECT DRYWALL BARRIERS WITH JOINTS COVERED OR SEALED WITH DUCT TAPE TO PREVENT DUST AND DEBRIS FROM ESCAPING.
- SEAL ALL PENETRATIONS IN EXISTING BARRIERS TO ENSURE THAT BARRIERS REMAIN AIRTIGHT.
- ERECT BARRIERS AT PENETRATION OF CEILING ENVELOPES, CHASES, AND CEILING SPACES TO STOP MOVEMENT OF AIR AND DEBRIS.
- BUILD ANTEROOM OR DOUBLE ENTRANCE OPENINGS THAT ALLOW WORKERS TO REMOVE PROTECTIVE CLOTHING OR VACUUM OFF EXISTING CLOTHING.
- PLACE OVERLAPPING FLAP (MIN. 2'-0" WIDE) AT POLYETHYLENE ENCLOSURES FOR PERSONNEL ACCESS.

INFECTION CONTROL PROCEDURES – GENERAL
MAINTAIN MANPOWER AND EQUIPMENT INCLUDING DUST MOPS, WET MOPS, BROOMS, BUCKETS, AND CLEAN WIPING RAGS FOR CLEANING FINE DUST FROM FLOORS AND ADJACENT OCCUPIED AREAS.

CONTAIN WORK AREAS OUTSIDE OF CONSTRUCTION BARRIERS, INCLUDING SPACES ABOVE CEILINGS, WITH FULL HEIGHT POLYETHYLENE SHEET BARRIER, TIGHTLY TAPED.

CLEAN UP DUST TRACKED OUTSIDE OF CONSTRUCTION AREA IMMEDIATELY.

INFECTION CONTROL PROCEDURES – IMPLEMENTATION:
TEMPORARY CONSTRUCTION BARRIERS AND CLOSURES ABOVE CEILINGS SHALL BE DUST TIGHT.

REMOVAL OF DEBRIS SHALL BE IN TIGHTLY COVERED CONTAINERS.

ADHESIVE MATS OR CARPETS AT BARRICADE ENTRANCES AND IN THE ANTEROOM SHALL BE KEPT CLEAN AND CHANGED DAILY, OR AS NECESSARY TO PREVENT ACCUMULATION OF DUST.

ANY DUST TRACKED OUTSIDE OF BARRIER SHALL BE REMOVED IMMEDIATELY. CLEANING OUTSIDE BARRIER TO BE HEPA-FILTERED VACUUM OR DAMP MOP.

ANY CEILING PANELS OPENED FOR INVESTIGATION BEYOND SEALED AREAS SHALL BE REPLACED IMMEDIATELY WHEN UNATTENDED.

BLOCK OFF ALL EXISTING VENTILATION DUCTS WITHIN CONSTRUCTION AREA. METHOD OF CAPPING DUCTS SHALL BE DUST TIGHT AND WITHSTAND AIRFLOW.

WHEN OPENINGS ARE MADE INTO EXISTING CEILINGS, USE CONTROL CUBE OR PROVIDE POLYSTYRENE ENCLOSURE AROUND LADDER, SEALING OFF OPENING, FITTED TIGHT TO CEILING AND FLOOR. PROVIDE THOROUGH CLEANING OF EXISTING SURFACES THAT BECOME EXPOSED TO DUST.

REMOVAL OF CONSTRUCTION BARRIERS AND CEILING PROTECTION SHALL BE DONE CAREFULLY, OUTSIDE NORMAL WORK HOURS. VACUUM (USING HEPA-FILTERED VACUUM) AND CLEAN ALL SURFACES FREE OF DUST AFTER THE REMOVAL.

WHEN ACCESS PANELS ARE OPENED IN OCCUPIED AREAS FOR WORK ABOVE CEILINGS, USE CONTROL CUBE OR POLYETHYLENE ENCLOSURE AROUND LADDER SEALING OFF OPENING, FITTED TIGHT TO CEILING AND FLOOR.

CONSTRUCT ANTEROOM TO MAINTAIN NEGATIVE AIRFLOW FROM CLEAN AREA THROUGH ANTEROOM AND INTO WORK AREA.

ENFORCEMENT:
FOR ANY BREACH OF THIS INFECTION CONTROL POLICY, THE MEDICAL CENTER / MEDICAL FACILITY WILL STOP THE WORK ON THE PROJECT. THE CONTRACTOR SHALL PAY FOR ALL ASSOCIATED COST INCURRED BY THE MEDICAL CENTER / MEDICAL FACILITY AS WELL AS FOR CORRECTION TO THE DEFICIENCIES.

THE MEDICAL CENTER / MEDICAL FACILITY SAFETY OFFICER, FACILITIES MANAGEMENT MAINTENANCE AND ENGINEERING DEPARTMENT, AND DEPARTMENT OF INFECTION CONTROL AND DEPARTMENT OF EPIDEMIOLOGY WILL:
- DOCUMENT EACH VIOLATION.
- EXTRACT CONTRACTOR OR DEPARTMENT INFORMATION FROM THE WORK LOG
- MAINTAIN A RECORD OF ALL INFECTION CONTROL VIOLATIONS.

VIOLATIONS OF INFECTION CONTROL POLICIES MAY AFFECT STATUS AS A RESPONSIBLE CONTRACTOR FOR BIDDING FUTURE WORK.

RESPONSIBILITIES:
THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING THE INFECTION CONTROL

CONSTRUCTION ACTIVITY / INFECTION CONTROL CLASSIFICATIONS

CLASS I – TYPE A CONSTRUCTION ACTIVITY IN ANY OF THE INFECTION CONTROL RISK GROUPS

CLASS II – TYPE B CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUPS 1 OR 2, TYPE C CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUPS 2

CLASS III – TYPE B CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUP 3, TYPE C CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUP 2.

CLASS III/IV – TYPE B CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUP 4, TYPE C CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUPS 3 AND 4, TYPE D CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUP 1

CLASS IV – TYPE D CONSTRUCTION ACTIVITY IN INFECTION CONTROL RISK GROUPS 2, 3 AND 4.

DESCRIPTION OF REQUIRED INFECTION CONTROL PRECAUTIONS BY CLASS

CLASS 1 – DURING CONSTRUCTION PROJECT
- EXECUTE WORK BY METHODS TO MINIMIZE RAISING DUST FROM CONSTRUCTION OPERATIONS.
- IMMEDIATELY REPLACE ANY CEILING TILE DISPLACED FOR VISUAL INSPECTION.

CLASS 1 – UPON COMPLETION OF CONSTRUCTION PROJECT
- WIPE SURFACES TO REMOVE DUST.

CLASS 2 – DURING CONSTRUCTION PROJECT
- INCLUDES ALL ACTIVITIES REQUIRED BY CLASS 1
- PROVIDE ACTIVE MEANS TO PREVENT AIR-BORNE DUST FROM DISPERSING INTO ATMOSPHERE.
- WATER MIST WORK SURFACES TO CONTROL DUST WHILE CUTTING.
- SEAL UNUSED DOORS WITH MASKING TAPE.
- BLOCK OFF AND SEAL AIR VENTS.
- PLACE ADHESIVE WALK-OFF MATS AT ENTRANCE AND EXIT OF WORK AREA. REPLACE USED MATS AT ENTRANCE IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS
- REMOVE OR ISOLATE HVAC SYSTEM IN AREA WHERE WORK IS BEING DONE TO PREVENT CONTAMINATION OF DUCT SYSTEM.

CLASS 2 – UPON COMPLETION OF CONSTRUCTION PROJECT
- WIPE WORK SURFACES WITH DISINFECTANT.
- CONTAIN CONSTRUCTION WASTE BEFORE TRANSPORT IN TIGHTLY COVERED CONTAINERS.
- WET MOP AND/OR VACUUM WORK AREA WITH HEPA-FILTERED VACUUM BEFORE LEAVING WORK AREAS.
- REMOVE ISOLATION OF HVAC SYSTEM IN AREAS WHERE WORK WAS BEING PERFORMED.

CLASS 3 – DURING CONSTRUCTION PROJECT
- INCLUDES ALL ACTIVITIES REQUIRED BY CLASS 2
- OBTAIN INFECTION CONTROL PERMIT FROM MEDICAL CENTER / MEDICAL FACILITY SAFETY OFFICER OR FACILITIES MANAGEMENT MAINTENANCE AND ENGINEERING DEPARTMENT BEFORE CONSTRUCTION BEGINS.
- REMOVE OR ISOLATE HVAC SYSTEM IN AREA WHERE WORK IS BEING DONE TO PREVENT CONTAMINATION OF DUCT SYSTEM.
- COMPLETE ALL CRITICAL BARRIERS BEFORE CONSTRUCTION BEGINS OR IMPLEMENT CONTROL CUBE METHOD.
- MAINTAIN NEGATIVE AIR PRESSURE WITHIN WORK AREA UTILIZING HEPA-EQUIPPED AIR FILTRATION UNITS.
- CONTAIN CONSTRUCTION WASTE BEFORE TRANSPORT IN TIGHTLY COVERED CONTAINERS.
- COVER TRANSPORT RECEPTACLES OR CARTS. TAPE COVERS.
- WET MOP AND/OR VACUUM WITH HEPA-FILTERED VACUUM BEFORE LEAVING WORK AREAS.
- REMOVE ISOLATION OF HVAC SYSTEM IN AREAS WHERE WORK WAS BEING PERFORMED.

CLASS 3 – UPON COMPLETION OF CONSTRUCTION PROJECT
- REMOVE BARRIER MATERIALS CAREFULLY TO MINIMIZE SPREADING OF DIRT AND DEBRIS ASSOCIATED WITH CONSTRUCTION.
- CONTAIN CONSTRUCTION WASTE BEFORE TRANSPORT IN TIGHTLY COVERED CONTAINERS.
- COVER TRANSPORT RECEPTACLE OR CARTS. TAPE COVERING.
- VACUUM WORK AREA WITH HEPA-FILTERED VACUUMS.
- WET MOP AREA WITH DISINFECTANT.
- REMOVE ISOLATION OF HVAC SYSTEM IN AREAS WHERE WORK WAS BEING PERFORMED.

CLASS 4 – DURING CONSTRUCTION PROJECT
- INCLUDES ALL ACTIVITIES REQUIRED BY CLASS 3.
- OBTAIN INFECTION CONTROL PERMIT FROM MEDICAL CENTER / MEDICAL FACILITY SAFETY OFFICER OR FACILITIES MANAGEMENT MAINTENANCE AND ENGINEERING DEPARTMENT BEFORE CONSTRUCTION BEGINS.
- ISOLATE HVAC SYSTEM WHERE WORK IS BEING DONE TO PREVENT CONTAMINATION OF DUCT SYSTEM.
- COMPLETE ALL CRITICAL BARRIERS BEFORE CONSTRUCTION BEGINS OR IMPLEMENT CONTROL CUBE METHOD.
- MAINTAIN NEGATIVE AIR PRESSURE WITHIN WORK AREA UTILIZING HEPA-EQUIPPED AIR FILTRATION UNITS.
- SEAL PIPES, CONDUITS, AND PUNCTURES IMMEDIATELY.
- CONSTRUCT ANTEROOM AND REQUIRE ALL PERSONNEL TO PASS THROUGH THE ROOM SO THAT THEY CAN BE VACUUMED USING A HEPA-VACUUM CLEANER BEFORE LEAVING WORK SITE, OR THEY CAN WEAR CLOTH OR PAPER COVERALLS THAT ARE REMOVED EACH TIME THEY LEAVE THE WORK SITE.
- ALL PERSONNEL ENTERING WORK SITE ARE REQUIRED TO WEAR SHOE COVERS. SHOE COVERS MUST BE CHANGED EACH TIME THE WORKER EXITS THE WORK AREA.
- PLACE ADHESIVE WALK-OFF MATS AT ENTRANCE TO WORK AREA AT ANTEROOM. REPLACE AS PER MANUFACTURER'S RECOMMENDATIONS.
- DO NOT REMOVE BARRIERS FROM WORK AREA UNTIL COMPLETED PROJECT IS INSPECTED BY MEDICAL CENTER / MEDICAL FACILITY SAFETY OFFICER OR FACILITIES MANAGEMENT MAINTENANCE AND ENGINEERING DEPARTMENT, AND INFECTION CONTROL DEPARTMENT AND THOROUGHLY CLEANED BY THE MEDICAL CENTER / MEDICAL FACILITY ENVIRONMENTAL SERVICES COMPANY.
- CONTAIN CONSTRUCTION WASTE BEFORE TRANSPORT IN TIGHTLY COVERED CONTAINERS.
- COVER TRANSPORT RECEPTACLE OR CART. TAPE COVERING.
- VACUUM WORK AREA WITH HEPA-FILTERED VACUUMS. WET MOP WITH DISINFECTANT BEFORE BARRIERS ARE REMOVED.
- REMOVE ISOLATION OF HVAC SYSTEM IN AREAS WHERE WORK WAS BEING PERFORMED.

CLASS 4 – UPON COMPLETION OF CONSTRUCTION PROJECT
- REMOVE BARRIER MATERIALS CAREFULLY TO MINIMIZE SPREADING OF DIRT

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key plan. first floor.

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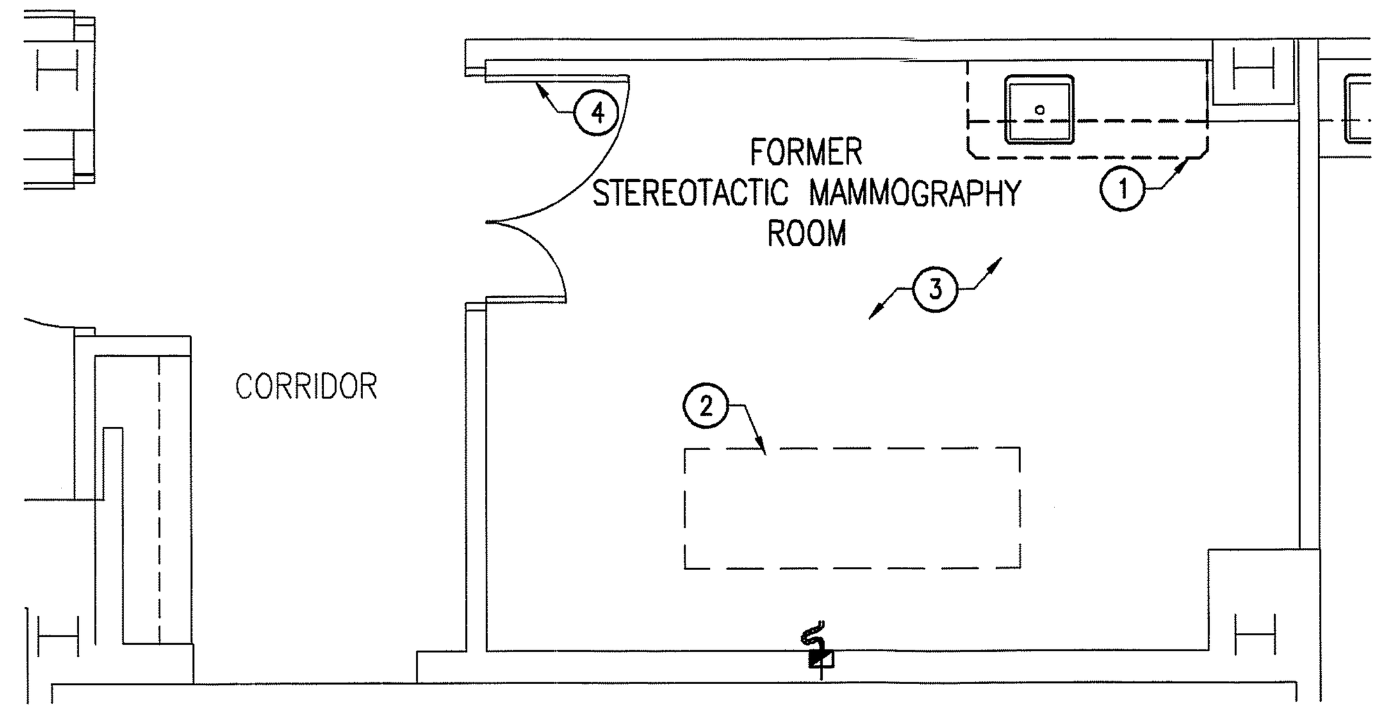
N PROJECT # —

ew Mammography Unit



① DEMOLITION FLOOR PLAN

SCALE: 1/4" = 1'-0"

GENERAL NOTES:

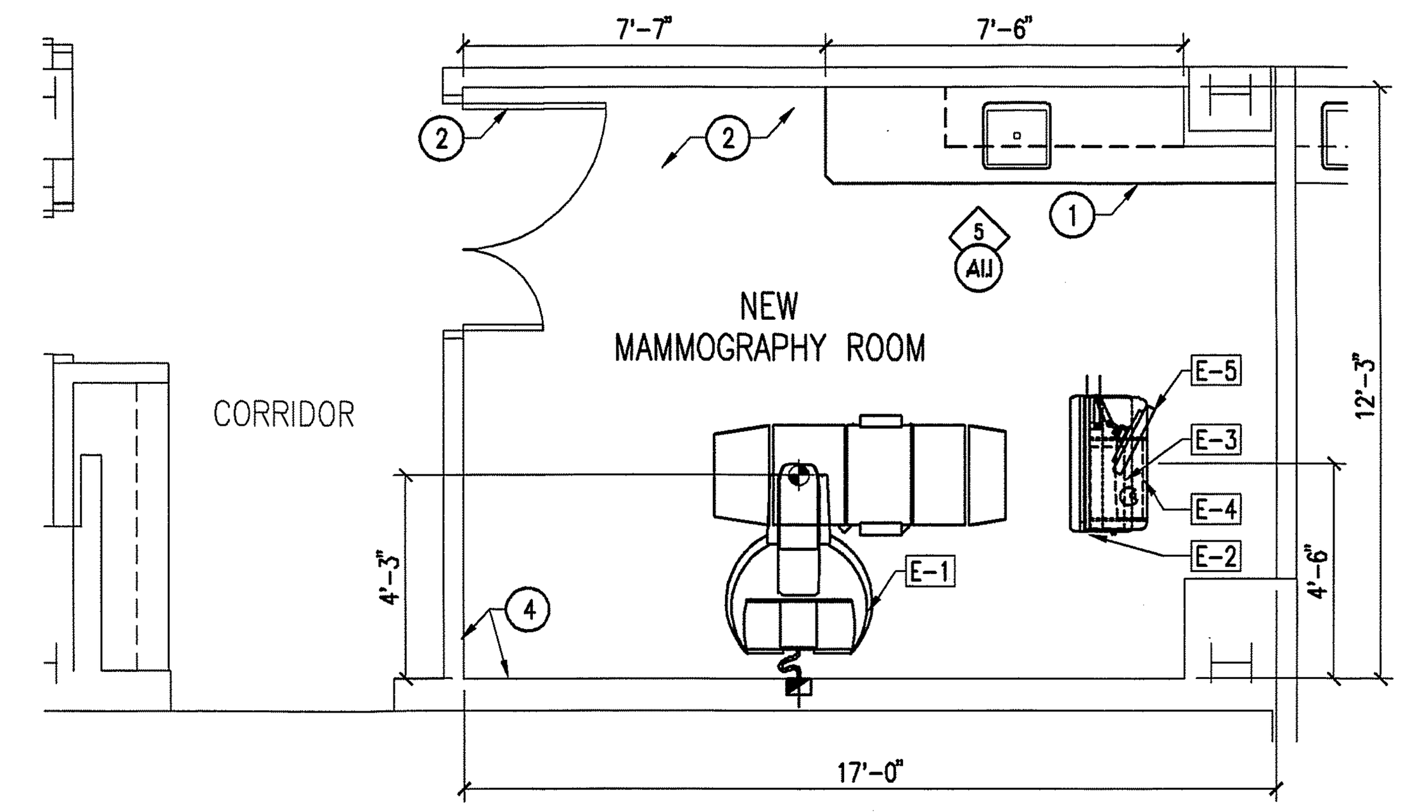
COORDINATE ALL DEMOLITION WORK WITH MEPF DOCUMENTS (TYPICAL)
SEE EQUIPMENT DRAWINGS FOR EQUIPMENT LAYOUT
ALL AFFECTED PERIMETER AREAS SHALL BE PATCHED AND REPAIRED BACK TO ORIGINAL CONDITIONS INCLUDING CEILINGS, FLOORINGS, ETC.

SPECIFIC NOTES:

1. EXISTING COUNTER AND SINK TO BE REMOVED. SINK TO BE REINSTALLED. EXISTING BASE AND UPPER CABINETRY TO REMAIN.
2. EXISTING STEREOTACTIC MAMMOGRAPHY EQUIPMENT TO BE RELOCATED.
3. EXISTING FLOORING TO REMAIN. REPLACE FLOORING WITH MATERIAL TO MATCH EXISTING, AS REQUIRED, AFTER REMOVAL OF EQUIPMENT.
4. EXISTING DOORS AND DOOR HARDWARE TO REMAIN.

DEMOLITION KEY

- EXISTING WALL TO REMAIN
- EXISTING CEILING GRID
- WALL TO BE REMOVED
- CEILING GRID TO BE REMOVED
- ROOM NAME ——— OFFICE



② FLOOR PLAN

SCALE: 1/4" = 1'-0"

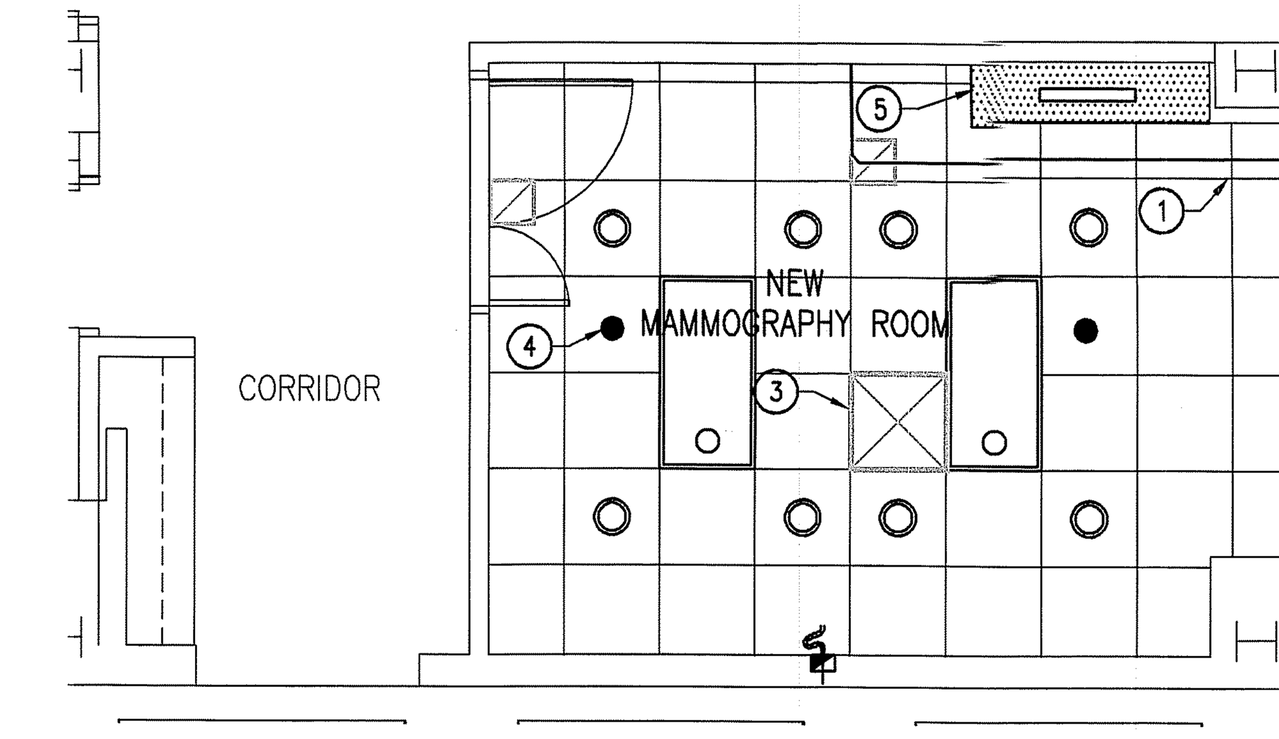
SPECIFIC NOTES:

COORDINATE WORK WITH MEPF DOCUMENTS (TYPICAL)
COORDINATE WORK WITH EQUIPMENT SITE SPECIFICS.

1. EXISTING BASE CABINET AND SINK TO BE REINSTALLED. PROVIDE NEW COUNTER AND REINSTALL SINK AS INDICATED IN MILLWORK ELEVATION.
2. EXISTING DOORS AND DOOR HARDWARE TO REMAIN
3. EXISTING FLOORING TO REMAIN. REPLACE AS REQUIRED WITH INSTALLATION OF NEW EQUIPMENT.
4. EXISTING WALLS TO BE REPAINTED (TYP.)

KEY

- NEW WALL CONSTRUCTION
- EXISTING WALL TO REMAIN
- 1 HR. FIRE RATED WALL
- 2 HR. FIRE RATED WALL
- SMOKE PARTITION
- OFFICE — ROOM NAME



③ REFLECTED CEILING PLAN

SCALE: 1/4" = 1'-0"

GENERAL NOTES:

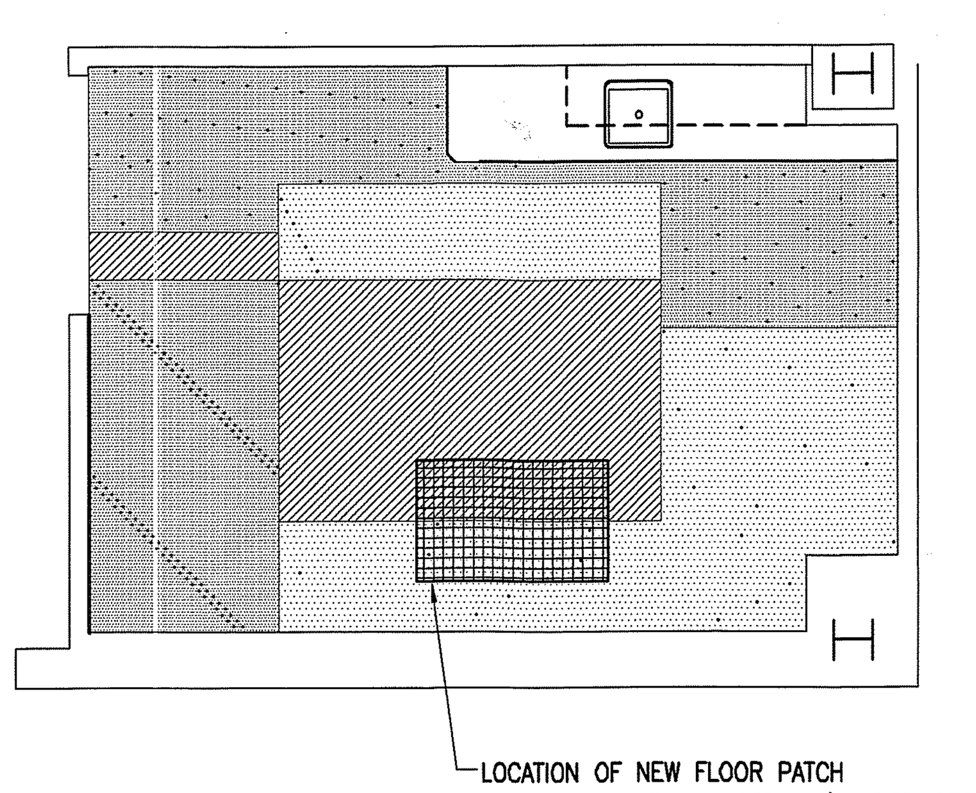
COORDINATE ALL DEMOLITION WORK WITH MEPF DOCUMENTS (TYPICAL)
SEE EQUIPMENT DRAWINGS FOR EQUIPMENT LAYOUT
ALL AFFECTED PERIMETER AREAS SHALL BE PATCHED AND REPAIRED BACK TO ORIGINAL CONDITIONS INCLUDING CEILINGS, FLOORINGS, ETC.

SPECIFIC NOTES:

1. EXISTING CEILING GRID AND CEILING TILES TO REMAIN (TYP.)
2. EXISTING LIGHTING TO REMAIN (TYP.)
3. EXISTING SUPPLY DIFFUSERS AND RETURN GRILLES TO REMAIN (TYP.)
4. EXISTING SPRINKLERS TO REMAIN (TYP.)
5. EXISTING GYPSUM BOARD SOFFIT ABOVE UPPER MILLWORK.

REFLECTED CEILING KEY

- EXISTING CEILING GRID
- EXISTING 2x4 FLUORESCENT LAY-IN LIGHT PANEL
- EXISTING DOWNLIGHT
- EXISTING UNDERCABINET LIGHT
- CEILING HVAC DIFFUSER
- CEILING HVAC RETURN
- EXISTING SOFFIT
- EXISTING SPRINKLER HEAD
- EXISTING SMOKE DETECTOR



④ FLOOR FINISH PLAN

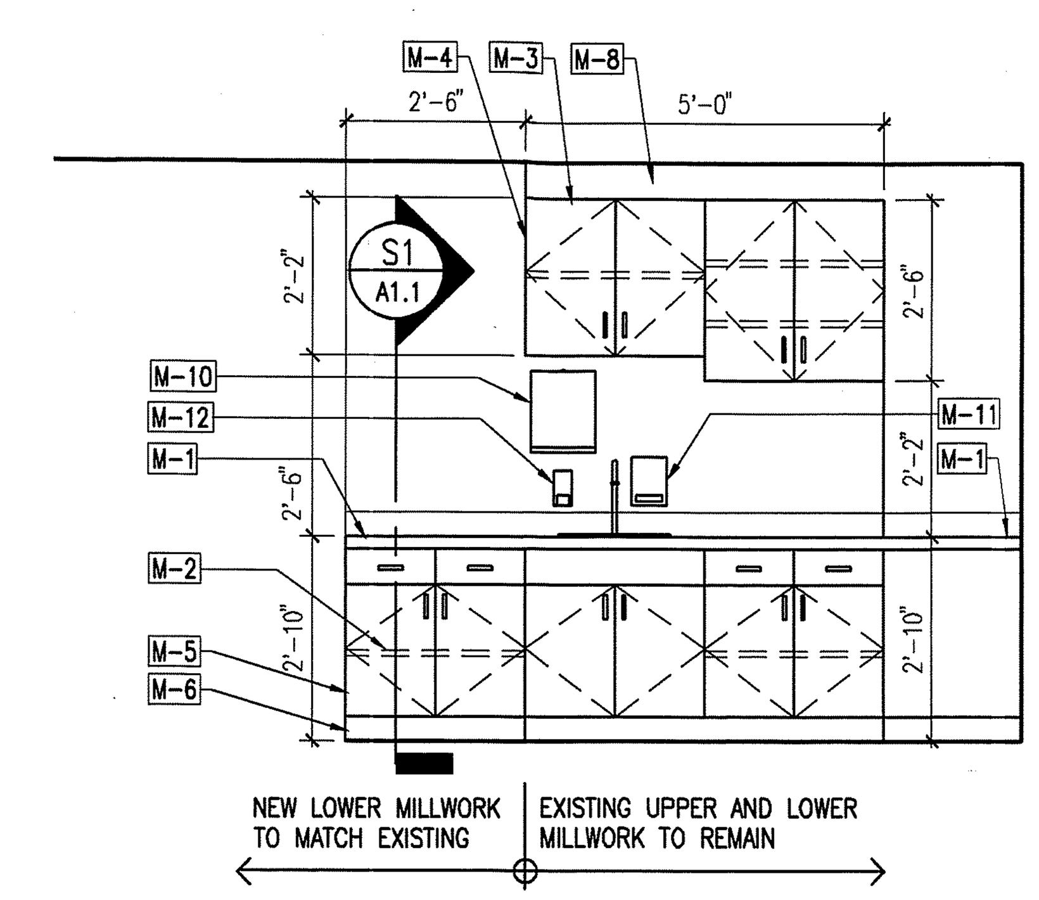
SCALE: 1/4" = 1'-0"

NOTE: PROVIDE NEW FLOORING TO MATCH EXISTING, AS REQUIRED, WITH INSTALLATION OF NEW EQUIPMENT.

FINISH KEY

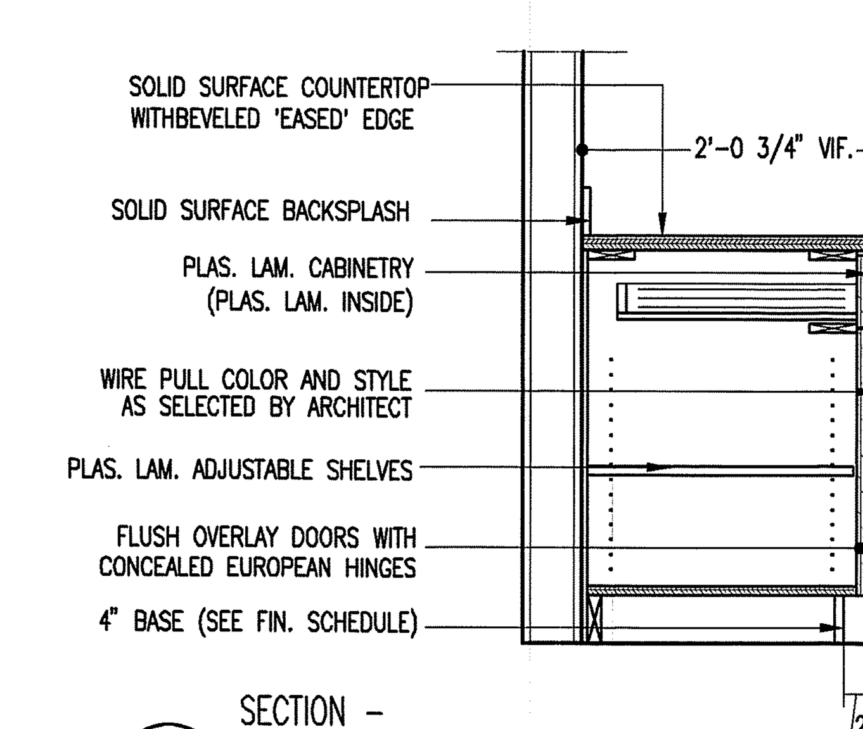
- COLOR 1: VCT: TARKETT: CARNATION WHITE #1316
- COLOR 2: VCT: TARKETT YELLOW #1336
- COLOR 3: VCT: TARKETT WARM GREEN #1362

LEGEND		
MARK	DESCRIPTION	REFERENCES
M-1	NEW SOLID SURFACE COUNTER	SEE MILLWORK ELEV. FOR DETAILS. NEW COUNTER TO EXTEND AROUND COLUMN
M-2	PLAS. LAM. ADJUSTABLE SHELVES	SEE MILLWORK ELEV. FOR DETAILS
M-3	EXISTING PLAS. LAM. UPPER CABINETS WITH ADJUSTABLE SHELVES TO REMAIN	SEE MILLWORK ELEV. FOR DETAILS
M-4	EXISTING PLAS. LAM. FINISH PANEL	SEE MILLWORK ELEV. FOR DETAILS
M-5	NEW PLAS. LAM. FINISH PANEL	
M-6	NEW 4" BASE	
M-7	NEW 4" SOLID SURFACE BACKSPLASH	NEW BACKSPLASH TO EXTEND AROUND COLUMN
M-8	EXISTING GYPSUM BOARD SOFFIT TO REMAIN	
M-9	NEW SOLID SURFACE SINK	
M-10	PAPER TOWEL DISPENSER	EXISTING ITEM TO REMAIN
M-11	HAND SOAP DISPENSER	EXISTING ITEM TO REMAIN
M-12	HAND SANITIZER DISPENSER	EXISTING ITEM TO REMAIN
ALL "E" ITEMS ARE PROVIDED AND INSTALLED BY OTHERS U.O.N.		
E-1	MAMMOMAT INSPIRATION X-RAY STAND WITH BIOPSY UNIT	SEE SITE SPECIFIC DRAWINGS AND INSTALL MANUAL
E-2	CONTROL CONSOLE TABLE WITH RADIATION SHIELD	SEE SITE SPECIFIC DRAWINGS AND INSTALL MANUAL
E-3	AWS WORKSTATION	SEE SITE SPECIFIC DRAWINGS AND INSTALL MANUAL
E-4	CONTROL BOX	SEE SITE SPECIFIC DRAWINGS AND INSTALL MANUAL
E-5	18" TFT B/W DISPLAY MONITOR	SEE SITE SPECIFIC DRAWINGS AND INSTALL MANUAL



⑤ MILLWORK ELEVATION

SCALE: 3/8" = 1'-0"



S1 SECTION - WORKING COUNTER (TYP)
3/4" = 1'-0"

MILLWORK MATERIAL SCHEDULE		
MARK	DESCRIPTION	REFERENCES
SS1	HORIZONTAL SURFACE	SOLID SURFACE
PL1	VERTICAL SURFACE	PLAS. LAM., FORMICA
HANDLE	BRUSHED ALUMINUM WIRE PULL HANDLES	
HARDWARE	EUROPEAN CONCEALED HINGES	

GENERAL MILLWORK NOTES	
	** SIZE AND LOCATION OF ALL MILLWORK IS TO BE FIELD VERIFIED FOR SIZE AND LOCATION. CONTRACTOR TO SUPPLY ARCHITECT WITH SHOP DRAWINGS OF ALL PIECES FOR APPROVAL BEFORE CONTRUCTION ALONG WITH MATERIAL VERIFICATIONS.
1.	ALL SOLID SURFACE COUNTERTOPS TO RECEIVE DOUBLE 1/4" ROUND EASED EDGE.
2.	ALL SOLID SURFACE COUNTERTOPS OUTCORNERS TO RECEIVE ROUND OUT.
3.	CABINETS TO RECEIVE KEYED LOCKING HARDWARE (TYP.). SEE MILLWORK ELEVATIONS
4.	INTERIOR FACE OF ALL CLOSED MILLWORK IS TO BE MELAMINE, UNLESS OTHERWISE NOTED.
5.	CABINETRY BASE IN ALL ROOMS TO MATCH BASE FINISH OF THE ROOM THAT PIECE OF MILLWORK IS LOCATED IN (UNLESS NOTED OTHERWISE)
6.	ALL WET SURFACE COUNTER SHALL BE SOLID SURFACE.

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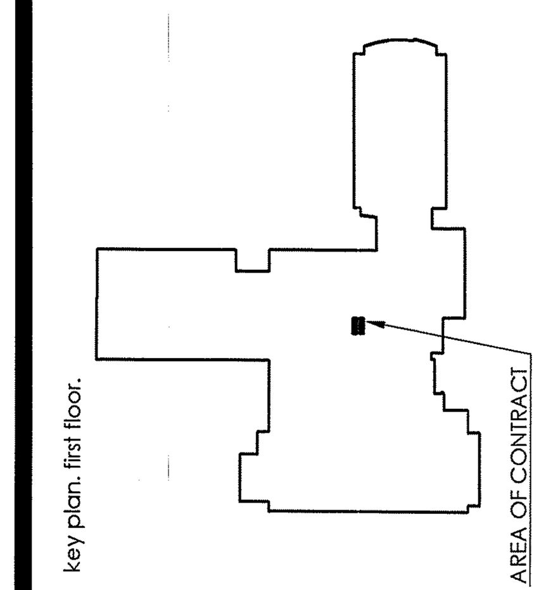

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project. MERIDIAN PROJECT # —

New Mammography Unit

Ocean Medical Center

425 JACK MARTIN BLVD BRICK, NEW JERSEY

nj dca no.

drawing title. DEMOLITION PLAN FLOOR PLAN

date. 06.11.10 drawn by. SAS
scale. 1/4"=1'-0" checked by. SAS

drawing no. A1.1

phase. CD project no. 1113

ELECTRICAL NOTES

1. SCOPE OF WORK:
   - A. CONTRACTOR SHALL VISIT SITE PRIOR TO BIDDING. BIDS SHALL SERVE AS EVIDENCE OF KNOWLEDGE OF EXISTING CONDITIONS. FIELD VERIFY ALL ELECTRICAL EQUIPMENT.
   - B. FURNISH ALL LABOR, MATERIALS, EQUIPMENT AND TOOLS TO PERFORM ELECTRICAL WORK SHOWN, NOTED OR SCHEDULED FOR A COMPLETE AND FINISHED INSTALLATION.
     - MATERIALS, PRODUCTS AND EQUIPMENT, INCLUDING ALL COMPONENTS THEREOF, SHALL BE NEW AND SUCH AS APPEAR ON THE UNDERWRITERS LABORATORIES LIST OF APPROVED ITEMS AND SHALL BE SIZED IN CONFORMITY WITH REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE AND OTHER APPLICABLE CODES, WHICHEVER ARE MORE STRINGENT.
   - C. ALL WORK TO BE IN ACCORDANCE WITH NATIONAL ELECTRIC CODE (2008) AND THE N.J. U.C.C. (LATEST EDITION).
2. PERMITS:
   - A. SECURE AND PAY FOR ALL REQUIRED PERMITS AND INSPECTION CERTIFICATES.
3. SHOP DRAWINGS:
   - A. SUBMIT MATERIAL LIST AND SHOP DRAWINGS FOR MAJOR EQUIPMENT TO THE ARCHITECT FOR APPROVAL. SUBMITTALS SHALL BE IN ACCORDANCE WITH GENERAL CONDITIONS AND SHALL BEAR STAMP OF THE GENERAL CONTRACTOR SHOWING THAT HE HAS REVIEWED AND APPROVED THEM. LACK OF SUCH CONTRACTOR'S APPROVAL WILL BE CAUSE FOR REJECTION WITHOUT REVIEW BY THE ARCHITECT OR ENGINEER.
4. CONDUITS AND CABLE:
   - A. THE TYPE OF CONDUIT SHALL BE AS FOLLOWS FOR ALL FEEDERS AND DISTRIBUTION CIRCUITS, UNLESS OTHERWISE SPECIFIED.

	TYPE OF CONDUIT
BRANCH CIRCUITS (EXPOSED)	EMT
BRANCH CIRCUITS (CONCEALED)	MC – HOSPITAL GRADE, HFC 90 CABLE
SUPPLY TO DISTRIBUTION PANEL	EMT

   - B. WIRING IN PATIENT CARE AREAS SHALL COMPLY WITH NATIONAL ELECTRICAL CODE (2005), SECTION 517.13.
5. WIRE:
   - A. WIRE SHALL BE SINGLE CONDUCTOR COPPER WITH 600 VOLT INSULATION. #10 AND SMALLER SHALL BE SOLID. #8 AND LARGER SHALL BE STRANDED. MINIMUM WIRE SIZE SHALL BE #12 EXCEPT #14 MAY BE USED FOR CONTROL. ALL WIRE AND CABLE SHALL BE NEW AND SHALL BE BROUGHT TO THE SITE IN UNBROKEN PACKAGES.
     - GENERAL WIRING SHALL BE THW OR THHN (ALUMINUM CONDUCTORS ARE NOT PERMITTED).
   - B. WIRE CONNECTORS SHALL BE EQUAL BY SCOTCHLOCK FOR #6 AND SMALLER AND T & B "LOCK-LITE" FOR #6 AND LARGER.
6. LIGHTING:
   - A. LIGHTING FIXTURES AND LAMPS (UNLESS NOTED OTHERWISE) SHALL BE FURNISHED BY THE ELECTRICAL CONTRACTOR. ELECTRICAL CONTRACTOR SHALL INSTALL ALL FIXTURES AND LAMPS.
7. WIRE DEVICES:
   - A. RECEPTACLES SHALL BE HOSPITAL GRADE 20 AMP, 3-WIRE GROUNDING TYPE WITH S.S. COVER PLATES (MOUNTING @ 18"A.F.F.).
   - B. SWITCHES SHALL BE HOSPITAL GRADE RATED 20 AMP AT 120 VOLT WITH S.S. COVER PLATES (MOUNTING @48"A.F.F.).
   - C. SPECIAL DEVICES SHALL BE A HOSPITAL GRADE WITH S.S. COVER PLATES.
8. SAFETY SWITCHES:
   - A. PROVIDE SAFETY AND DISCONNECT SWITCHES, FUSED OR NONFUSED, AS CALLED FOR ON DRAWINGS AND AS REQUIRED BY CODE. SWITCHES SHALL BE HEAVY DUTY, LOAD AND HORSEPOWER RATED AS MANUFACTURED BY SQUARE D, GOULD, ITE OR EQUAL.
9. BOXES:
   - A. OUTLET BOXES AND COVERS SHALL BE GALVANIZED, ONE-PIECE PRESSED STEEL KNOCKOUT.
   - B. JUNCTION, PULL BOXES AND COVERS SHALL BE GALVANIZED STEEL, CODE GAUGE SIZE.
10. INSTALLATION:
    - A. ALL ELECTRICAL WORK SHALL BE INSTALLED SO AS TO BE READILY ACCESSIBLE FOR OPERATING, SERVICING, MAINTAINING AND REPAIRING.
    - B. THE CONTRACTOR SHALL DO ALL CUTTING, CHASING OR CHANNELING AND PATCHING REQUIRED FOR ANY WORK UNDER THIS DIVISION. SLEEVES SHALL EXTEND AT LEAST TWO (2") INCHES ABOVE FINISHED FLOOR AND ALL SLEEVES, OPENINGS, ETC., THROUGH FIRE RATED WALLS AND FLOORS SHALL BE SEALED AFTER CONDUIT INSTALLATION TO REMAIN THEIR FIRE RATING.
    - C. THE FOLLOWING EQUIPMENT SHALL BE IDENTIFIED WITH ENGRAVED BAKELITE NAMEPLATES AS TO NAME AND/OR FUNCTION; DISTRIBUTION PANELS AND DISCONNECT SWITCHES.
    - D. THE LOCATION OF OUTLETS AND EQUIPMENT SHOWN ON THE DRAWINGS ARE APPROXIMATE AND THE ARCHITECT SHALL HAVE THE RIGHT TO RELOCATE ANY OUTLETS OR FIXTURES BEFORE THEY ARE INSTALLED WITHOUT ADDITIONAL COST..
    - E. ELECTRICAL CONTRACTOR SHALL RECORD ALL FIELD CHANGES IN HIS WORK AS THE JOB PROGRESSES.
11. GUARANTEE:
    - A. MATERIALS, EQUIPMENT AND INSTALLATION SHALL BE GUARANTEED FOR A PERIOD OF ONE (1) YEAR FROM DATE OF ACCEPTANCE. DEFECTS WHICH APPEAR DURING THAT PERIOD SHALL BE CORRECTED AT THIS CONTRACTOR'S EXPENSE.
    - B. FOR THE SAME PERIOD, THE ELECTRICAL CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DAMAGE TO PREMISES CAUSED BY DEFECTS IN WORKMANSHIP OR IN THE WORK OR EQUIPMENT FURNISHED AND/OR INSTALLED BY HIM.
12. CIRCUIT DIRECTORY AND CIRCUIT IDENTIFICATION:
    - A. PROVIDE CIRCUIT DIRECTORIES IN NEW AND EXISTING PANELBOARDS FOR ALL CIRCUITS AND CIRCUIT MODIFICATIONS IN ACCORDANCE WITH NEC SECTION 408.4.
12. FINALLY:
    - A. IT IS THE INTENT THAT THE FOREGOING WORK SHALL BE COMPLETE IN EVERY RESPECT AND THAT ANY MATERIAL OR WORK NOT SPECIFICALLY MENTIONED OR SHOWN ON THE DRAWINGS, BUT NECESSARY TO FULLY COMPLETE THE WORK SHALL BE FURNISHED.

ELECTRICAL SYMBOLS

ABBREVIATIONS

AC	ABOVE COUNTER
AFF	ABOVE FINISHED FLOOR.
CB	CIRCUIT BREAKER.
EF	EXHAUST FAN.
GFI	GROUND FAULT CIRCUIT INTERRUPTER.
GND	GROUND.
HP	HORSEPOWER.
LP	LIGHTING PANEL.
MCC	MOTOR CONTROL CENTER.
MH	MOUNTING HEIGHT
NEC	NATIONAL ELECTRICAL CODE.
NEMA	NATIONAL ELECTRICAL MANUFACTURERS ASSOC.
NIC	NOT IN CONTRACT.
NL	NIGHT LIGHT.
PH	PHOTOELECTRIC SWITCH
PP	POWER PANEL.
RP	RECEPTACLE PANEL.
UG	UNDERGROUND.
UON	UNLESS OTHERWISE NOTED.
WP	WEATHER PROOF.

WIRING

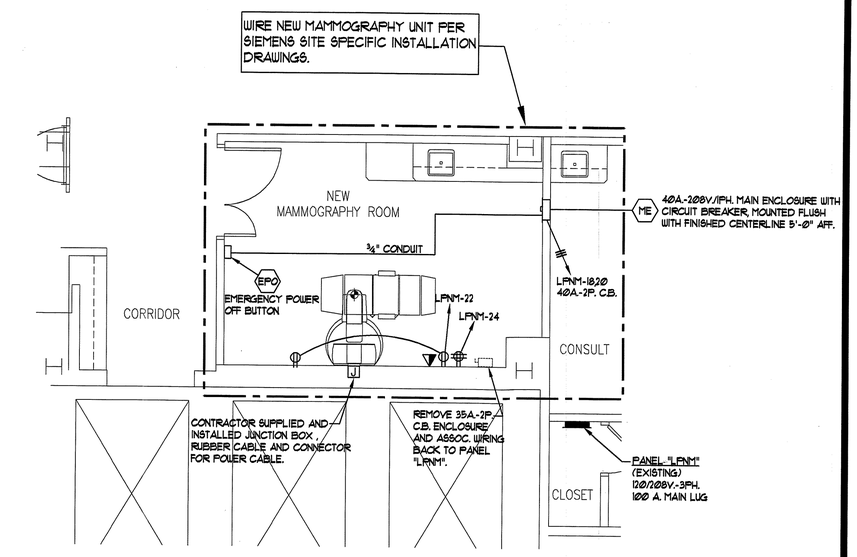
- #10 — WIRING CONCEALED IN CEILING OR WALLS; SLASH MARKS INDICATE NUMBER OF CONDUCTORS EXCLUDING GROUNDS; CONDUCTOR SIZE AS MARKED; #12 AWG UON.
- — — UNDERGROUND CABLE OR DUCT; TYPE, SIZE, CONDUCTORS, AND ARRANGEMENT BY NOTATION OR SCHEDULE.
- ——— WIRING RUN EXPOSED.

RECEPTACLES

- GROUNDED DUPLEX RECEPTACLE (NEMA 5-20R); MOUNTED 18" AFF UON (HOSPITAL GRADE).
- DUPLEX HOSPITAL GRADE, DEDICATED CEILING OUTLET, 120V.-1PH. POWER
- GROUNDED QUADRUPLEX RECEPTACLE (NEMA 5-20R); MOUNTED 18" AFF UON (HOSPITAL GRADE).
- D — DUPLEX HOSPITAL GRADE, DEDICATED WALL OUTLET, 120V.-1PH. POWER

PANELS AND MISC.

- LIGHT OR POWER PANEL
- J — JUNCTION BOX
- DEDICATED TELEPHONE OUTLET – WALL – MOUNTED 18" AFF UON.
- DEDICATED NETWORK OUTLET – WALL – MOUNTED 18" AFF UON.



ELECTRICAL POWER PLAN

SCALE: 1/4" = 1'-0"

CIRCUIT BREAKER PANEL NO: "LPNM" (EXISTING)

VOLTS: 120/208 — WIRE: 4 — KA RMS: ------ — NEUTRAL BAR: YES — BRANCH CB: —— — NEMA TYPE: 1 — MF'R: EXISTING

PHASE: 3 — AMP: 100 — MAIN LUG ONLY — GROUND BAR: YES — KEY LOCK: —— — MOUNTING: ——

VOLT-AMPS(V-A) A	B	C	CIRCUIT DESCRIPTION	CONDUCTOR	POLES	C.B.	CK'T#		C.B.	POLES	CONDUCTOR	CIRCUIT DESCRIPTION	VOLT-AMPS(V-A) A	B	C
1000			EXISTING	——	——	——	1	2	——	——	——	EXISTING	1000		
	1000		EXISTING	——	——	——	3	4	——	——	——	EXISTING		1000	
		1000	EXISTING	——	——	——	5	6	——	——	——	EXISTING			1000
1000			EXISTING	——	——	——	7	8	——	——	——	EXISTING	1000		
	1000		EXISTING	——	——	——	9	10	——	——	——	EXISTING		1000	
		1000	EXISTING	——	——	——	11	12	——	——	——	EXISTING			1000
1000			EXISTING	——	——	——	13	14	——	——	——	EXISTING	1000		
	1000		EXISTING	——	——	——	15	16	——	——	——	EXISTING		1000	
		1000	EXISTING	——	——	——	17	18	40	2	3#8+#12G.	NEW MAMMO. EQUIP.			3120
1000			EXISTING	——	——	——	19	20					3120		
			SPACE	——	——	——	21	22	20	1	2#12+#12G.	RECEPT.		1000	
			SPACE				23	24	20	1	2#12+#12G.	RECEPT.			1000
			SPACE				25	26				SPACE			
			SPACE				27	28				SPACE			
			SPACE				29	30				SPACE			
4000	3000	3000	← TOTAL	TOTAL CONNECTED LOAD: 26,240 V-A (73 A.)								TOTAL →	6120	4000	6120

SHEET NOTES

1. WIRE ALL CIRCUITS WITH 2#12+#12G. TO A 20 A. - 1P. C.B., UNLESS OTHERWISE NOTED.
2. CONTRACTOR TO INSTALL DATA/COMM. WIRING FROM MAMMOGRAPHY ROOM TO DATA/COMM. CLOSET. COORDINATE WORK WITH I.T. DEPARTMENT OF MEDICAL CENTER. ALL TERMINATIONS AND CONNECTIONS BY OTHERS. WIRE ALL DATA/COMM. WITH CAT. 6E CABLE.
3. NO EXPOSED CONDUIT IS ALLOWED IN OCCUPIABLE ROOMS. GENERAL CONTRACTOR SHALL PROVIDE PREFINISHED METAL RACEWAY. PAINT TO MATCH ROOM COLOR PALETTE.
4. ELECTRICAL CONTRACTOR TO DETERMINE ALL AVAILABLE CIRCUITS AFTER DEMOLISHING EXISTING ROOM. ASSIGN AVAILABLE CIRCUITS TO NEW C.T. ROOM CIRCUITS. ELECTRICAL CONTRACTOR TO RECORD ALL USED CIRCUITS ON "AS-BUILT" DRAWINGS.

GENERAL NOTES

1. THIS PROJECT DOES NOT CREATE/INCREASE ANY CODE CONFORMITY IN COMPLIANCE WITH NJAC 5:23-6.6 c AND h.

saphire + albarran ARCHITECTURE LLC
joseph e. saphire, n.j. license A 108932
twelve north main street
CPJB CHARLES P. BUCKLEY PROFESSIONAL ENGINEER 500 DEPOT ST.
consultants.

rev.	date.	remarks.
	07.06.11	NJ DHSS SUBMISSION
	08.22.11	PERMIT SET

key plan. first floor.

by. CH CH

project. New Mammography Unit — Ocean Medical Center

project. MERIDIAN PROJECT # ——

dca no.

drawing title. ELECTRICAL I AND DETAILS

date. drawn by.

scale. AS NOTED checked b

drawing no. E1.1

phase. CD project no

OCEAN MEDICAL CENTER

425 Jack Martin Blvd
Brick, NJ 08724

MAMMOMAT INSPIRATION

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Project #: 1102154

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SIEMENS MEDICAL SOLUTIONS
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OCEAN MEDICAL CENTER

MAMMOMAT INSPIRATION
NEW MAMMO ROOM

Issue #: 0
Date: 08/02/11

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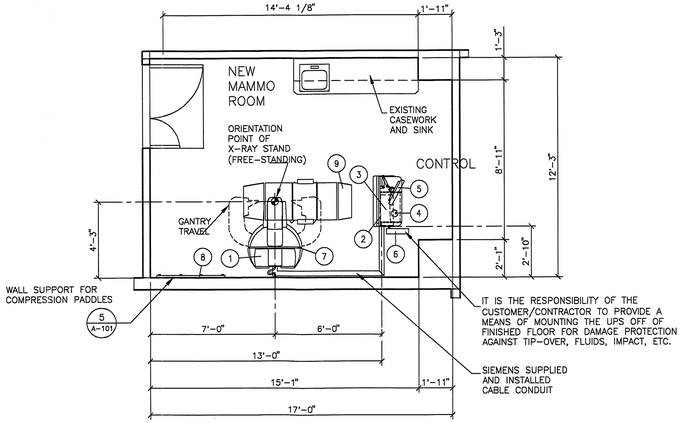
ARCHITECTURAL EQUIPMENT PLAN

SCALE: 1/4" = 1'-0"



THIS SET OF FINAL DRAWINGS IS REFLECTIVE OF THE LATEST SALES CONFIGURATION. ANY CHANGES TO THIS SALES CONFIGURATION MAY REQUIRE A REVISION TO THIS PROJECT PLAN. IF REQUESTED, SIEMENS WILL PRODUCE A REVISED SET OF FINAL DRAWINGS TO REFLECT THE CHANGES, HOWEVER SIEMENS IS NOT RESPONSIBLE FOR ANY CONSTRUCTION COSTS ASSOCIATED WITH THE CHANGES THAT OCCUR FROM THIS PLAN MODIFICATION.

ROOM MEASUREMENTS

ALL ROOM MEASUREMENTS AND ROOM DETAIL SPECIFICATIONS MUST BE VERIFIED ON SITE PRIOR TO BEGINNING ANY CONSTRUCTION WORK.

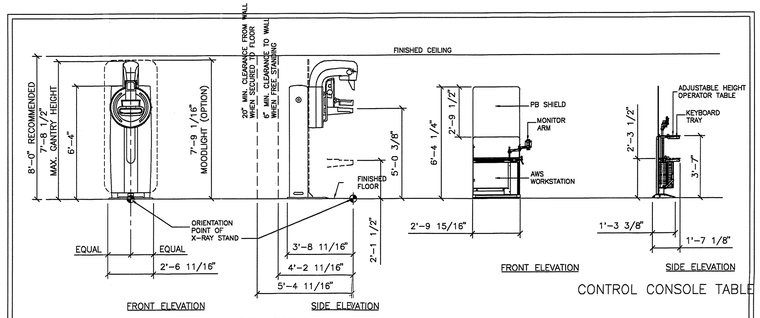
STATE AGENCY REVIEW

PRIOR TO SIEMENS EQUIPMENT INSTALLATION, APPROVAL OF CONSTRUCTION OR STRUCTURAL MODIFICATIONS UTILIZING X-RAY FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES, MUST BE OBTAINED BY THE CUSTOMER FROM THE APPROPRIATE STATE AGENCY, IF APPLICABLE.

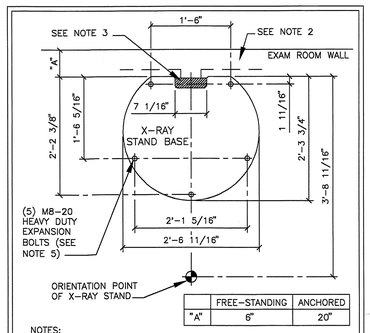
ENVIRONMENTAL CONDITIONS

		OPERATION	TRANSPORT/STORAGE
PERMISSIBLE AMBIENT TEMPERATURE	SYSTEM	68°F TO 86°F	-4°F TO 158°F
	DETECTOR	53.6°F TO 98.6°F	53.6°F TO 98.6°F
RELATIVE HUMIDITY (NON-CONDENSING)	SYSTEM	30% TO 75%	10% TO 90%
	DETECTOR		-90%

NOTE: THE DETECTOR IS CALIBRATED MANUALLY IN PERIODIC INTERVALS. BASED ON THIS CALIBRATION, A WORKING RANGE OF ±12.6°F IS AVAILABLE. OPTIMUM IMAGE QUALITY OUTSIDE OF THIS WORKING RANGE WITHOUT RE-CALIBRATION IS NOT ENSURED.
TO ENSURE CONSTANT AND OPTIMAL IMAGE QUALITY, ENVIRONMENTAL CONDITIONS MUST BE MAINTAINED ABSOLUTELY. AVOID DIRECT SUNLIGHT!



1 | INSPIRATION – TYPICAL ELEVATIONS | SCALE: 1/4"=1'-0"



	FREE-STANDING	ANCHORED
"A"	6"	20"

NOTES:

1) IF INSTALLATION IS ON A SOLID FLOOR, FLOOR COVERING MUST BE CUT OUT AROUND THE STAND BASE.

2) THE PREFERRED METHOD OF CABLE ACCESS IS BY WAY OF THE CABLE CONDUITS PROVIDED WITH THIS SYSTEM AND CONNECTED AS SHOWN.

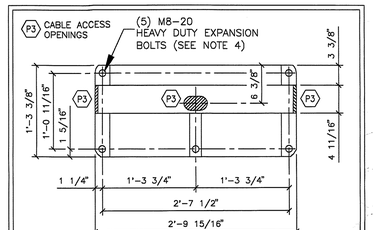
3) CABLE ACCESS IS POSSIBLE FROM UNDER THE FLOOR THROUGH THE OPENING SHOWN.

4) UNLESS REQUIRED BY LOCAL CODE (I.E. SEISMIC AREAS); THIS SYSTEM DOES NOT REQUIRE FLOOR ANCHORING.

5) MAXIMUM PULL FORCES PER MOUNTING POINT = 337 LBS.

X-RAY STAND

2 | STAND BASE DETAIL | SCALE: 3/4"=1'-0"



NOTES:

1) THE CONTROL CONSOLE TABLE/RADIATION SHIELD MUST BE ANCHORED TO THE FLOOR.

2) THE CUSTOMER IS RESPONSIBLE FOR CONSULTING WITH A REGISTERED RADIATION PHYSICIST TO ESTABLISH RADIATION PROTECTION FOR THE SITE.

3) ADDITIONAL CABLE CONDUITS ARE AVAILABLE FOR THE CONNECTION BETWEEN THE X-RAY STAND AND THE CONTROL CONSOLE TABLE. (ORDER PART #64 38 795 X041E).

4) MAXIMUM PULL FORCES PER MOUNTING POINT = 337 LBS.

CONTROL CONSOLE TABLE WITH RADIATION SHIELD

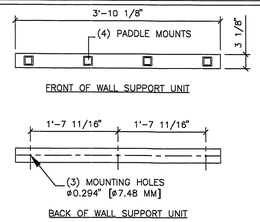
3 | FLOOR PLATE DETAIL | SCALE: 1"=1'-0"

ENVIRONMENTAL/POWER AUDIT

AS AN INDICATION OF OUR COMMITMENT TO QUALITY, SIEMENS MAY, AT NO COST TO YOUR FACILITY, CHECK THE OPERATING ENVIRONMENT AFTER SYSTEM TURNOVER TO DETERMINE IF THE REQUIREMENTS FOR TEMPERATURE, HUMIDITY, POWER, AND GROUNDING ARE MET AS PER SIEMENS' PUBLISHED SPECIFICATIONS. SIEMENS WILL GENERATE A WRITTEN REPORT DETAILING THE ENVIRONMENTAL AND ELECTRICAL CONDITION OF THE SITE AFTER TURNOVER AND WILL SHARE THE REPORT WITH YOU. IN THE EVENT WE IDENTIFY ANY ENVIRONMENTAL/POWER DEFICIENCIES AT THE SITE, YOUR FACILITY WILL BE REQUESTED TO CORRECT DEFICIENCIES WITHIN THIRTY (30) DAYS. SHOULD ANY CORRECTIVE ACTIONS BE NECESSARY, AND UPON REQUEST, SIEMENS WILL PROVIDE GUIDANCE IN AN EFFORT TO FACILITATE RESOLUTION. PLEASE BE ADVISED THAT AFTER 30 DAYS NOTICE ANY REPAIR OR MAINTENANCE SERVICES NECESSITATED BY SEVERE DEFICIENCIES WILL FALL OUTSIDE YOUR WARRANTY COVERAGE.

EQUIPMENT LEGEND

NO	DESCRIPTION	SMS SYM	WEIGHT (LBS)	BTU/HR TO AIR	DIMENSIONS (INCHES) W	D	H	REMARKS
1	MAMMOMAT INSPIRATION X-RAY STAND (W/ BIOPSY UNIT)	P1	772	1,706	30 3/4	46 1/4	92 5/8	FREE STANDING
2	CONTROL CONSOLE TABLE W/ RADIATION SHIELD	P3	375	1,280	34	19 1/4	76 3/8	FLOOR MOUNTED
3	AWS WORKSTATION	G	57	512	8 1/2	20 1/2	17 5/8	MOUNTED TO CONTROL CONSOLE TABLE
4	CONTROL BOX	–	2	34	8	2 1/4	8	ON CONTROL CONSOLE TABLE
5	3MP TFT COLOR MONITOR – OPTION	–	27	290	14 1/2	9 1/2	20 1/2	LOCATED BY CUSTOMER
6	UPS POWERWARE 5110 1500 – OPTION	–	29	241	3 1/2	14	11	AWS
7	MOODLIGHT – OPTION	–	66	137	35 1/2	3/4	88 3/4	MOUNTED TO X-RAY STAND
8	WALL SUPPORT FOR COMPRESSION PADDLES (3) – OPTION	–	--	--	46	3	1 1/2	LOCATED BY CUSTOMER
9	MAMMOGRAPHY POSITIONING CHAIR – OPTION	–	--	--	25	73	60 – 68	300 LBS CAPACITY



ITEM DESCRIPTION	WEIGHT (LBS.)
WALL SUPPORT UNIT (EACH)	7
COMPRESSION PADDLE (EACH) (MAX. OF 4 PADDLES PER WALL SUPPORT UNIT)	4.5
(1) WALL SUPPORT + (4) PADDLES	25

NOTES:

1. WALL SUPPORT UNIT(S) MAY BE MOUNTED HORIZONTALLY OR VERTICALLY.

2. WALL BACKING MUST BE DESIGNED AND INSTALLED BY THE CUSTOMER/CONTRACTOR TO ADEQUATELY CARRY THE WALL SUPPORT UNIT AND (4) COMPRESSION PADDLES.

3. FINAL LOCATION FOR WALL SUPPORT UNIT(S) MUST BE DETERMINED BY CUSTOMER/CONTRACTOR.

4. ALL COMPRESSION PADDLES MUST BE MOUNTED ON THE WALL SUPPORT UNIT(S) BY CUSTOMER/CONTRACTOR.

FOR COMPRESSION PADDLES

5 | WALL SUPPORT DETAIL | SCALE: 3/4"=1'-0"

MAGNETIC FIELD PRECAUTIONS

THE PRESENCE OF MAGNETIC FIELDS IN THE VICINITY OF EQUIPMENT MAY HAVE AN ADVERSE EFFECT. IT IS THE CUSTOMER'S RESPONSIBILITY TO VERIFY THAT THE FOLLOWING VALUES ARE NOT EXCEEDED.

MAXIMUM ALLOWABLE	DEVICES
1.0mT (10 GAUSS)	COMPUTERS, MAGNETIC DISK DRIVES, OSCILLOSCOPES, PROCESSORS
0.5mT (5 GAUSS)	X-RAY TUBES, B/W MONITORS, MAGNETIC DATA CARRIERS, DATA STORAGE DRIVES
0.2mT (2 GAUSS)	SIEMENS CT SCANNERS
0.15mT(1.5 GAUSS)	COLOR MONITORS, SIEMENS LINEAR ACCELERATORS
0.05mT(0.5 GAUSS)	X-RAY IMAGE INTENSIFIERS, GAMMA CAMERAS, PET/CYCLOTRON, OTHER LINEAR ACCELERATORS
MAGNETIC FIELDS SHOULD BE MEASURED PRIOR TO DELIVERY	

MINIMUM CEILING HEIGHT W/RESTRICTION	CEILING HEIGHT WITHOUT RESTRICTION	RECOMMENDED CEILING HEIGHT
–	8'-0"	8'-0" OR GREATER

TRANSPORT REQUIREMENTS

LARGEST CRATE	CRATE DIMENSIONS (LxWxH)	WEIGHT
X-RAY STAND	89"x 36 5/8"x 61"	1213 LBS.
RADIATION SHIELD, WORKSTATION & ACCESSORIES	82 5/8"x 31 1/2"x 52"	DEPENDS ON OPTIONS 485-661 LBS.
DETECTOR	35 1/2"x 31 1/2"x 24"	APPROX. 88 LBS.
STAND WITHOUT PACKAGING AND LIFTING CARRIAGE	76"x 30 3/4"x 46 1/4"	–

SIEMENS REMOTE SERVICES (SRS)

TO ENSURE THE UPTIME OF YOUR SYSTEM DURING THE WARRANTY PERIOD (AND BEYOND WITH A SERVICE AGREEMENT), SIEMENS REMOTE SERVICES (SRS) REQUIRES REMOTE LOCAL AREA NETWORK ACCESS TO SIEMENS SYSTEMS.

SRS REQUIRES ONE OF THE FOLLOWING CONNECTION METHODS:

(PREFERRED) VPN CONNECTION

THE PREFERRED CONNECTION METHOD IS (VPN) VIRTUAL PRIVATE NETWORK (WHERE THE CUSTOMER HAS AVAILABLE A VPN CAPABLE FIREWALL OR OTHER VPN APPLIANCE). THIS METHOD PROVIDES THE POSSIBILITY FOR REMOTE SYSTEM DIAGNOSTICS WITHOUT ADDITIONAL HARDWARE. PLEASE CONTACT SIEMENS REMOTE SERVICES (800-888-SIEM) TO DETERMINE IF THIS METHOD IS SUITABLE FOR YOUR SITE.

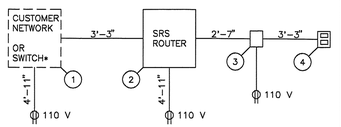
(OPTIONAL) SRS ROUTER CONNECTION

– THE SRS ROUTER IS SUPPLIED BY SIEMENS AND INSTALLED AT THE CUSTOMER'S SITE, WHILE STILL REMAINING THE PROPERTY OF SIEMENS. THE CUSTOMER'S NETWORK ADMINISTRATOR AND SIEMENS REMOTE SERVICES SHALL DETERMINE THE TYPE AND LOCATION OF THE SRS ROUTER REQUIRED.

– THE SRS ROUTER IS CONNECTED TO AN ANALOG MODEM THAT IS SUPPLIED BY SIEMENS, WHICH THEN IN TURN IS CONNECTED TO AN ANALOG PHONE LINE THAT IS SUPPLIED BY THE CUSTOMER. ONE SRS ROUTER ALLOWS REMOTE DIAGNOSTICS TO MULTIPLE MEDICAL SYSTEMS.

– THE SRS ROUTER SHOULD BE INSTALLED IN A SECURE LOCATION (CUSTOMER'S NETWORK COMPUTER ROOM) THAT HAS LIMITED ACCESS. IT CAN BE LOCATED ON A SHELF, TABLE, OR IN A CABINET. THE CONNECTION CABLES (WITH INDICATED LENGTHS BELOW) ARE INCLUDED WITH DELIVERY.

SRS ROUTER CONNECTION DIAGRAM



NOTE: ALL POWER OUTLETS ARE SUPPLIED/INSTALLED BY CUSTOMER.

1. ETHERNET SWITCH OR HUB, SUPPLIED BY CUSTOMER
2. SRS ROUTER, SUPPLIED BY SIEMENS (SIZE: 11.2"W X 8.7"D X 5.5"H, WEIGHT: 2 LBS.)
3. ANALOG MODEM, SUPPLIED BY SIEMENS
4. ANALOG PHONE LINE, SUPPLIED BY CUSTOMER

* OPTIONAL SWITCH AND CABLES ARE NOT INCLUDED, BUT CAN BE ORDERED FROM SIEMENS.

4 | SIEMENS REMOTE SERVICE | SCALE: NONE

ARCHITECTURAL NOTES

1) ALL PRELIMINARY EQUIPMENT LAYOUTS SUBMITTED BY SIEMENS MEDICAL SOLUTIONS, INC. (SMS HEREAFTER) ARE BASED ON THE RECOMMENDED SPACE NECESSARY FOR THE OPERATION AND SERVICEABILITY OF THE EQUIPMENT BEING PROPOSED. SMS WILL NOT SUBMIT AN EQUIPMENT LAYOUT THAT IS NOT IN THE BEST INTEREST OF BOTH THE CUSTOMER AND SMS. ALL EQUIPMENT LAYOUTS ARE BASED EITHER ON AN ACTUAL SITE LOCATION SURVEY OR ARCHITECTURAL DRAWINGS SUPPLIED TO SMS. SMS WILL NOT BE RESPONSIBLE FOR ANY ALTERATIONS THAT ENCROACH WITHIN DESIGNATED SAFETY AND SERVICE CLEARANCE ZONES AS INDICATED ON DRAWINGS (IE. PIPE CHASES, VENTILATION DUCTS, CASEWORK, AND SOFFITS, ETC.) MADE BY THE CUSTOMER OR REQUIRED BY A CUSTOMER'S ARCHITECTURAL FIRM ONCE PRELIMINARY DRAWINGS HAVE BEEN SUBMITTED AND APPROVED. DO NOT ALTER ANY SPECIFICATIONS AND/OR DIMENSIONS WITHOUT CONTACTING AND RECEIVING WRITTEN CONFIRMATION FROM SMS PROJECT MANAGER.
2) SMS IS NOT AN ARCHITECTURAL OR ENGINEERING FIRM. DRAWINGS SUPPLIED BY SMS ARE NOT CONSTRUCTION DRAWINGS. THEREFORE, THESE DRAWINGS ARE TO BE USED ONLY FOR INFORMATION TO COMPLEMENT ACTUAL CONSTRUCTION DRAWINGS AVAILABLE FROM A CUSTOMER APPOINTED ARCHITECTURAL REPRESENTATIVE OR A CUSTOMER'S ENGINEERING DESIGN GROUP. SMS REQUIRES THAT ONCE THE FINAL CONSTRUCTION DRAWINGS HAVE BEEN PREPARED, THEY SHALL BE MADE AVAILABLE TO SMS PROJECT MANAGER TO VERIFY THAT ALL SMS REQUIREMENTS HAVE BEEN ADHERED TO. THE CUSTOMER'S ARCHITECT AND GENERAL CONTRACTOR SHALL BE ULTIMATELY RESPONSIBLE FOR COMPLIANCE WITH ALL APPLICABLE CODES AND PROFESSIONAL DESIGN REQUIREMENTS.
3) THE CUSTOMER IS RESPONSIBLE FOR ALL ROOM AND AREA PREPARATION COSTS, PROFESSIONAL FEES, PERMITS, REPORTS, AND INSPECTION FEES.
4) EQUIPMENT WARRANTIES, EXPRESSED OR IMPLIED ON THE PART OF SMS SHALL BE CONTINGENT UPON STRICT COMPLIANCE WITH THE ARCHITECTURAL, STRUCTURAL, ELECTRICAL, MECHANICAL AND RECOMMENDATIONS AND REQUIREMENTS CONTAINED IN THESE DRAWINGS, UNLESS SPECIFIED OTHERWISE.
5) ALL DIMENSIONS SHOWN ARE TAKEN FROM FINISHED SURFACES UNLESS SPECIFIED OTHERWISE.
6) THIS DRAWING DOES NOT PROVIDE RADIATION SHIELDING REQUIREMENTS FOR X-RAY AND ASSOCIATED EQUIPMENT. THE CUSTOMER IS RESPONSIBLE FOR CONSULTING WITH A REGISTERED RADIATION PHYSICIST. ACTUAL PROTECTION REQUIREMENTS SHALL BE SPECIFIED BY A REGISTERED RADIATION PHYSICIST AT CUSTOMER'S ENGAGEMENT AND EXPENSE. RESPONSIBILITY FOR ALL INFORMATION AS TO THE ROOM LOCATION, USE, AND NUMBER OF ANTICIPATED EXAMINATIONS TO BE PERFORMED PER TIME PERIOD SHALL BE PROVIDED TO TALL PHYSICIST BY THE CUSTOMER. THE CUSTOMER SHALL FURTHER TAKE ALL RESPONSIBILITY IN THE COMMUNICATION AND COORDINATION OF ACTIVITIES OF THE RADIATION PHYSICIST AND THE ARCHITECTURAL REPRESENTATIVE.
7) SMS SHALL BE RESPONSIBLE FOR SMS EQUIPMENT INSTALLATION AND CALIBRATION, CONNECTION AND INSTALLATION OF SMS PROVIDED CABLES, AND CONNECTION OF CONTRACTOR PROVIDED WIRES TO SMS EQUIPMENT. IN THE EVENT THAT SPECIFIC TRADE RULES OR LICENSE REQUIREMENTS PROHIBIT THIS, THE CUSTOMER SHALL INITIATE THE SERVICES OF APPROVED OTHER CONTRACTORS AND PAY FOR SELECTED, APPROVED PARTIES TO PERFORM THIS WORK WITH JOB SUPERVISION TO BE PROVIDED BY SMS. CALIBRATION WHEN ACCOMPLISHED OUTSIDE OF NORMAL INSTALLATION SEQUENCES DUE TO CONTRACTOR OR TRADE RULE ACTIONS OR REQUIREMENTS SHALL BE SUPPORTED BY, CHARGED TO, AND ACCEPTED BY THE CUSTOMER AS AN ADDITIONAL INSTALLATION EXPENSE.
8) THE CUSTOMER SHALL VERIFY WITH SMS PROJECT MANAGER FINAL INSTALLATION DRAWINGS THE LOCATIONS AND TRAVEL OF ALL ANCILLARY EQUIPMENT TO BE CEILING OR WALL MOUNTED (E: O.R. LIGHTS, MEDICAL GAS COLUMNS, PHYSIOLOGICAL MONITORING INJECTORS, CRT PLATFORMS, SPRINKLER HEADS, SMOKE DETECTORS, ELECTRICAL OUTLETS, HVAC GRILLES, SPEAKERS, AND GENERAL ROOM LIGHTING, ETC.).
9) THE GENERAL CONTRACTOR/CUSTOMER SHALL BE RESPONSIBLE FOR ALL FINAL PAINT, TOUCH-UP AND ANY COSMETIC OR TRIM WORK WHICH NEEDS TO BE OR IS REQUIRED TO BE COMPLETED AFTER THE INSTALLATION OF THE SMS EQUIPMENT AND ANY ASSOCIATED SUPPORT APPARATUS.

SITE READINESS GUIDELINES

THE FOLLOWING GENERAL CONDITIONS ARE NECESSARY TO HAVE THE STATUS OF "READY SITE":

1) PROPER POWER AVAILABLE AT SIEMENS EQUIPMENT POWER CABINET LOCATION AND ALL POWER OUTLETS FUNCTIONING.
2) AIR CONDITIONING/HUMIDIFICATION SYSTEMS COMPLETE, TESTED, AND FUNCTIONING PROPERLY ACCORDING TO SIEMENS SPECIFICATIONS.
3) PROPER LIGHTING INSTALLED AND FUNCTIONING.
4) PLUMBING COMPLETE EXCEPT FOR ANY FINAL CONNECTIONS TO SIEMENS EQUIPMENT.
5) ALL CABLE TRAYS/DUCTS/CONDUITS CORRECTLY SIZED, LOCATED, AND INSTALLED ACCORDING TO THE SIEMENS DRAWINGS.
6) ALL REINFORCEMENT PLATES/UNISTRUT INSTALLED AS REQUIRED.
7) ROOM FOR EQUIPMENT INSTALLATION AND IMMEDIATE VICINITY IS DUST-FREE AND IS TO REMAIN SO FOR THE DURATION OF THE INSTALLATION.
8) A SECURE AREA (APPROXIMATELY 10' x 10') IS AVAILABLE AT EQUIPMENT DELIVERY FOR PARTS AND INSTALLATION TOOLS.
9) CUSTOMER SUPPLIED CAMERAS AND PROCESSORS INSTALLED.
10) CUSTOMER APPROVAL FOR SIEMENS REMOTE SERVICES (SRS) CONNECTION, AND CUSTOMER'S I.T. CONTACT INFORMATION AND IP ADDRESSES ESTABLISHED.
11) WALLS TO BE PRIMED AND PAINTED, FLOORS TO BE TILED EXCEPT IN AREAS OF THE EQUIPMENT BASE PLATES.

IF THESE CONDITIONS ARE NOT MET, THE SIEMENS PROJECT MANAGER AND THE DESIGNATED SIEMENS INSTALLATION SUPERVISOR SHALL RESCHEDULE THE INSTALLATION START DATE. NOTE: ADDITIONAL COST MAY BE INCURRED BY THE CUSTOMER/CONTRACTOR AND DELIVERY DATES MAY NEED TO BE RESCHEDULED, WHEN THE SIEMENS SITE READINESS GUIDELINES ARE NOT MET.

RESOURCE LIST (SMS USE ONLY)

DESIGNATION	PG NUMBER	DATE
MAMMOMAT INSPIRATION	SP87-330.891.01.07.02	01.11

INSPIRATION 08/02/11

ATTENTION:

- THIS DRAWING IS DESIGNED TO CONFORM TO FEATURES AND EQUIPMENT REQUIREMENTS PRESENTED AT THE TIME OF THEIR PREPARATION. SINCE BOTH THESE FACTORS ARE SUBJECT TO DESIGN MODIFICATION, THEY ARE NOT TO BE USED FOR CONSTRUCTION PURPOSES.
- THIS SET OF PLANS REPRESENTS A COMPLETE SET OF DETAILS AND SHOULD NOT BE SEPARATED.
- IT IS RECOMMENDED THAT THE SIEMENS DRAWINGS BE INCORPORATED WITH THE CONSTRUCTION DOCUMENTS FOR REFERENCE.
- ALL DIMENSIONS SHOWN ON THIS DRAWING ARE FROM FINISHED SURFACES.
- THIS DRAWING DOES NOT PROVIDE RADIATION SHIELDING REQUIREMENTS FOR X-RAY AND ASSOCIATED EQUIPMENT. THE CUSTOMER IS RESPONSIBLE FOR CONSULTING WITH A REGISTERED RADIATION PHYSICIST TO SPECIFY RADIATION PROTECTION.

SYM	DATE	DESCRIPTION
1	08/02/11	R-101 RA DATED 07/28/11 APPROVED BY CUSTOMER FOR FINALS.

–ISSUE BLOCK–

PROJECT MANAGER: EUGENE GORSH
TEL: (732) 259-1672
VMAIL: (800) 753-6336 EXT: 2668
FAX: (732) 390-2052
EMAIL: EUGENE.GORSH@SIEMENS.COM

SIEMENS

OCEAN MEDICAL CENTER

425 JACK MARTIN BLVD, BRICK, NJ 08724
NEW MAMMO ROOM – MAMMOMAT INSPIRATION

PROJECT #: 1102154

SHEET OF: 1 3

DRAWN BY: R. SUTHERS

SCALE: AS NOTED

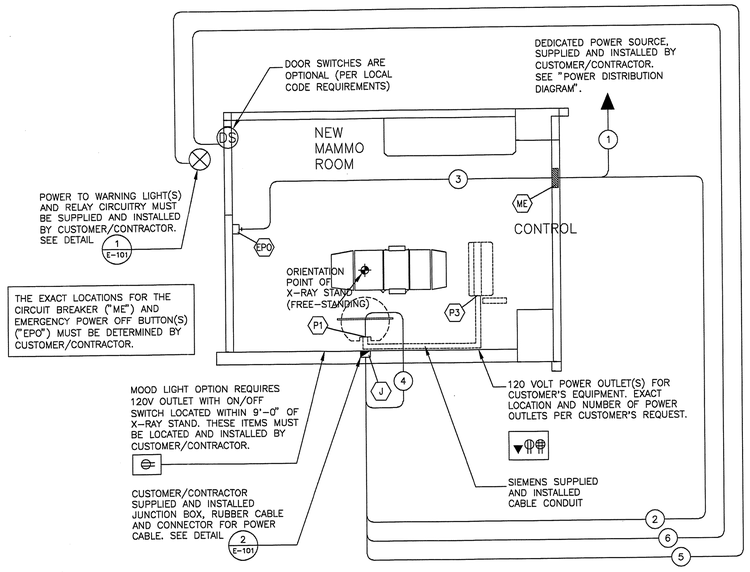
REF. #: -2EW6B5

DATE: 08/02/11

CHECKED:

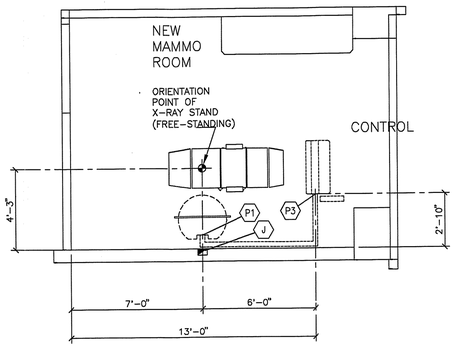
SHEET: A-101

NOT FOR CONSTRUCTION – REFERENCE DOCUMENT –



ELECTRICAL RACEWAY PLAN

SCALE: 1/4" = 1'-0"



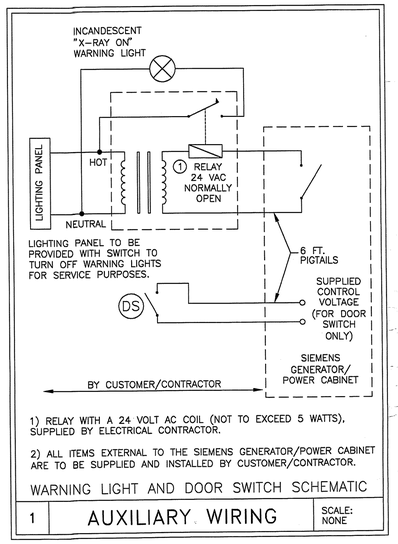
ELECTRICAL DIMENSION PLAN

SCALE: 1/4" = 1'-0"

SYMBOLS

ALL MAY NOT APPLY

	CAUTION OR WARNING
	MAIN PANEL OR ENCLOSURE BY CUSTOMER/CONTRACTOR
	OPENING IN RACEWAY OR TRENCHDUCT
	PULLBOX IN (FLOOR/WALL/CEILING)
	OPENING IN ACCESS FLOORING
	WARNING LIGHT (X-RAY ON)
DS	DOOR SAFETY SWITCH
EPO	(EPO) EMERGENCY POWER OFF BUTTON
	TRENCHDUCT
	CEILING DUCT
	UNDER FLOOR DUCT
	VERTICAL DUCT
	ETHERNET CONNECTION TO CUSTOMER'S INFORMATION SYSTEMS NETWORK (VERIFY WITH SMS PROGRAM MANAGER).
	120 VOLT, 20 AMP, HOSPITAL GRADE DUPLEX OUTLET UNLESS OTHERWISE STATED.
	120 VOLT, 20 AMP, HOSPITAL GRADE QUAD OUTLET UNLESS OTHERWISE STATED.

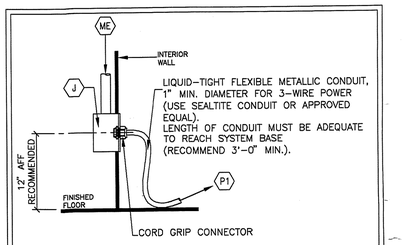


1) RELAY WITH A 24 VOLT AC COIL (NOT TO EXCEED 5 WATTS), SUPPLIED BY ELECTRICAL CONTRACTOR.

2) ALL ITEMS EXTERNAL TO THE SIEMENS GENERATOR/POWER CABINET ARE TO BE SUPPLIED AND INSTALLED BY CUSTOMER/CONTRACTOR.

WARNING LIGHT AND DOOR SWITCH SCHEMATIC

1	AUXILIARY WIRING	SCALE: NONE



2	POWER CABLE DETAIL	SCALE: 1"=1'-0"

ELECTRICAL LEGEND

SYM	SIZE	DESCRIPTION SUPPLIED AND INSTALLED BY CUSTOMER/CONTRACTOR	REMARKS
EPO	---	EMERGENCY POWER OFF BUTTON WITH PROTECTIVE COVER, MOUNTED 5'-0" ABOVE THE FINISHED FLOOR, THAT PREVENTS RESETTING OF "ME" WHEN "EPO" IS IN THE "OFF" POSITION.	SEE POWER DIST. DIAGRAM
J	8"x8"x4"	PULL BOX MOUNTED FLUSH WITH FINISHED WALL CENTERLINE 12" ABOVE THE FINISHED FLOOR, WITH REMOVABLE COVER.	
ME	SINGLE PHASE	MAIN ENCLOSURE WITH CIRCUIT BREAKER, MOUNTED FLUSH WITH FINISHED WALL CENTERLINE 5'-0" ABOVE THE FINISHED FLOOR.	SEE POWER DIST. DIAGRAM
P1	5 1/2"x3"	OPENING AT THE REAR OF THE X-RAY STAND BASE, AS SHOWN.	X-RAY STAND/GENERATOR
P3	3"x1 1/2"	OPENING AT LEFT SIDE OF CONTROL CONSOLE TABLE.	CONTROL CONSOLE TABLE
–	–	NOTES: 1. OPTIONAL WARNING LIGHTS AND DOOR SWITCHES ARE SUPPLIED AND INSTALLED BY THE CUSTOMER/CONTRACTOR. SEE "AUXILIARY WIRING" DETAIL.	
1	---	CONDUIT FROM PANELBOARD TO CIRCUIT BREAKER (ME).	SIZED BY ELEC. CONTRCTR.
2	---	CONDUIT FROM "ME" TO "J".	SIZED BY ELEC. CONTRCTR.
3	---	CONDUIT FROM "ME" TO "EPO".	SIZED BY ELEC. CONTRCTR.
4	---	FLEXIBLE CONDUIT FROM "J" TO "P1" (POWER TO GENERATOR).	SIZED BY ELEC. CONTRCTR.
5	---	CONDUIT FROM "J" VIA RELAY CIRCUITRY TO WARNING LIGHT (OPTIONAL).	SIZED BY ELEC. CONTRCTR.
6	---	CONDUIT FROM "J" TO DOOR SWITCH (OPTIONAL).	SIZED BY ELEC. CONTRCTR.

CONTRACTOR SUPPLIED CABLES

FROM	VIA	TO	DESCRIPTION	REMARKS
PANEL	1	ME	DETERMINED BY ELECTRICAL CONTRACTOR.	SEE POWER DIAGRAM
ME	2	J	DETERMINED BY ELECTRICAL CONTRACTOR.	SEE POWER REQ/DIAGRAM
ME	3	EPO	DETERMINED BY ELECTRICAL CONTRACTOR.	
J	4	P1	SEALTITE YF-706 OR APPROVED EQUAL. THIS CONDUIT MUST BE INSTALLED AT TIME OF EQUIPMENT INSTALLATION IN COORDINATION WITH SIEMENS PROJECT MANAGER.	SEE POWER CABLE DETAIL
J	5	W.L.	DETERMINED BY ELECTRICAL CONTRACTOR.	SEE AUXILIARY WIRING
J	6	D.SW.	DETERMINED BY ELECTRICAL CONTRACTOR.	SEE AUXILIARY WIRING

SIEMENS SUPPLIED CABLES

FROM	VIA	TO	DESCRIPTION	REMARKS
P1	CABLE CONDUIT	P3	CONTROL CONSOLE CABLE	MAXIMUM LENGTH 21 FT (SEE NOTE 1 BELOW)
P1	CABLE CONDUIT	P3	FIBER OPTIC, ETHERNET CABLE (FROM X-RAY STAND)	MAXIMUM LENGTH 23 FT (SEE NOTE 1 BELOW)
–	–	–	NOTES: 1. SIEMENS CABLE CONDUITS: – THE SYSTEM SHIPMENT INCLUDES TWO PIECES 6'-6" LONG (13'-0"). – ADDITIONAL CONDUIT MAY BE ORDERED, AS REQUIRED, THROUGH CSML (CUSTOMER SERVICE) BY THE CSE – USE P/N 64 38 795 X041E. 2. POTENTIAL EQUALIZATION CABLE IS REQUIRED WHEN THE CONTROL CONSOLE AND/OR AWS PC ARE LOCATED LESS THAN 5'-0" FROM THE X-RAY STAND.	

INSPIRATION

X-RAY GENERATOR POWER REQUIREMENTS

INCOMING POWER:	208/220/240V, SINGLE PHASE, 60Hz
CIRCUIT BREAKER:	40 AMPS (50 AMPS W/UPS-9155 10KVA)
GENERATOR OUTPUT:	0.5 KVA
ALLOWABLE IMPEDANCE:	208V = 0.25 OHMS 220V = 0.28 OHMS 240V = 0.35 OHMS
MAX. MOMENTARY LOAD:	7.5 KVA
LINE VOLTAGE VARIATION:	± 10% MAX.
FREQUENCY VARIATION:	± 1 Hz
VOLTAGE SURGES: INSTANTANEOUS VARIATIONS:	10% MAX. ABOVE LINE VOLTAGE 20 msec. MAX. DURATION
VOLTAGE SAGS:	10% MAX. BELOW LINE VOLTAGE 20 msec. MAX. DURATION

NOTE:

ALL INCOMING POWER SUPPLIES, FOR THE SIEMENS EQUIPMENT, ARE TO BE DEDICATED (BACK TO SOURCE) ISOLATED AND INSULATED FROM ANY OTHER EQUIPMENT, SUCH AS, ELEVATORS, GENERATORS, HVAC SYSTEMS, ETC.

A NEUTRAL CONDUCTOR IS NOT USED FOR THE LINE VOLTAGE CONNECTION TO THE SIEMENS EQUIPMENT. HOWEVER; THE NEUTRAL IS REQUIRED FOR THE INPUT FEED OF THE UPS. THE UPS USES THE NEUTRAL AS A VOLTAGE REFERENCE POINT.

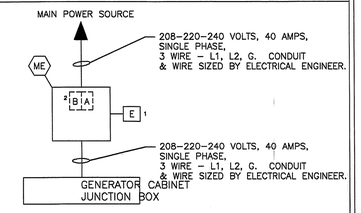
ATTENTION:

SIEMENS HEALTHCARE RECOMMENDS THAT THE INCOMING POWER LINES BE ANALYZED WITH RESPECT TO TRANSIENT SURGES AND IMPULSES, SAGS, AND OVERVOLTAGES.

POWER DIAGRAM

ALL CONDUITS AND WIRE SIZES MUST BE DETERMINED BY THE ELECTRICAL ENGINEER ON RECORD (PER N.E.C.), AND MAINTAIN SIEMENS IMPEDANCE REQUIREMENTS.

NOTE:
50 AMP BREAKER IS REQUIRED WHEN USING UPS-9155 10KVA.



ITEM	QTY	DESCRIPTION
A	1	ED22B040$_3$ – 40 AMP 2 POLE BREAKER
B	1	U01ED60$_3$ – 120 VOLT UNDERVOLTAGE TRIP (120 VOLT SUPPLIED BY CUSTOMER)
ME	1	E1S$_3$ – ENCLOSURE
E	1 1	3SB3000–1HA20$_3$ – EPO ACTUATOR 3SB3400–DC$_3$ – NORMALLY CLOSED CONTACT

1) THE EPO (EMERGENCY POWER OFF) MUST PROVIDE REMOTE "EMERGENCY OFF" CONTROL OF SYSTEM POWER. THE EPOS MUST BE INSTALLED BY A QUALIFIED ELECTRICAL CONTRACTOR ACCORDING TO NATIONAL ELECTRICAL CODE, STATE AND LOCAL REGULATIONS. MEASURES SHOULD BE TAKEN TO DESIGN THE CIRCUIT IN SUCH A WAY THAT IT WILL ALWAYS WORK WHEN THE MEDICAL EQUIPMENT IS POWERED. IT IS RECOMMENDED THAT EPO CIRCUIT BE A NORMALLY CLOSED ENERGIZED CIRCUIT DESIGN AND THAT IT DERIVES ITS SOURCE FROM THE EQUIPMENT INCOMING FEEDER OR IS A DEDICATED BRANCH CIRCUIT, PREFERABLY FROM AN EMERGENCY POWER SOURCE WITH CIRCUIT BREAKER LABELED AND 'LOCKED–ON'. THE EPO CONFIGURATION DEPICTED IN THIS DRAWING IS ONE EXAMPLE OF A POSSIBLE EPO CONFIGURATION THAT SATISFIES THESE REQUIREMENTS, HOWEVER, THE FACILITY/CONTRACTOR IS SOLELY RESPONSIBLE FOR THE IMPLEMENTATION OF THE EPO AND MUST MAKE THE FINAL DETERMINATION CONSIDERING ALL SITE CONDITIONS AND REGULATORY FACTORS.

2) THE LOAD SIDE OF ONE NORMALLY CLOSED CONTACT ON EPO BUTTON WILL FEED ITEM B (UNDERVOLTAGE RELAY).

3) RECOMMENDED PART NUMBERS LISTED ABOVE ARE SIEMENS ENERGY & AUTOMATION (PURCHASED FROM YOUR LOCAL DISTRIBUTOR) OR EQUIVALENT. TO LOCATE A DISTRIBUTOR, VISIT THIS WEBSITE: HTTP://WWW.SEA.SIEMENS.COM. ALL PARTS TO BE SUPPLIED AND INSTALLED BY CUSTOMER/CONTRACTOR.

MINIMUM CEILING HEIGHT W/RESTRICTION	CEILING HEIGHT WITHOUT RESTRICTION	RECOMMENDED CEILING HEIGHT
–	8'–0"	8'–0" OR GREATER

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– THIS DRAWING DOES NOT PROVIDE RADIATION SHIELDING REQUIREMENTS FOR X-RAY AND ASSOCIATED EQUIPMENT. THE CUSTOMER IS RESPONSIBLE FOR CONSULTING WITH A REGISTERED RADIATION PHYSICIST TO SPECIFY RADIATION PROTECTION.

SYM	DATE	DESCRIPTION
1	08/02/11	R-101 RA DATED 07/28/11 APPROVED BY CUSTOMER FOR FINALS.

–ISSUE BLOCK–

PROJECT MANAGER: EUGENE GORSH
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SIEMENS

OCEAN MEDICAL CENTER

425 JACK MARTIN BLVD, BRICK, NJ 08724
NEW MAMMO ROOM – MAMMOMAT INSPIRATION

PROJECT #: 1102154

SHEET: E-101

SHEET 2 OF 3

DRAWN BY: R. SUTHERS

SCALE: AS NOTED

REF. #: –2EW685

DATE: 08/02/11

CHECKED:

INSPIRAT
08/02/

GROUNDING NOTES

EQUIPMENT GROUND CONDUCTOR TO COMPLY WITH THE FOLLOWING:

1) SIZED EQUIVALENT TO THE PHASE CONDUCTORS (FULL SIZED GROUND).
2) DERIVED FROM THE ELECTRICAL SERVICE, TRANSFORMER OR MAIN DISTRIBUTION PANEL FEEDING THE SIEMENS EQUIPMENT.
3) RUN IN THE SAME CONDUIT, TROUGH OR RACEWAY AS THE PHASE CONDUCTORS.
4) CONTINUOUS, WITH NO BREAKS OR USE OF CONDUIT, CHASSIS OR EARTH AS THE SOLE GROUNDING PATH.
5) BONDED TO CHASSIS AND/OR CONDUIT IN ACCORDANCE WITH THE NEC REQUIREMENTS.
6) MINIMIZE CONNECTIONS OR TERMINALS TO ENSURE CONTINUITY OVER THE LIFE OF THE INSTALLATION.
7) AS A NORM, THERE SHOULD NOT BE ANY CURRENT PRESENCE ON THE GROUND CONDUCTOR, BUT IT IS ACCEPTABLE TO HAVE ≤500mA DURING OPERATION OF THE IMAGING EQUIPMENT.
8) THERE MAY BE SOME APPLICATIONS WHICH REQUIRE AN ISOLATED GROUND AS PER NEC 250-96B.

POWER QUALITY

POOR POWER WILL ALTER EQUIPMENT PERFORMANCE

IT IS IN THE CUSTOMER'S INTEREST THAT THE ELECTRICAL CONTRACTOR BE RESPONSIBLE FOR TESTING AND VERIFYING THAT THE EQUIPMENT POWER SUPPLY COMPLIES WITH THE SIEMENS SPECIFICATIONS.

CABLE LENGTH LIMITATIONS

THE CONDUITS ARE SHOWN SCHEMATICALLY IN THIS PLAN AND MUST BE RUN IN THE SHORTEST POSSIBLE DISTANCE BETWEEN TERMINATION POINTS. ANY VARIATION IN THE ROUTING OF DUCTS COULD RESULT IN CABLE LENGTH LIMITATIONS BEING EXCEEDED. THEREFORE, ANY CHANGES MUST BE APPROVED BY THE SIEMENS PROJECT MANAGER.

ELECTRICAL NOTES

1) COMPLIANCE: ELECTRICAL WORK SHALL BE IN COMPLIANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NFPA-70), O.S.H.A. REGULATIONS, AS WELL AS APPLICABLE REGULATIONS OF CITY, COUNTY, STATE AND FEDERAL AGENCIES. PROVIDE MATERIALS AND EQUIPMENT THAT COMPLY TO ANSI, IEEE AND NEMA STANDARDS. WHERE APPLICABLE, PROVIDE ONLY MATERIALS AND PRODUCTS THAT ARE U.L. LISTED AND LABELED. CUSTOMER'S/CONTRACTOR'S WORK SHALL COMPLY WITH THE LATEST EDITION OF NECA STANDARD OF INSTALLATION.

2) QUALITY ASSURANCE: THE CONTRACTOR SHALL VERIFY EXISTING CONDITIONS IN THE FIELD TO INSURE THAT THE NEW WORK WILL FIT TO THE EXISTING STRUCTURE AS SHOWN ON THE DRAWINGS. SHOULD ANY CONDITIONS EXIST OR BE DISCOVERED THAT PREVENT THE INSTALLATION OF WORK AS SHOWN, THE CONTRACTOR SHALL NOTIFY THE OWNER'S REPRESENTATIVE PRIOR TO FABRICATION OF EQUIPMENT, OR THE PERFORMANCE OF ANY WORK THAT MAY BE AFFECTED. DO NOT ALTER DRAWINGS, DIMENSIONS, OR SPECIFICATIONS IN ANY WAY WITHOUT CONTACTING AND RECEIVING WRITTEN CONFIRMATION FROM SMS PROGRAM MANAGER. ALL DIMENSIONS ARE FROM FINISHED SURFACES. CONDUIT AND PULL BOXES TO BE INSTALLED BY THE CUSTOMER/CONTRACTOR WITH LOCATIONS BEING FIELD VERIFIED BY SMS PROJECT MANAGER.

3) POWER SUPPLY SOURCE: POWER SUPPLIES FOR SIEMENS MEDICAL SOLUTIONS EQUIPMENT SHALL BE DEDICATED SERVICES KEPT ENTIRELY FREE AND INDEPENDENT OF ALL OTHER BUILDING WIRING AND EQUIPMENT, SUCH AS: ELEVATORS, GENERATORS, PUMPS, HVAC SYSTEMS, ETC. THE CONTRACTOR SHALL COORDINATE THIS WORK WITH THE CUSTOMER/UTILITY COMPANY FIELD REPRESENTATIVE.

4) WORK FURNISHED BY CUSTOMER/CONTRACTOR: WORK NOT PROVIDED BY SIEMENS MEDICAL SOLUTIONS BUT SHOWN ON DRAWINGS TO BE FURNISHED AND INSTALLED BY CUSTOMER/CONTRACTOR INCLUDES THE FOLLOWING BUT IS NOT LIMITED TO UNLESS NOTED OTHERWISE: ELECTRICAL RACEWAYS AND DUCTS, WIRING TROUGHS, PULL BOXES, CONDUITS, CIRCUIT BREAKERS, EMERGENCY OFF BUTTONS, DOOR SWITCHES, WARNING LIGHTS, WIRING, WIRING DEVICES, CONNECTORS, LIGHTING EQUIPMENT AND GROUNDING.

5) RACEWAY AND CONDUIT NOTES: RACEWAY SHALL BE ELECTRIC METALLIC TUBING (EMT) FOR RIGID CONDUIT WORK, OR WHERE SHORT OFF-SET CONNECTIONS ARE REQUIRED LIQUIDTIGHT FLEXIBLE METAL CONDUIT SHALL BE USED. FIELD BENDS SHALL NOT BE LESS THAN AS SHOWN IN TABLE 346-10 OF THE NATIONAL ELECTRICAL CODE. PROVIDE A JETLINE "SUPER TRUE TAPE", OR EQUIVALENT CONDUIT MEASURING TAPE FISH LINE IN ALL RACEWAYS AND CONDUITS.

CONDUIT BODIES SHALL NOT BE USED. WHERE A CONDUIT ENTERS A BOX, FITTING, OR OTHER ENCLOSURE, AN INSULATED THROAT CONNECTOR SHALL BE PROVIDED TO PROTECT THE WIRE FROM ABRASION. CONNECTORS SHALL BE DOUBLE SET SCREW TYPE, STEEL CONCRETE TIGHT.

KEEP RACEWAYS AT LEAST 6 INCHES AWAY FROM PARALLEL RUNS OF FLUES OR STEAM AND HOT WATER PIPES. INSTALL RACEWAY RUNS ABOVE WATER AND STEAM PIPES PROVIDED THAT CABLE RUN DISTANCES ARE MAINTAINED. USE TEMPORARY CLOSURES TO PREVENT FOREIGN MATTER FROM ENTERING RACEWAY.

CONDUIT RUNS ARE SHOWN SCHEMATICALLY. INSTALL CONDUIT WITH A MINIMUM OF BENDS IN THE SHORTEST PRACTICAL DISTANCE CONSIDERING THE BUILDING CONSTRUCTION AND OBSTRUCTIONS, EXCEPT AS OTHERWISE INDICATED. THE CONTRACTOR SHALL MAKE CERTAIN THAT ANY CONDUIT/RACEWAY RUNS CONTAINING SIEMENS MEDICAL SYSTEMS CABLES DO NOT EXCEED THE SPECIFIED MAXIMUM DISTANCES AS SHOWN ON THE ELECTRICAL DETAILS.

PROVIDE ENCLOSED METAL RACEWAY SYSTEM (WIRE DUCT) WHERE SHOWN ON DRAWINGS WITH DIVIDERS TO SEPARATE THE DUCT (FOR POWER AND SIEMENS MEDICAL SOLUTIONS CABLING). DIVIDERS AND CROSSOVER PIECES TO BE PROVIDED AS NECESSARY. FOR UL CERTIFIED SYSTEMS, THE CABLE TO CABLE AS WELL AS THE CIRCUIT TO CIRCUIT SEPARATION REQUIREMENT WAS EVALUATED DURING THE UL SYSTEM INVESTIGATION OF THIS EQUIPMENT. ADDITIONAL SEPARATION OF THE SYSTEM CABLE ASSEMBLIES INTO SEPARATE OR PARTITIONED RACEWAYS, UNLESS OTHERWISE NOTED, IS NOT NECESSARY TO INSURE SEPARATION OF CIRCUITS, AS THEY CAN BE IN THE SAME RACEWAY.

PROVIDE WIRE DUCT/RACEWAY WITH ACCESSIBLE REMOVABLE COVERS. LOCATIONS OF OPENINGS TO BE CUT IN FIELD ARE TO BE COORDINATED WITH SIEMENS PROJECT MANAGER. ELECTRICAL PULL BOXES AND RACEWAY COVERS SHALL BE INSTALLED IN A MANNER TO ALLOW ACCESSIBILITY FOR INSTALLATION AND MAINTENANCE. IN-FLOOR TRENCH DUCT AND FLUSH FLOOR BOXES SHALL BE PROVIDED WITH FULLY GASKETED REMOVABLE COVERS.

6) WIRING: WIRING SHALL BE INSTALLED IN METAL RACEWAY, 600 VOLT CLASS, STRANDED TYPE THHN-THWN, SINGLE CONDUCTOR ANNEALED COPPER FOR A MAXIMUM OPERATING TEMPERATURE OF 75° C (165° F). SIZED AS INDICATED. THE CUSTOMER/CONTRACTOR SHALL LEAVE MINIMUM 10 FT. WIRE TAILS AT ALL OUTLET POINTS WITH WIRE IDENTIFICATION TAGGED AT BOTH ENDS FOR FINAL CONNECTION BY SIEMENS MEDICAL SOLUTIONS.

7) IN ADDITION TO THE CIRCUIT BREAKER LOAD CURRENT RATING, CONSIDERATION MUST ALSO BE GIVEN TO SELECTING CIRCUIT BREAKERS THAT HAVE A HIGH ENOUGH SHORT CIRCUIT CURRENT WITHSTAND RATING TO SAFELY COORDINATE WITH THE POWER SYSTEM AVAILABLE SHORT CIRCUIT CURRENT. GENERALLY, WHEN THE 480 VOLT, 3 PHASE, X-RAY EQUIPMENT IS SERVED FROM A POWER SUPPLY SYSTEM THAT IS PROVIDED WITH A 500 KVA OR SMALLER TRANSFORMER, A STANDARD 14,000 RMS AMPERE WITHSTAND RATED CIRCUIT BREAKER WILL BE ADEQUATE. HOWEVER, IF THE POWER SUPPLY SYSTEM TRANSFORMER IS LARGER THAN 500 KVA, THEN THE CIRCUIT BREAKERS HAVING A SHORT CIRCUIT WITHSTAND RATING GREATER THAN 14,000 RMS AMPERES MAY BE REQUIRED.

CONTRACTOR SUPPLIED ITEMS

ALL ITEMS, INCLUDING BUT NOT LIMITED TO CONDUITS, DUCTS, CIRCUIT BREAKERS, EMERGENCY OFF BUTTONS, DOOR SWITCHES, AND WARNING LIGHTS, SHOWN IN THESE PLANS ARE TO BE SUPPLIED AND INSTALLED BY THE CUSTOMER/ELECTRICAL CONTRACTOR, UNLESS OTHERWISE SPECIFIED.

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NEW MAMMO ROOM - MAMMOMAT INSPIRATION

PROJECT #: 1102154

SHEET: E-501

SHEET 3 OF 3

DRAWN BY: R. SUTHERS

SCALE: AS NOTED

REF. #: T-2EW6B5

DATE: 08/02/11

CHECKED: