

APPLICABLE CODES: (INCLUDING STATE AND LOCAL AMENDMENTS OF FOLLOWING LISTED CODES)

WASHINGTON STATE ADMINISTRATIVE CODE FOR HOSPITALS, GUIDELINES FOR DESIGN AND CONSTRUCTION OF HEALTH CARE FACILITIES (GUIDELINES), PRESENTLY APPLICABLE EDITION, FACILITY GUIDELINES

INTERNATIONAL BUILDING CODE (IBC), PRESENTLY APPLICABLE EDITION INTERNATIONAL CODE COUNCIL (ICC), A117.1-2003: WAC 51-50

INTERNATIONAL MECHANICAL CODE (IMC), PRESENTLY APPLICABLE EDITION INTERNATIONAL FUEL GAS CODE (IFGC), PRESENTLY APPLICABLE EDITION NATIONAL FUEL GAS CODE (NFGC), WAC 51-52, PRESENTLY APPLICABLE EDITION

UNIFORM PLUMBING CODE (UPC): WAC 51-56, PRESENTLY APPLICABLE EDITION

WASHINGTON STATE ENERGY CODE: WAC 51-11, PRESENTLY APPLICABLE EDITION

NATIONAL ELECTRICAL CODE (NEC), PRESENTLY APPLICABLE EDITION:

NATIONAL FIRE PROTECTION ASSOCIATION (NFPA-101), PRESENTLY APPLICABLE EDITION

ANGLE

INTERNATIONAL FIRE CODE (IFC), PRESENTLY APPLICABLE EDITION: WAC 51-54

CITY OF PUYALLUP 6510 – HOSPITAL

I-2 (HOSPITAL)

AUTOMATIC FIRE ALARM AUTOMATIC FIRE SPRINKLER SYSTEM

ROOM NAME / NUMBER

GRADE POINT

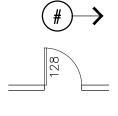
DIAMETER / ROUND

CONCEALED OR OVERHEAD LINE

(NOT ON DEMOLITION PLAN)

PLAN KEYED NOTE

NEW DOOR/FRAME



40

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0.00

0.00

RM. NAME

RM.#

NEW GRADE

EXISTING GRADE

(SEE DOOR SCHEDULE)

WALL TAG (SEE WALL TYPES)

EQUIPMENT KEYED NOTE $\langle \# \rangle \rightarrow$



1----

Reference NFPA 99 for medical gas installation, testing and reporting. Third (3rd) Party inspection is required, make reports available to the building inspector for review. Provide Acceptance of the third party report from the responsible facility authority in

PROJECT TEAM:

OWNER:

MultiCare Health System - Good Samaritanl Hospital 401 15th Ave SE Puyallup, WA 98372 Contact: Matt Counas

FACILITY CONTACTS:

(253) 403-1246

CBRE, MultiCare Health System Account 911 South 5th Street, Mail Stop 911-1-CONS Tacoma, WA 98405 Contact: Nigel Horton Project Manager NSHorton@MultiCare.org (253) 337-4296

ARCHITECT:

InSight Healthcare Architecture, LLC 12345 Lake City Way NE, #2108 Seattle, WA 98125 Contact: Karsea Langlois Principal Architect KLanglois@InSightDesignStudio.biz (206) 601-6645

STRUCTURAL ENGINEER:

PCS Structural Solutions 1250 Pacific Avenue, Suite 710 Tacoma, WA 98402 Contact: Leah Cate Project Mananger LCate@PCS-Structural.com (253) 383-2797

MECHANICAL ENGINEER:

Hultz BHU 1111 Fawcett Ave, Suite 100 Tacoma, WA 98402 Contact: Neil Morse Project Manager NMorse@HultzBHU.com (360) 280-8520

ELECTRICAL ENGINEER:

Hultz BHU 1111 Fawcett Ave, Suite 100 Tacoma, WA 98402 Contact: Michael Tagles Project Manager MichaelT@HultzBHU.com (253) 227-8659

EQUIPMENT:

571 Silveron Blvd Flower Mound, TX 75028 Contact: Dan Mitchell Project Manager Dan.Mitchell@Stryker.com (214) 422-2216

APPROVED PLAN **CITY OF PUYALLUP** PLANNING DIVISION

APPROVED BY: CBeale

DATE: 04/30/2021

CASE NO.: B-21-0225

CONDITIONS:

Approval of submitted plans is not an approval of omissions or oversight by this office or noncompliance with any applicable regulations of local government. The contractor is responsible for making sure that the building complies with all applicable building codes and regulations of the local government.

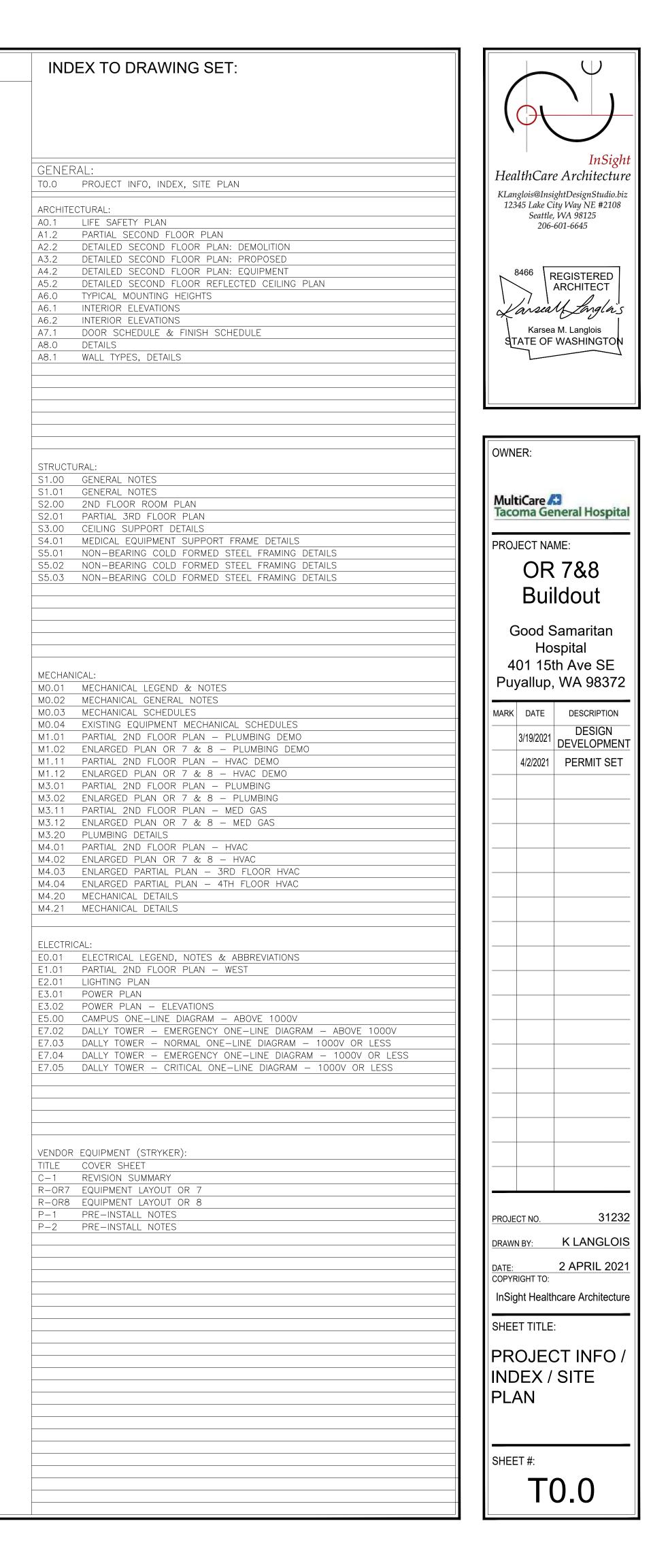
THE APPROVED CONSTRUCTION PLANS, DOCUMENTS AND ALL ENGINEERING MUST BE POSTED ON THE JOB AT ALL **INSPECTIONS IN A VISIBLE AND READILY** ACCESSIBLE LOCATION.

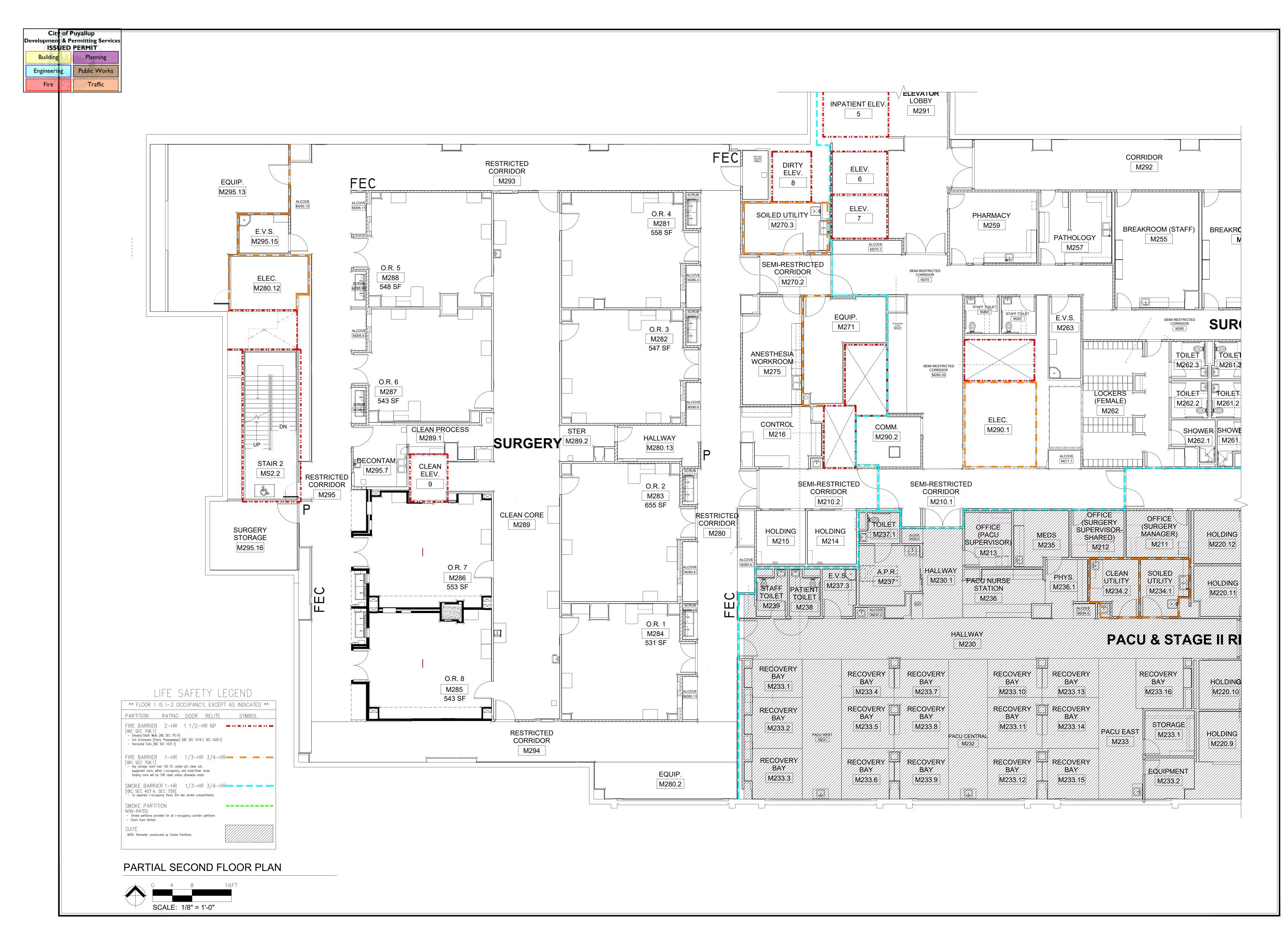
FULL SIZED LEDGIBLE COLOR PLANS ARE **REQUIRED TO BE PROVIDED BY THE** PERMITEE ON SITE FOR INSPECTION



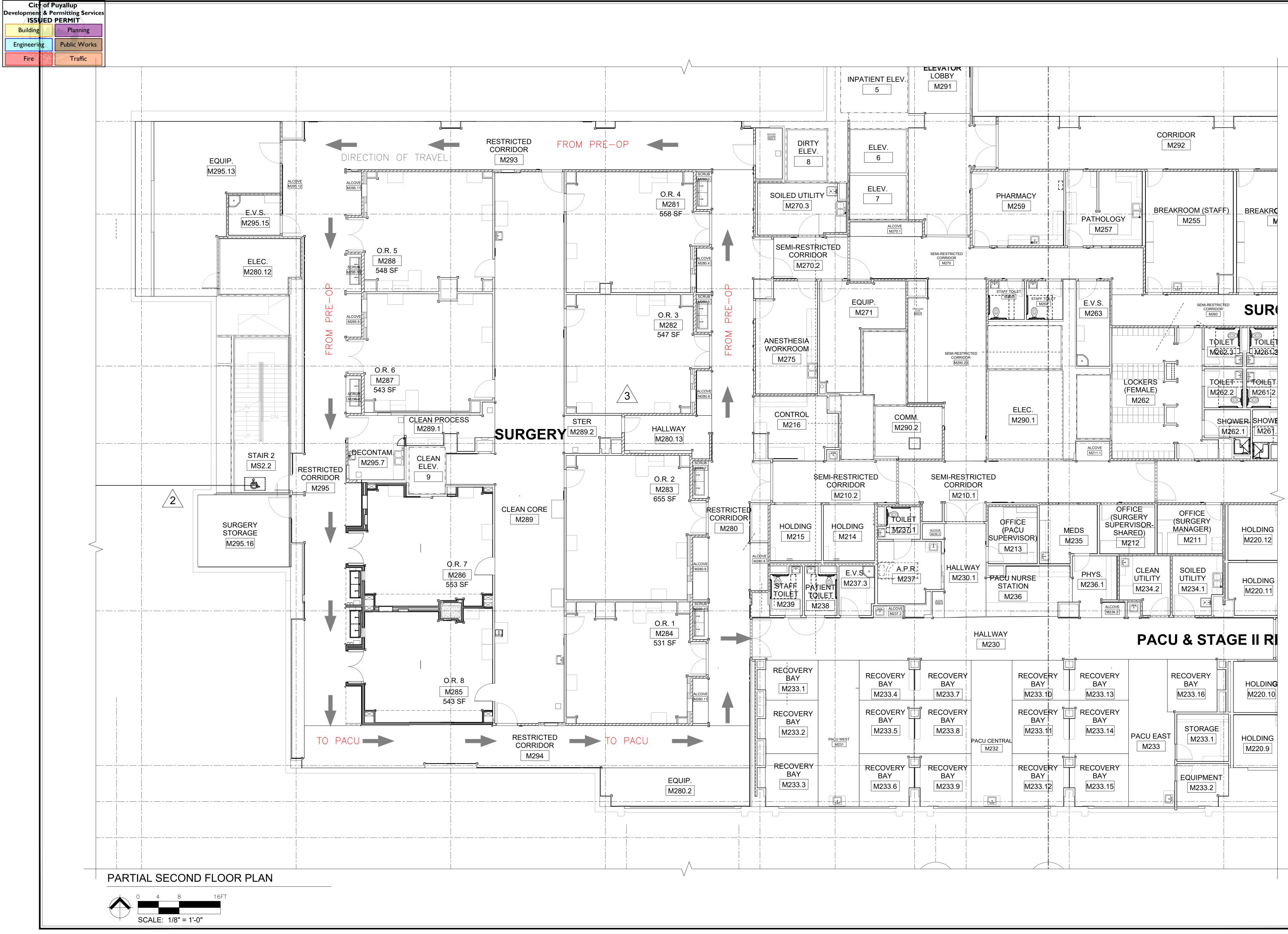
Date of Review

B-21-0225 5/7/2021

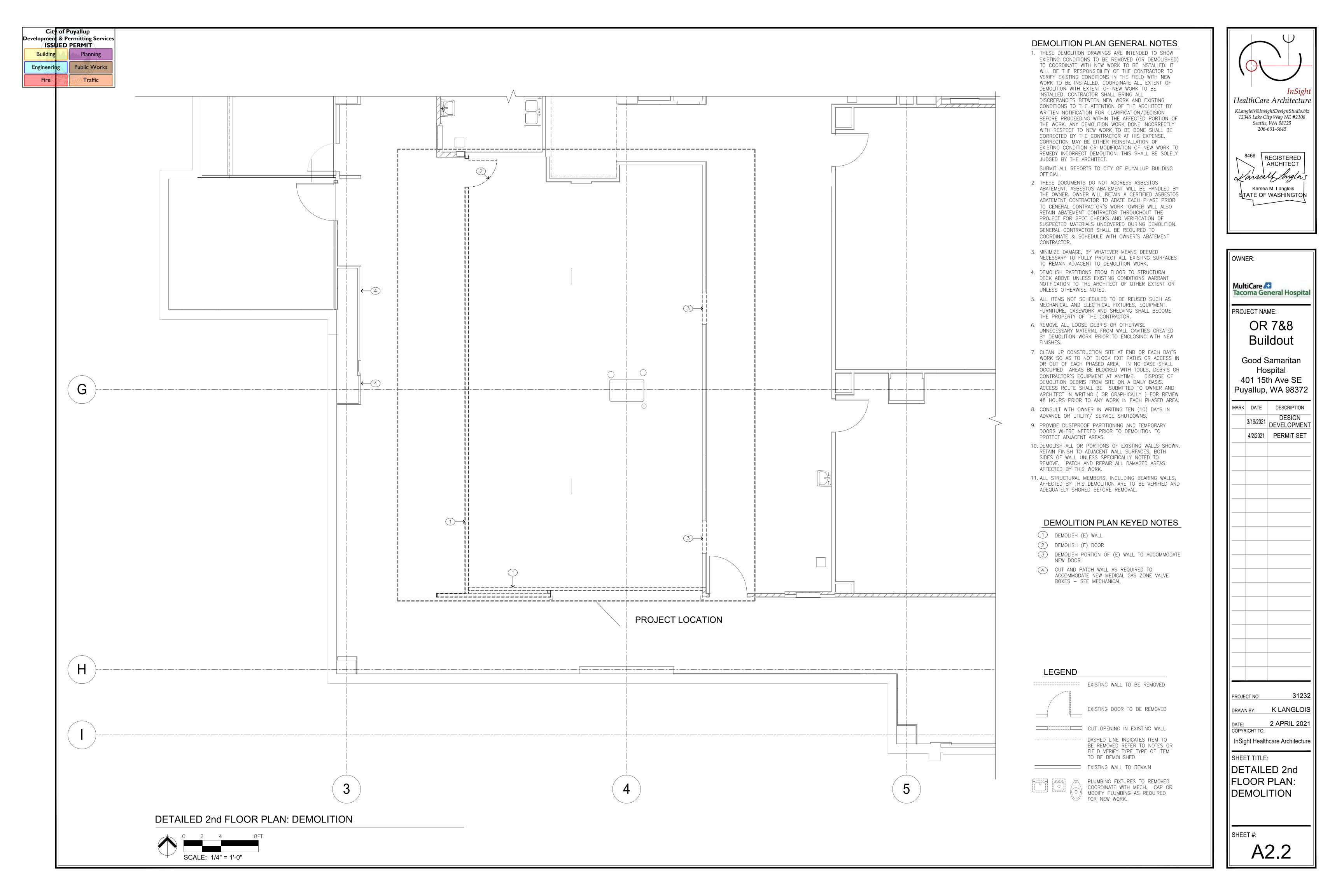


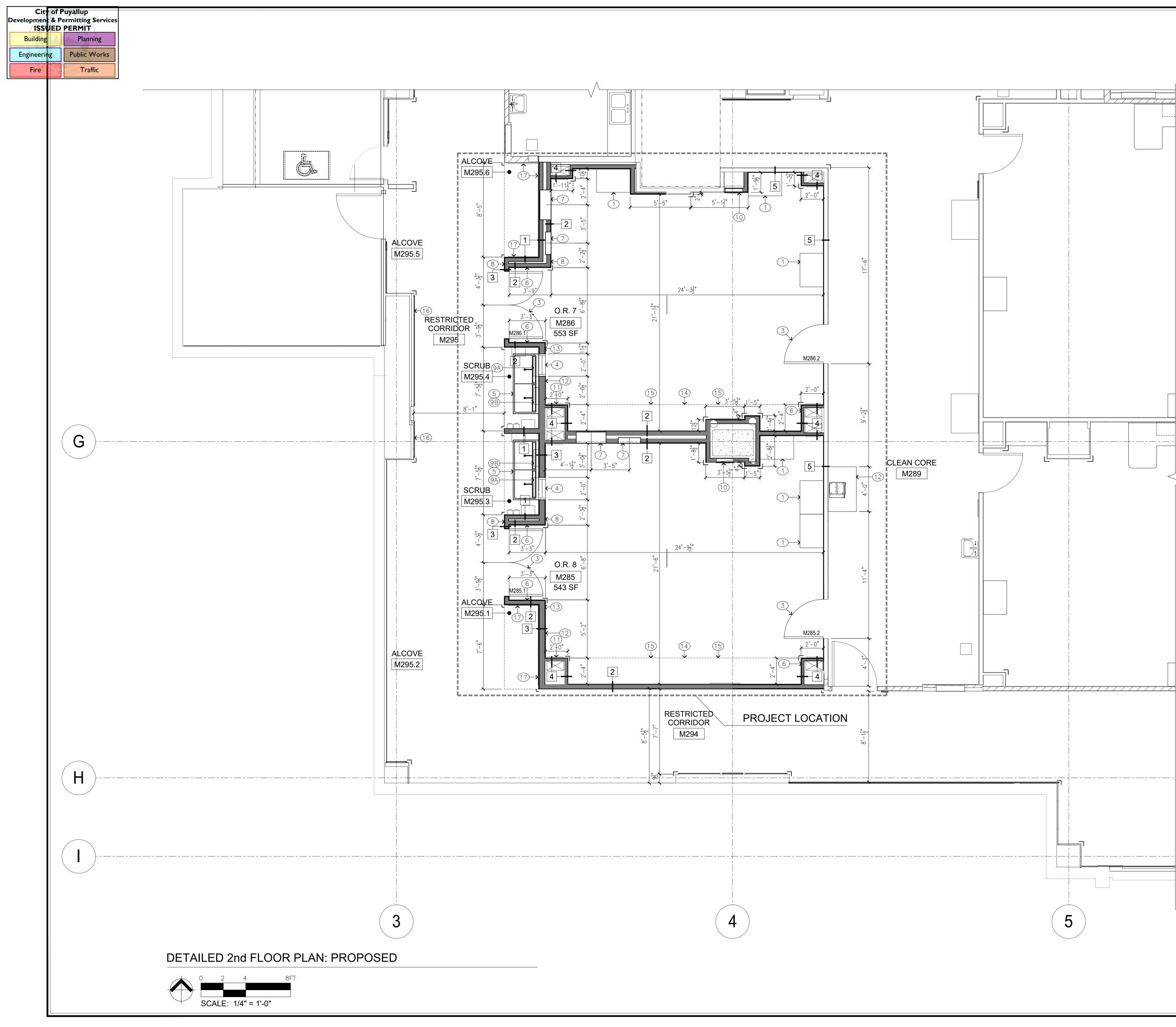


InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 8466 REGISTERED ARCHITECT Masad Maglas Karsea M. Langlois STATE OF WASHINGTON
OWNER:
MultiCare Care Care Care Care Care Care Care
Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372
MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET
PROJECT NO. 31232 DRAWN BY: K LANGLOIS DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: PARTIAL 2ND FLOOR PLAN FLOOR PLAN
SHEET #: A1.2

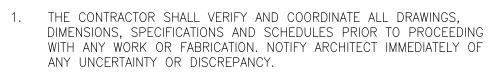


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GENERAL NOTES



- 2. DRAWINGS SHALL NOT BE SCALED.
- 3. WHERE NOTES ON THE DRAWINGS INDICATE A CONDITION AT ONE LOCATION, WHETHER INDICATED AS TYPICAL OR NOT, THE NOTE SHALL APPLY TO ALL SIMILAR LOCATIONS, UNO.
- 4. SEE SHEET TO.O FOR ADDITIONAL NOTES, SYMBOLS, ABBREVIATIONS, ETC.
- 5. SEE CODE PLAN AND DETAILS, FOR EXTENT OF RATED WALLS, CEILINGS, OPENINGS & DETAIL.
- 6. GRID LINES ARE TO CENTERLINE OF STEEL AND STUDS @ FRAMED WALLS, UNO.
- 7. ALL INTERIOR WALL DIMENSIONS ARE TO FACE OF FINISHED WALL, AND ROUGH OPENINGS, UNLESS NOTED OTHERWISE OR INDICATED ON DETAILS.
- 8. DOORS ARE TYPICALLY LOCATED BY DETAIL. WHERE A DIMENSION IS INDICATED ON PLAN FOR DOORS AND RELITES THEY WILL SUPERSEDE DETAIL DIMENSIONS.
- 9. REFER TO DETAIL 5/A8.0 FOR MANEUVERING CLEARANCES AT DOORS.
- 10. ALL BUILDING SIGNAGE AND IDENTIFYING DEVICES TO COMPLY WITH THE REQUIREMENTS OF THE A.D.A. (AMERICANS WITH DISABILITIES ACT).
- 11. FINISH FLOORING TO EXTEND TO WALLS BELOW ALL CASEWORK NOT PERMANENTLY ATTACHED TO THE FLOOR UNLESS NOTED OTHERWISE.
- 12. PROVIDE SOLID BLOCKING @ ALL CASEWORK AT TOP AND BOTTOM OF UPPERS AND AT TOP OF COUNTERS AND LOWER CABINETS. PROVIDE BLOCKING IN WALLS FOR WALL MOUNTED/SUPPORTED ITEMS INCLUDING TV BRACKETS, SHELVES, LOCKERS, WHITE BOARDS, PROJECTION SCREENS, ETC. VERIFY BLOCKING REQUIREMENTS WITH SUPPLIER/MFR OF PRODUCT TO BE MOUNTED.
- 13. WHERE A MECHANICAL PIPE OR DUCT CHASE IS INDICATED ON THE FLOOR PLAN, VERIFY SIZE OF CHASE REQUIRED FOR MECHANICAL ITEMS.
- 14. INSTALL ACOUST. BATT INSULATION IN ALL EXISTING INTERIOR STUD WALLS WHERE STUD CAVITIES ARE EXPOSED AS A RESULT OF CONSTRUCTION OR DEMOLITION ACTIVITIES.
- 15. DARK SHADING INDICATES NEW WALL CONSTRUCTION. REFER TO WALL TYPE FLAGS AND DETAIL 4/A8.0 FOR DETAILED DESCRIPTIONS OF NEW WALL CONSTRUCTION.
- 16. WHERE WALL OF ONE SIZE STUD JOINS A WALL OF DIFFERENT SIZE STUD, MAINTAIN CONTINUITY OF FINISHED FACE OF WALL AT CORRIDOR SIDE, U.N.O.
- 17. WHERE EXISTING WALL-MOUNTED ITEMS ARE NOTED, INSTALL ITEM NOTED ON DEMOLITION PLANS TO BE SALVAGED.

KEYED NOTES

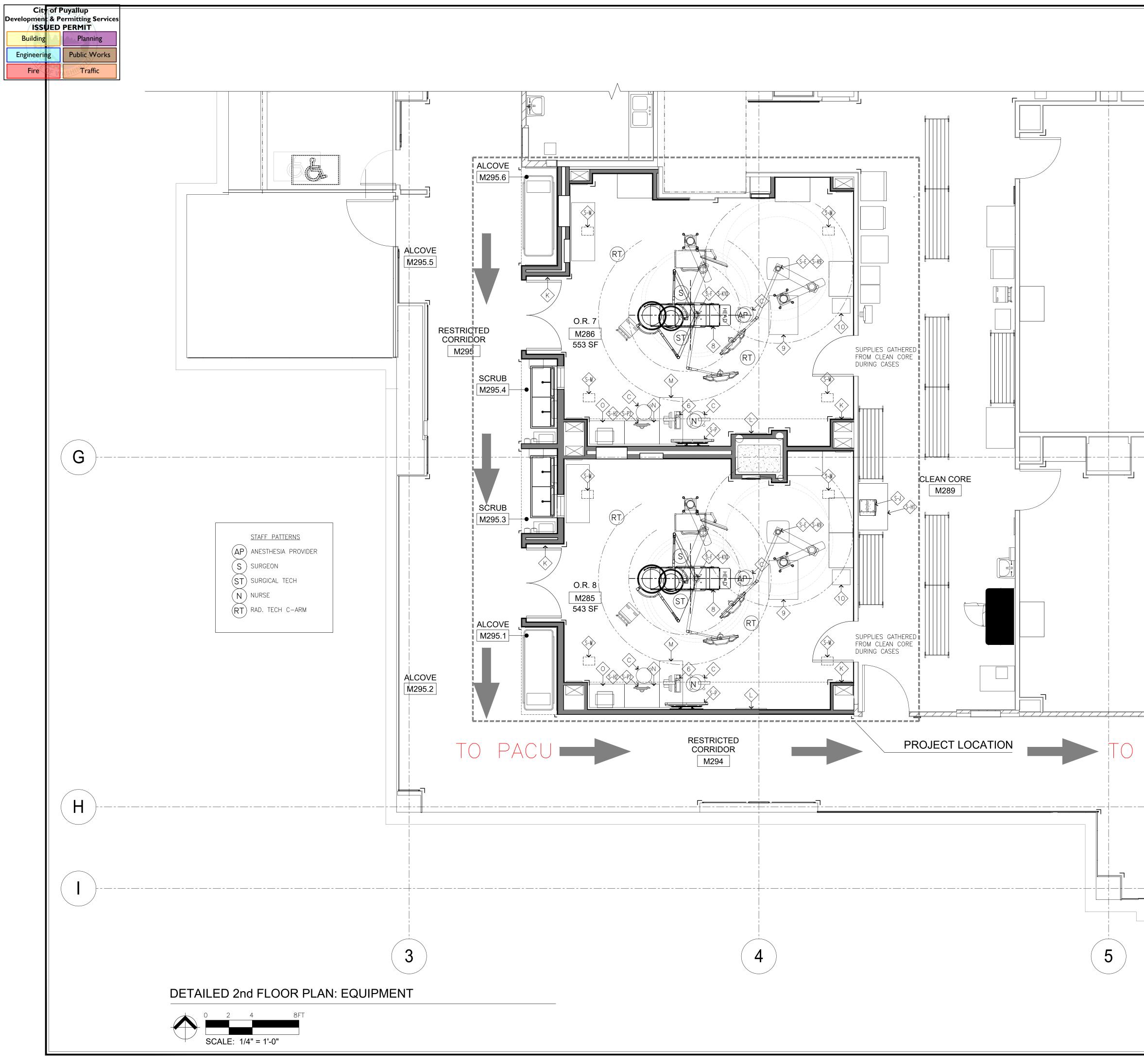
(1)		FIXED FULL-HEIGHT CASEWORK (SEE INTERIOR ELEVATIONS)
2		FLOORING
3		DOOR
4		20" WIDE X 26" HIGH RELITE WITH INTEGRAL BLINDS (SEE RIOR ELEVATIONS)
5	NEW	SCRUB SINK – SEE MECHANICAL
6	NEW	HOOK – BOBRICK B-2116 (SEE INTERIOR ELEVATIONS)
$\overline{7}$	NEW	ELECTRICAL PANEL – SEE ELECTRICAL
8	NEW	ADA DOOR OPERATOR – SEE ELECTRICAL
9A)	NEW	5" DEEP SS SHELF – BOBRICK B-295X24
9B	NEW	5" DEEP SS SHELF – BOBRICK B-295X18
(10)	NEW	MED GAS GAUGE – SEE MECHANICAL
(11)	NEW	MED GAS ALARM PANEL – SEE MECHANICAL
(12)	NEW	FIXED FULL-HEIGHT CASEWORK BY STRYKER
(13)	NEW	THERMOSTAT - SEE ELECTRICAL * INTERIOR ELEVATIONS
(14)	NEW	ANALOG CLOCK - SEE ELECTRICAL & INTERIOR ELEVATIONS
(15)	NEW	DIGITAL CLOCK - SEE ELECTRICAL & INTERIOR ELEVATIONS
(16)	NEW	MED GAS SHUTOFF – SEE MECHANICAL
(17)	NEW	WALL PROTECTION - SEE INTERIOR ELEVATIONS

LEGEND

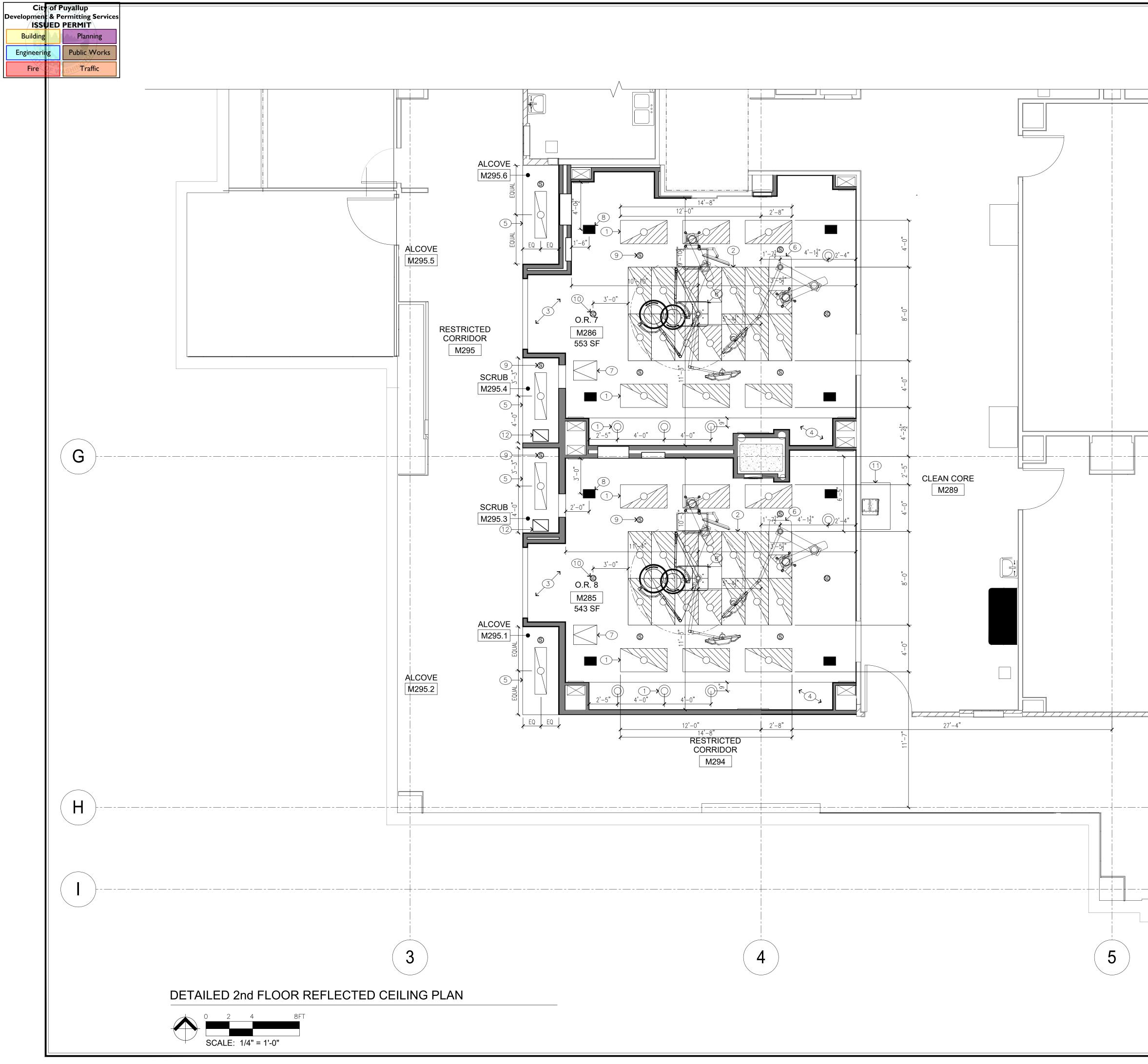
EXISTING WALL TO REMAIN



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PRO	JECT NA	ME:		
	OR	7&8		
	Bui	ldout		
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		, WA 98372		
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	4/2/2021			
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DATE: 2 APRIL 2021 COPYRIGHT TO:				
InSię	InSight Healthcare Architecture			
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	FLOOR PLAN:			
	PROPOSED			
SHEE				
	A.	3.2		

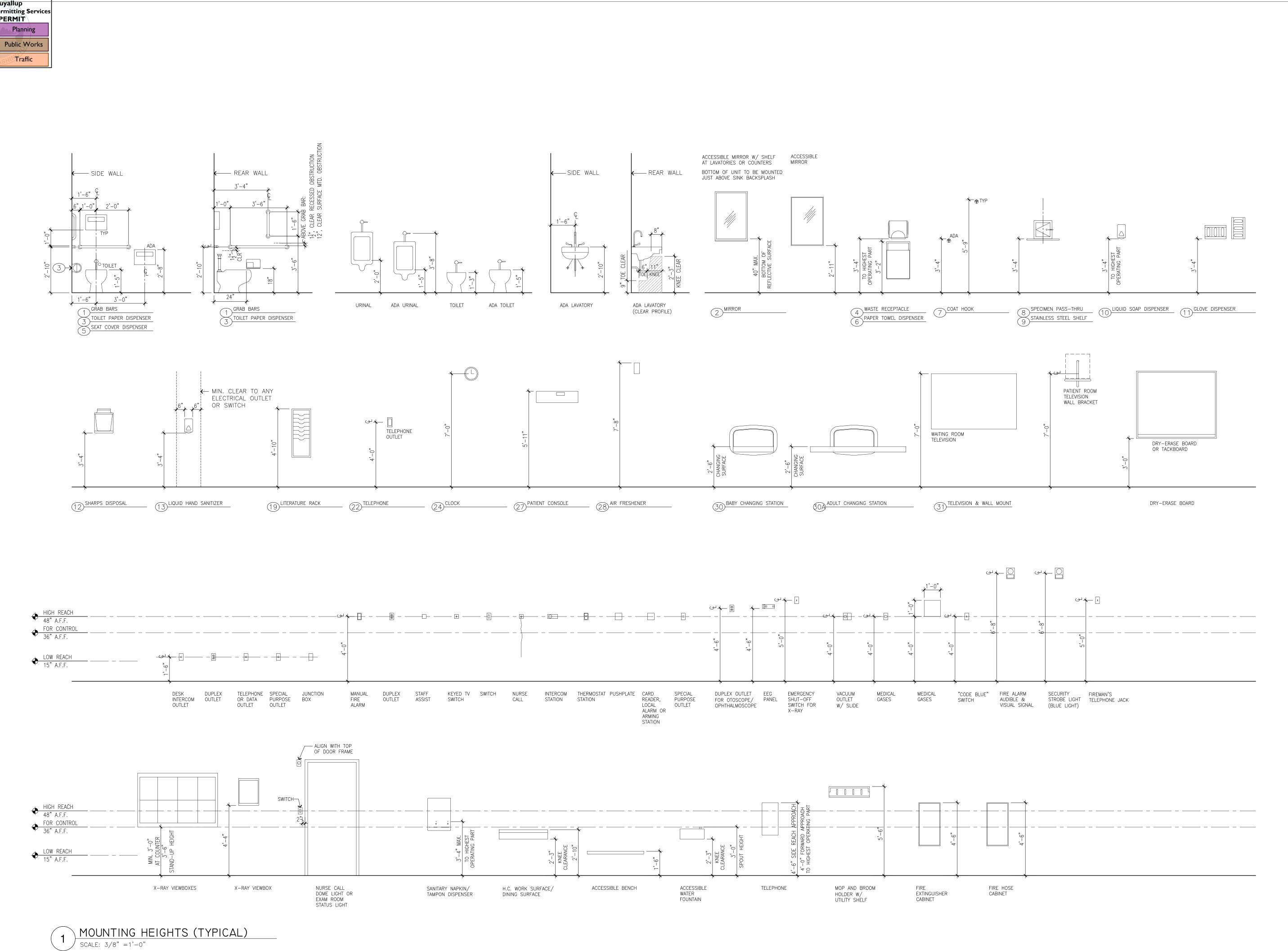


				InSight
	EQUIPMENT LIST			HealthCare Architecture
	CAPITAL ITEMS: DESCRIPTION COVIDIAN F10 GENERATOR AND ACCESSORIES ETHICON HARMONIC SCALPEL/ENSEAL AND ACC. STRYKER NEPTUNE SUCTION MACHINE BAIR HUGGER PATIENT WARMING UNIT MODEL 775 COVIDIAN-KENDALL MODEL 700 SCD MACHINE ENCISION AEM #EM3 MONITOR STRYKER TPS CORE 2 CONSOLE STERIS/AMSCO 3085 GENERAL SURGERY TABLE	18"X20" (QTY PER PER DN CART 1 DN CART 1 1 1 1 1 1 1 1 1 1 1 1 1	KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 8466 REGISTERED ARCHITECT ARCHITECT Karsea M. Langlois STATE OF WASHINGTON
	9 PYXIS OPERATING ROOM DRUG DISPENSER	30"X40" 19"X16"	1	OWNER:
	NON-CAPITAL ITEMS: DESCRIPTION A IV POLES B LINEN HAMPERS C ANESTHESIA CHAIRS	DIMS L 28" DIA. 24"X24" 32"X36"	QTY PER LOCATION ROOM 2 2 2 3	MultiCare Care Care Care Care Care Care Care
	KICK BUCKET WITH STAND E BACK TABLE LARGE, WITH SHELF F BACK TABLE X-LARGE, WITH SHELF G MAYO STAND H MAYO STAND	24" DIA. 60"X24" 84"X24" 18"X24" 22"X28"	2 1 1 1 1 1	Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372
	I BASIN STAND J NURSES TREATMENT/PREP CART K ALLEN MEDICAL ROLLER BOARD L SCHEDULE BOARD M MOBILE DESK N MOBILE DESK O MOBILE STORAGE UNIT		1 NALL NALL 1 1 1 1 1 1 1 1 1	MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET
	STRYKER ITEMS: DESCRIPTION S-E ANESTHESIA BOOM S-F EQUIPMENT BOOM S-H CUSTOM CABINET S-H NURSE DESK S-J SWITHCHPOINT INFINITY 3 S-K CHROMOPHARE SK BOX	(QTY PER DOCATION ROOM CEILING 1 1 1 1 1 1 1	
PACU	S-K9 TC UDM JUNCTION BOX S-K10 UDM JUNCTION BOX S-L CHROMOPHARE SURGICAL LIGHT WALL CONTROL PA S-W FLUSH RECTANGULAR AR CEILING SPEAKER S-P 55" WALL MONITOR S-P2 CONNECTED OR TOUCHPANEL	NEL 1	CEILING 1 CEILING 1 TBD 1 CEILING 4 WALL 1 1	
				PROJECT NO.31232DRAWN BY:K LANGLOISDATE:2 APRIL 2021COPYRIGHT TO:InSight Healthcare ArchitectureSHEET TITLE:DETAILED 2ndFLOOR PLAN:EQUIPMENT
	LEGEND NEW WALL EXISTING WALL TO REMAN	IN		SHEET #: A4.2

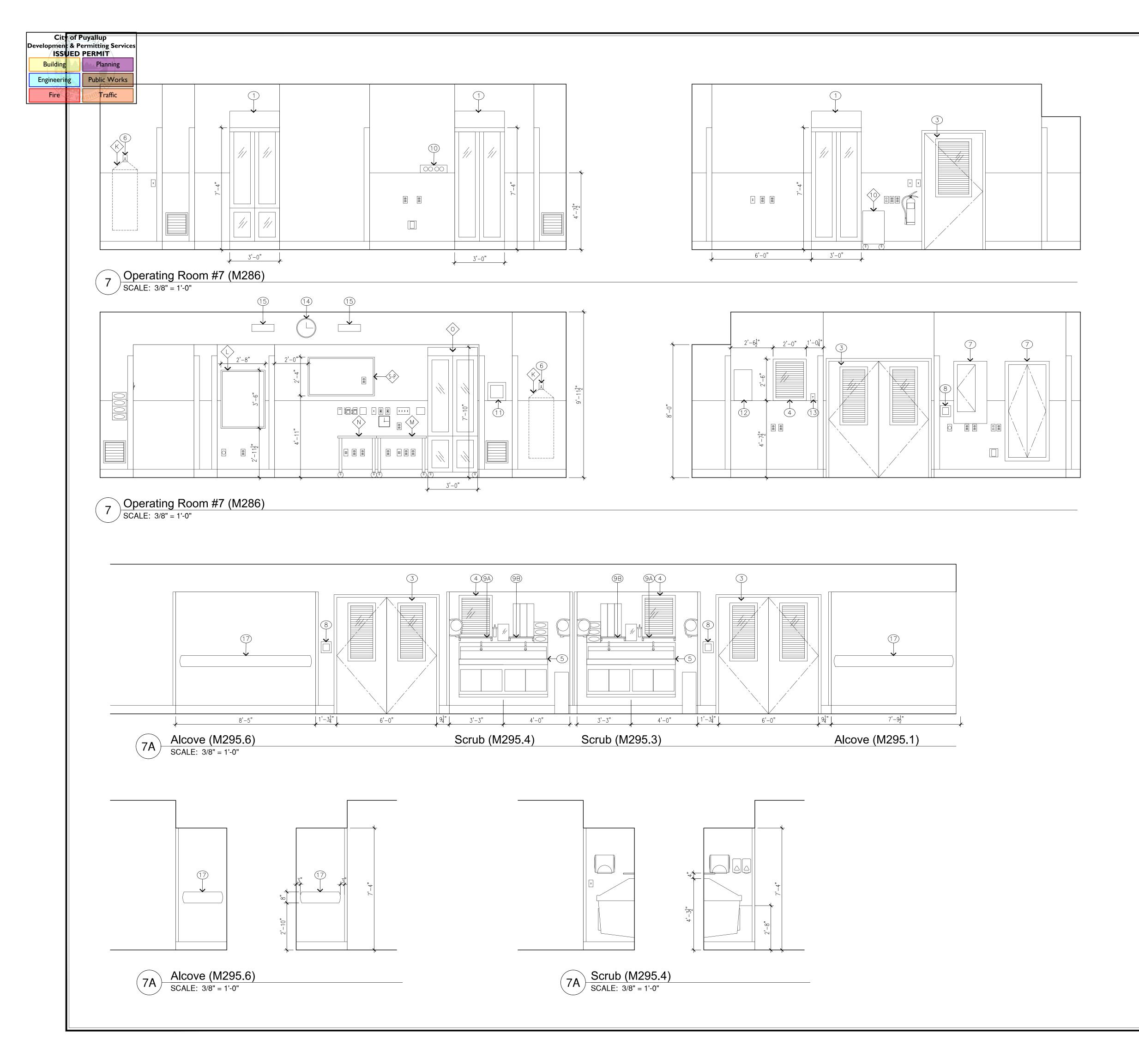


GENERAL NOTES	
 ALL CEILINGS, SUSPENSION SYSTEMS AND LIGHT FIXTURES IN AREA OF WORK ARE NEW, EXCEPT AS NOTED. CEILING SYSTEMS AFFECTED BY INSTALLATION OF NEW DUCTWORK ARE TO BE REPAIRED OR REPLACED AS REQUIRED, SEE MECHANICAL. 	InSight
3. CONTRACTOR TO PROVIDE COORDINATION OF SHOP DRAWING FOR APPROVAL OF CEILING. SHOWING AND PROVIDING DIMENSIONS OF ALL ARCHITECTURAL, MECHANICAL, AND ELECTRICAL ITEMS.	HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
 KEYED NOTES NEW LIGHT FIXTURE (SEE ELECTRICAL) NEW ULTRASUITE CEILING SYSTEM WITH LIGHTING AND DIFFUSERS (SEE MECHANICAL & ELECTRICAL) NEW GYP BOARD CEILING NEW GYP BOARD SOFFIT @ 8'-0" A.F.F. NEW GYP BOARD SOFFIT @ 7'-4" A.F.F. NEW BOOM (SEE VENDOR DRAWINGS) NEW CEILING ACCESS DOOR - COORDINATE LOCATION WITH MECHANICAL NEW SPEAKER (SEE VENDOR DRAWINGS) NEW SPEAKER (SEE VENDOR DRAWINGS) NEW SPENKLER NEW SPRINKLER NEW P-LAM SOFFIT NEW P-LAM SOFFIT NEW CEILING DIFFUSER - SEE MECHANICAL 	8466 REGISTERED ARCHITECT Jansad Anglas Karsea M. Langlois STATE OF WASHINGTON
	PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372
	MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET
SEE ELECTRICAL SHEETS FOR LIGHT FIXTURE TYPES SUSPENDED OR FRAMED GYPSUM WALLBOARD CEILING Image: Constrained by the strate of	
♥ WALL SCONCE ■ ● WALL-MOUNTED VANITY LIGHT UNDER-CABINET FLUORESCENT LIGHT FIXTURE ● NURSE CALL DOME LIGHT ● FIRE ALARM STROBE SP SPRINKLER S SPEAKER 0S OCCUPANCY SENSOR © CAMERA ● EXIT SIGN	PROJECT NO. 31232 DRAWN BY: K LANGLOIS DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: DETAILED 2nd FLOOR REFLECTED CEILING PLAN
NEW WALL EXISTING WALL TO REMAIN	SHEET #: A5.2

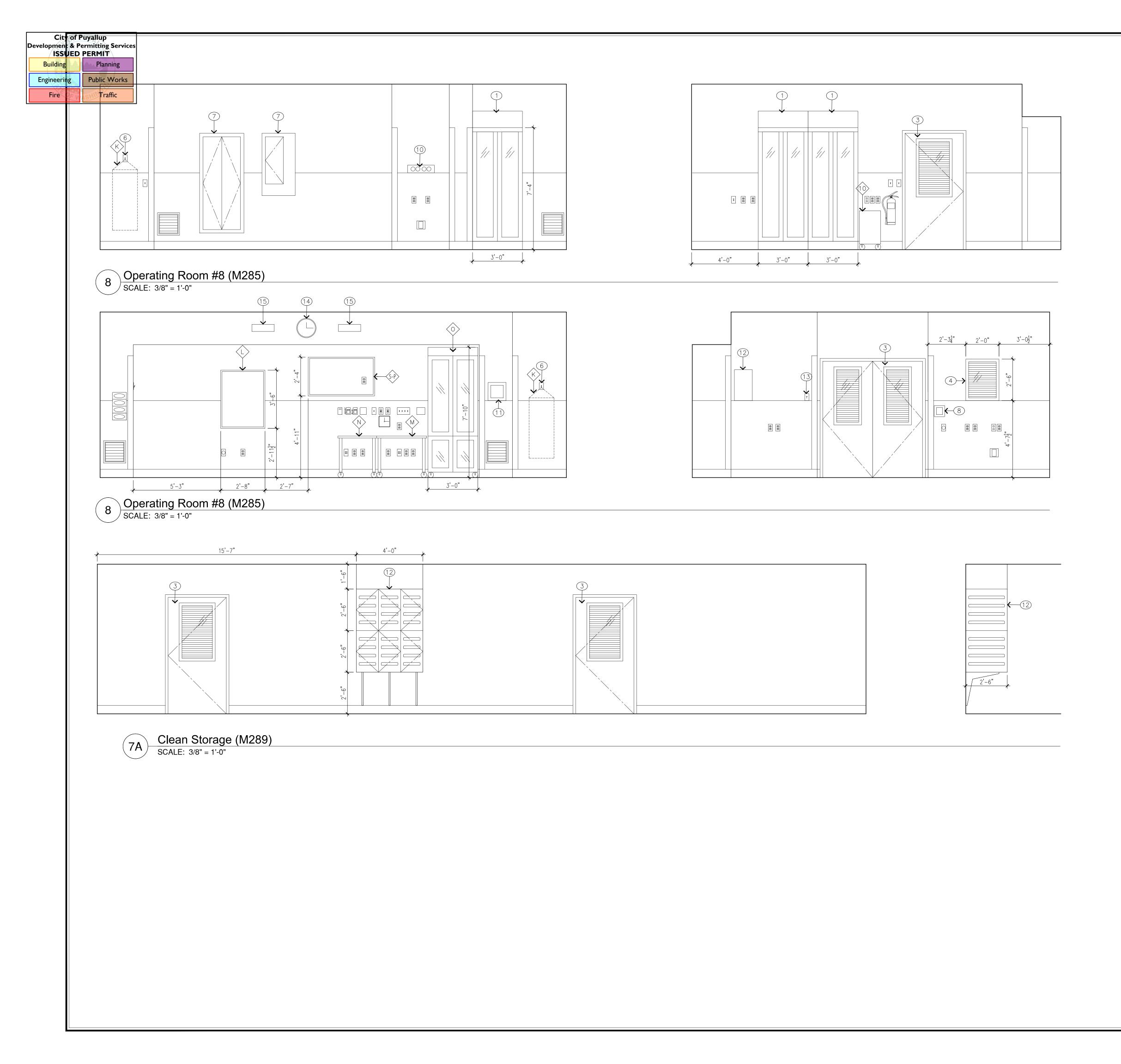
	Puyallup ermitting Services PERMIT
Building	Planning
Engineering	Public Works
Fire	Traffic



Insight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #123 Szathe, VMA 98125 206-601-6645 WaltiCare ARCHITECT Markinglass Karseea M. Langlois STATE OF WASHINGTON OWNER: MultiCare PROJECT NAME: OR 7&88 BuildOut Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESIGN 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET ARR DATE DATE DESIGN ARR DATE DATE DESIGN DEVELOPMENT DESIGN MARK DATE DATE ZAPRIL 2021 PROJECT NO. 31232 DATE: 2 APRIL 2021 PRAVN BY: K LANGLOIS DATE: 2 APRIL 2021 SHEET TITLE: TYPIC AI	HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 Wathicare ARCHITECT MultiCare ARCHITECT MultiCare STATE OF WASHINGTON OWNER: OWNER: OR 7&8 BuildOut Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESIGN 3/19/2021 DESIGN J1/2021 PERMIT SET J1/2021 J1/2021 J1/2021 J1/2021 J1/2021 J1/2021			
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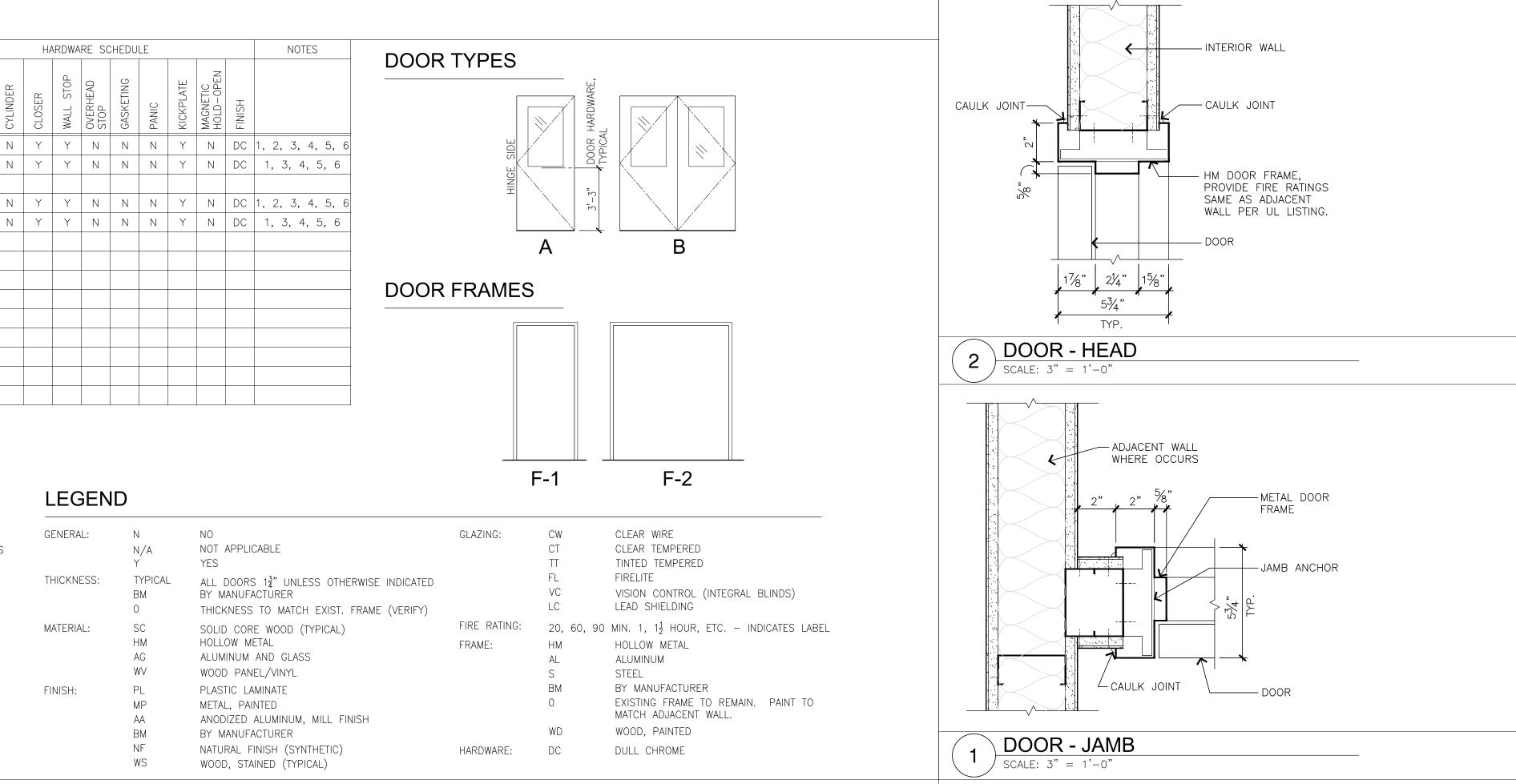


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12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
ARCHITECT
Karsea M. Langlois STATE OF WASHINGTON
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MultiCare 🔏
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401 15th Ave SE Puyallup, WA 98372
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3/19/2021 DEVELOPMENT 4/2/2021 PERMIT SET
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DRAWN BY: K LANGLOIS
DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture
SHEET TITLE:
INTERIOR ELEVATIONS
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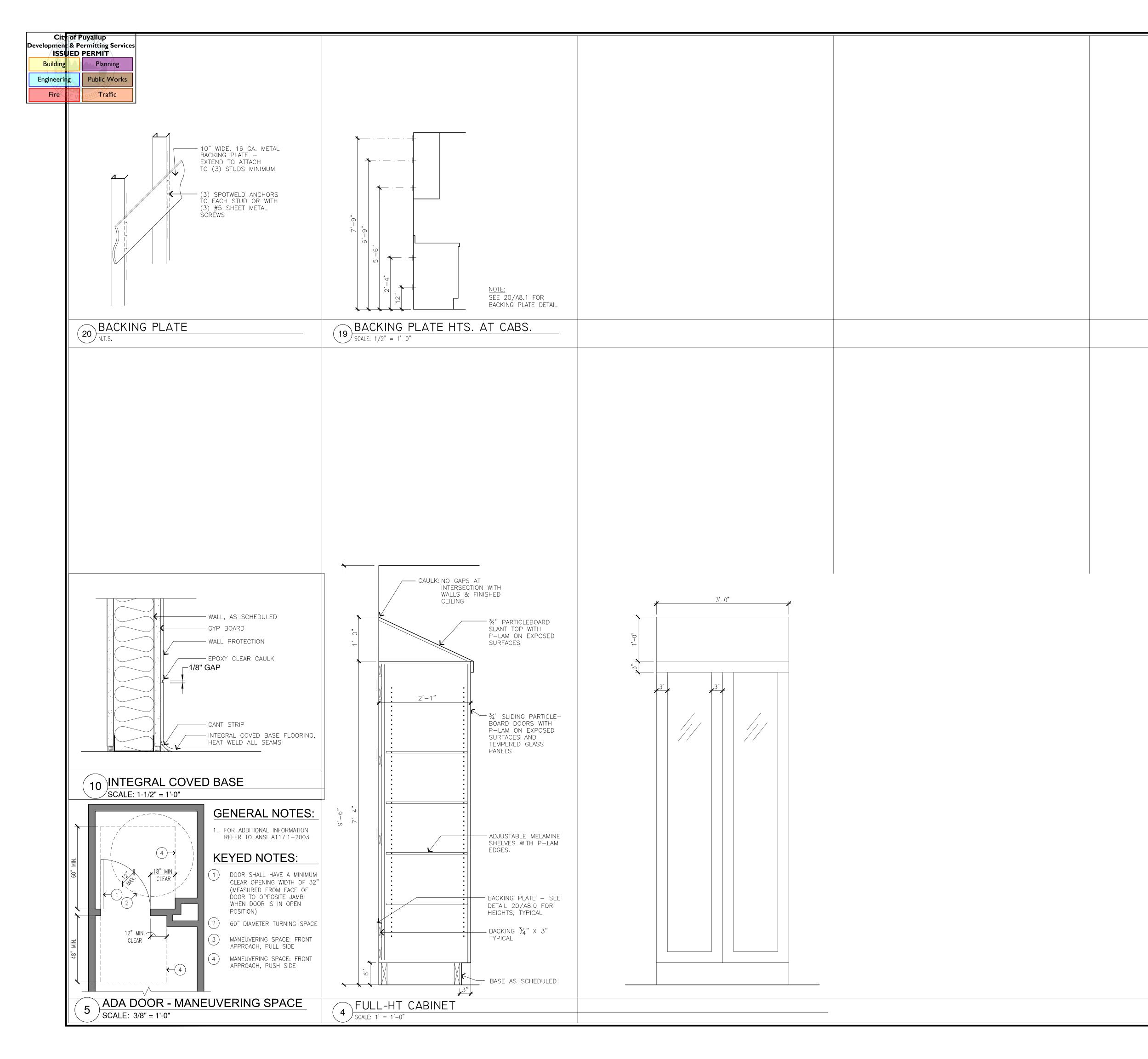


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MultiCare Cara Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout
Good Samaritan
Hospital 401 15th Ave SE Puyallup, WA 98372
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PROJECT NO.31232DRAWN BY:K LANGLOISDATE:2 APRIL 2021COPYRIGHT TO:InSight Healthcare Architecture
SHEET TITLE: INTERIOR ELEVATIONS
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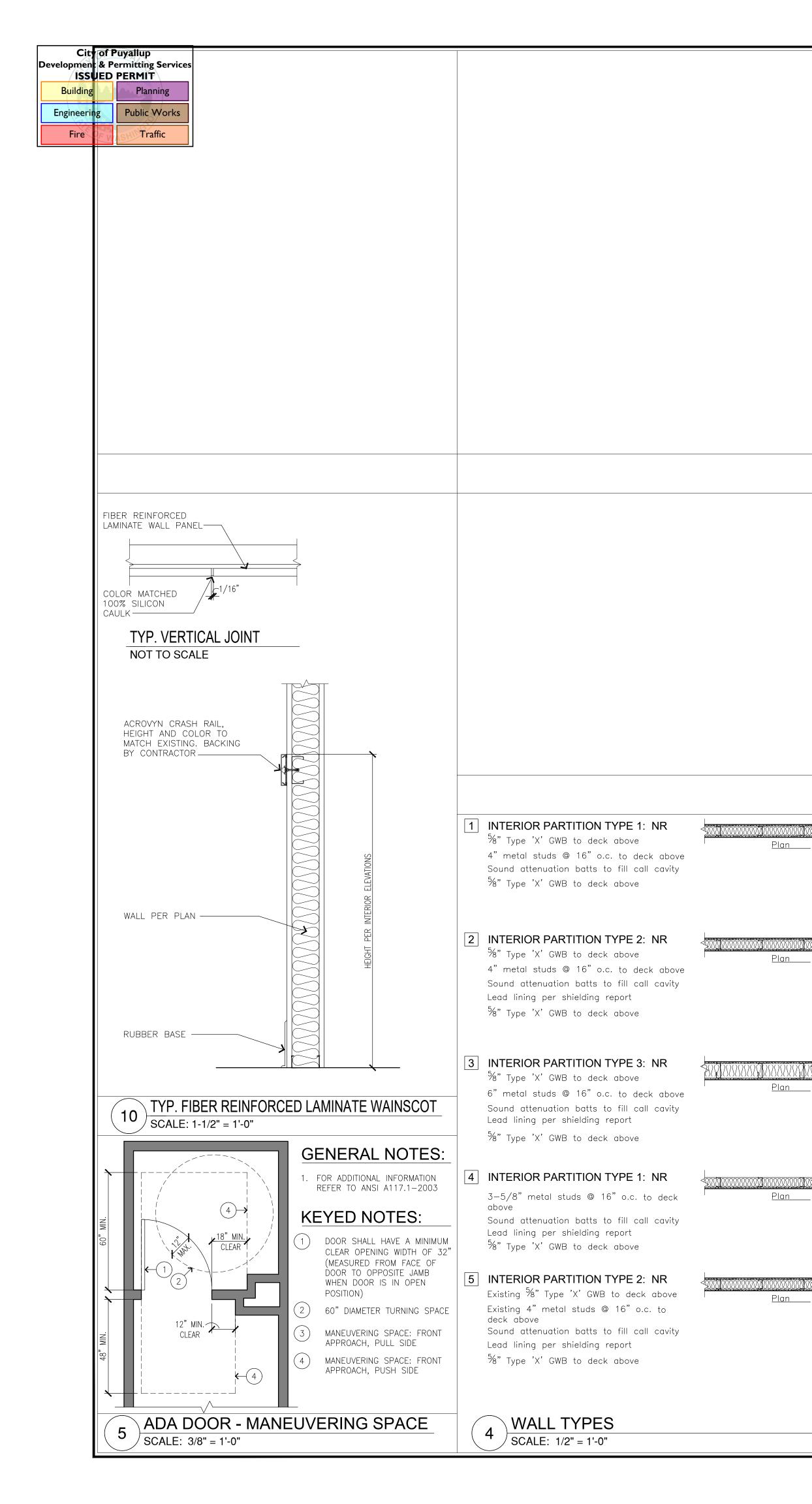
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2.)LUMN REFER JMBER INDICA					2. C	ARD READI	er and e					,	、		SEND													
4.	NOTED	OTHERWISE	NS FOR DOO					4. S	EE DETAIL EE RADIATI	ON SHIELI	ding re	PORT FC	DR REQUI	red lead	THICKNE		GENERA		N N/A Y	NO NOT A YES	PPLICABLE				GLAZING:	CV CT TT	CL	.ear wire .ear tempere nted tempere			
5.	(CLEAF	CLAZING						Д Д	ROVIDE PIN RCHITECTU PPROVED	RAL BUILD Equal.	DERS HA	RDWARE	MFG, ITE	M #L014			THICKNI	ESS:	TYPICAL BM	BY MA	ANUFACTÚR	ĪR	ERWISE INDI			FL VC LC	VIS	RELITE SION CONTROL AD SHIELDING	L (INTEGRAL BLIN	DS)	
6.	FRAME	, UNLESS M	OTED OTHERN	WISE.				6. P	ROVIDE DC	or prote	ECTION,	EACH SI	DE OF D	OOR			MATERIA	L:	0 SC HM	SOLID		ATCH EXIST DD (TYPICAL	FRAME (VE	KIFY)	FIRE RAT	ING: 20	, 60, 90 MIN	N. 1, 1 1 Hour	r, etc. – Indica	TES LABEL	
7.	NOTED	OTHERWISE				, , , , , , , , , , , , , , , , , , , ,													AG WV	ALUMIN	NUM AND PANEL/VII				FRAME:	HM AL S	AL ST)LLOW METAL .UMINUM EEL			
8.	ALL D	oor hardw	ARE SHOULD ARE SET INFO	COMPLY W		REQUIREME	NTS. SEE										FINISH:		PL MP	METAL,	IC LAMINAT					BN O	I BY EX	MANUFACTUR	TO REMAIN. PA	NNT TO	
9.			VALL CONSTR		r frame [DEPTHS.													AA BM NF	BY MA	ANUFACTUR	NUM, MILL ER (SYNTHETIC			HARDWAR	WI E: DC) WC	DOD, PAINTED			
10.	DOOR	HARDWARE	TO MATCH E>	KISTING.															WS		, STAINED	•						5			
F	INISI	H SCH	EDULE	•				FLOOI	RING		BAS	SE		NORTH	WALL		E,	AST WALI			SOUTH	WALL		WEST	WALL		CEILI	NG			
	ROOM I OPERAT	NAME ING ROOM	#8								FIN ICB	CLR SV1	MATL (E)GW	FIN 3 PT			MATL (E)GWB	FIN PT	CLR P1	MATL (E)GWI		CLF P1	MATL GWB				ATL FIN		T CODED NOTI	ES P-LAM	WAIN WC
M286	OPERAT	ING ROOM	#7				(E))CONC	SV S	SV1	ICB	SV1	(E)GW	3 PT	P	P1 ((E)GWB	PT	P1	(E)GWI	'B PT	P1	GWB	F	T F	P1 A	CT FF	9'-6"		_	WC
	CORRID CORRID							,			RB RB	RB1 RB1	(E)GW (E)GW				(E)GWB (E)GWB	PT PT	P1 P1	(E)GW		P1	(E)GWI (E)GWI				CT FF CT FF			-	-
M295.1	GURNEY	ALCOVE					(E))CONC	SV S	SV2	RB	RB1	(E)GW	3 PT	P	P1 ((E)GWB	PT	P1	(E)GWI	'B PT	P1	(E)GWI	B F	T F	P1 A	CT FF	- 8'-0"	, 12	_	
	SCRUB SCRUB						(E))CONC			RB RB	RB1 RB1	(E)GW (E)GW	3 PT		P1 ((E)GWB (E)GWB	PT PT	P1 P1	(E)GW	'B PT	P1	(E)GWI	B F			CT FF CT FF		' (1)2)		WC
		ALCOVE									RB	RB1	(E)GW				(E)GWB	PT	P1	(E)GWI		P1	(E)GWI				CT FF			_	
G	ENE	RAL N	OTES					CO	DED N	OTES	6						ABBR	EVIA	TIONS	5											
1.	AN AS NOTES	TERISK (*) IN THE RE	IN THE FINIS MARKS COLUI	H SCHEDUL MN.	E REFEREI	NCES CODE	Đ	<u> </u>	NEW FLOOF NEW CEILIN							А	AC AC		REATMENT		GMU GYP	GYPSUM	MASONRY UN WALL BOARE		TBS	S TO BI	BOARD (LENG SELECTED				
2.		.00RING / RED UNDER	COLOR TRANS	SITIONS, WH	iere requ	JIRED, SHAL	L BE		NEW CEILIN								ACT AC ADA AM	ERICANS	CEILING TI WITH DISAE		MATL MDF	MATERIAL MEDIUM	WALLBOARD Density fibe	ERBOARD	TG TP	ST/ TOILE	JE & GROOVE AINED 7 PARTITION	E CEDAR,			
3.			R MECHANICA SURFACE, UN				ТО										AWC AC AWP AC	OUSTICAL	AL WALLCOVE WALL PAN		MASN	S METAL S MASONR			TYF UNI UP ⁻	D UNLES F UNGLA	S NOTED OTH	HERWISE AIN TILE			
4.			EILING PLAN													B B	BRK BR BROOM LIG	HT BROO	M FINISH (CONCRETE	NIC NTS OC OP	NOT TO ON CEN	SCALE		V VC ⁻ VP	T VINYL VENE	COMPOSITION R PLASTER				
5.	NOTED	OTHERWISE														C C	CG CO CLR CO	BINET RNER GU, LOR	ARD		PLAM PL	PLASTIC PLASTIC PLASTIC PLASTER	LAMINATE		WB WD	(#) WHITE WOOD	WALLCOVERIN BOARD (LEN				
б. 	FINISH	ES.	VATIONS FOR													C C	CONC CO		MASONRY U	JNIT	PLA PNL PR(# PT	PANEL	ON SCREEN	(LENGTH	WR	M WALK GWB WATEF	OFF MAT R-RESISTANT	GYP BD			
/.	DESIGN		VATIONS, REF PLAN FOR [С	CT CE CSV CO	RPET RAMIC TIL VED SHEE INKING FO	ET VINYL		PT PTD PWD RB			NSER							
8.	FLOOR INSTAL		ATION TO CO	ordinate w	WITH CASEV	WORK										D (I E	(E) EX EP EP	STING OXY PAIN ⁻	Т		RB RF RC SD	RUBBER ROLL-UI	FLOORING	SFR							
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																F			REINFORCE	ED PLASTIC		J.ILLI V									



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InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 8466 REGISTERED ARCHITECT							
Karsea M. Langla's STATE OF WASHINGTON							
OWNER:							
MultiCare Coma General Hospital PROJECT NAME: OR 7&8							
Buildout							
Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372							
MARK DATE DESCRIPTION							
3/19/2021 DEVELOPMENT 4/2/2021 PERMIT SET							
PROJECT NO. 31232 DRAWN BY: K LANGLOIS							
DATE: 2 APRIL 2021 COPYRIGHT TO: 2							
InSight Healthcare Architecture							
SHEET TITLE: DOOR & FINISH SCHEDULES, DETAILS							
SHEET #: A7.1							

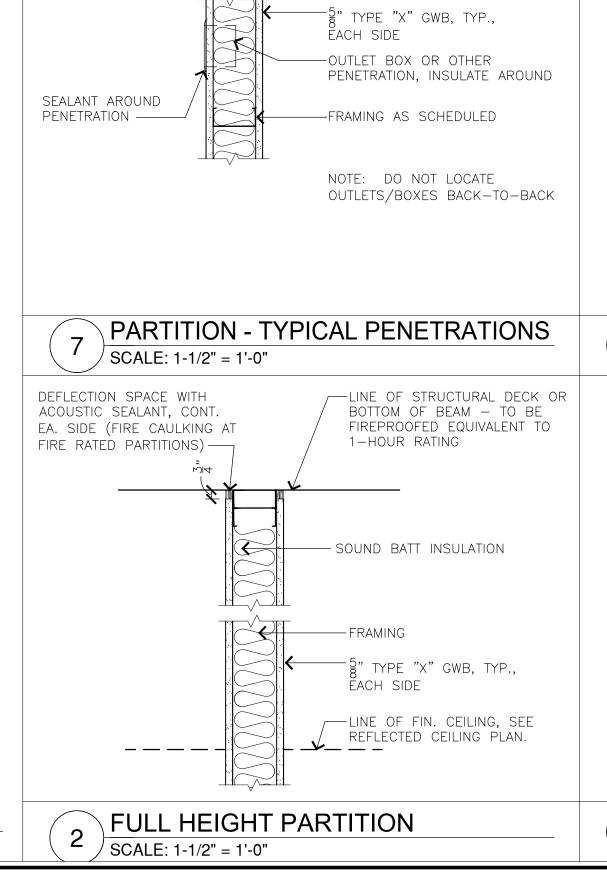


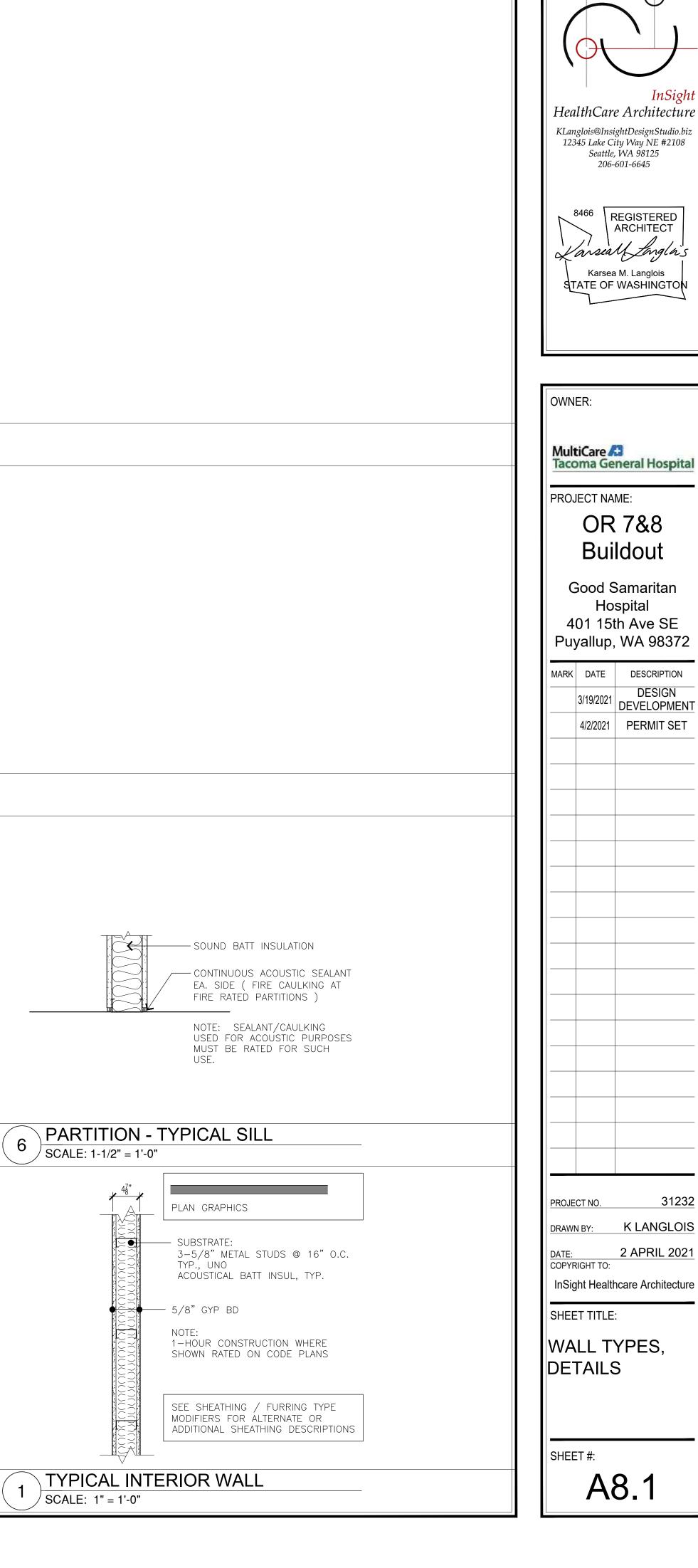
InSight HealthCare Architecture
KLanglois@InsightDesignStudio.biz
12345 Lake City Way NE #2108 Seattle, WA 98125
206-601-6645
8466 REGISTERED ARCHITECT
Sarsealf Langla's
Karsea M. Langlois
STATE OF WASHINGTON
OWNER:
MultiCare 🚨 Tacoma General Hospital
PROJECT NAME:
OR 7&8
Buildout
Good Samaritan Hospital
401 15th Ave SE
Puyallup, WA 98372
MARK DATE DESCRIPTION
DESIGN
3/19/2021 DEVELOPMENT
4/2/2021 PERMIT SET
PROJECT NO. 31232
DATE: 2 APRIL 2021 COPYRIGHT TO:
InSight Healthcare Architecture
SHEET TITLE:
DETAILS
SHEET #:
A8.0
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GENERAL WALL TYPE NOTES

- . ALL WALL SUBSTRATES AND SHEATHINGS EXTEND TO DECL ABOVE UNO.
- . PROVIDE FLOOR OR ROOF ACOUSTICAL INSULATION IN ALL INTERIOR FRAMED WALLS AND FLOOR/CEILING ASSEMBLIES UNO.
- 3. ACOUSTICAL INSULATION NOT REQUIRED AT PARTIAL HEIGHT AND PARTIAL LENGTH (STUB) WALLS, WALLS BETWEEN STORAGE ROOMS, WALLS BETWEEN STORAGE ROOMS AND HALLWAYS, ELECTRICAL ROOMS, OR OTHER STORAGE ROOM
- ANY PENETRATION THROUGH A RATED WALL, INCLUDING THOSE FOR PIPES, CONDUITS, AND DUCTS SHALL BE FIRE CAULKED. SEE MECH./ELEC. DRAWINGS FOR ITEMS THAT PENETRATE.
- . TYPICAL INTERIOR WALL TYPE IS TYPE '4', UNO. TYPICAL INTERIOR WALL IS NOT FLAGGED, EXCEPT FOR CLARITY.
- 6. ALL STUD FRAMING AND FURRING 16" O.C. UNO.
- 7. A WALL TYPE CONTINUES THE FULL ROOM LENGTH, INCLUDING ANY JOGS, ANGLES, RECESSES, OR STUB WALLS, UNO. ANY WALL SEGMENT NOT FLAGGED IS TO BE CONSTRUCTED PER THE ADJACENT WALL OR NEAREST FLAGGED WALL, UNLESS SHOWN OTHERWISE.
- 3. WHERE DIFFERENT STUD SIZES / LAYERS OF SHTHG OCCUR ALONG A CORRIDOR/ HALLWAY WALL, IT IS INTENDED THAT THE CORRIDOR SIDES ALIGN UNO.
- . ALL GWB SURFACES AND MASONRY TO BE PREPARED FOR PAINT GRADE FINISH UNO.
- 10. SEE INTERIOR ELEVATIONS FOR LOCATIONS OF P-LAM MDF, ACOUSTICAL PANELS OR OTHER APPLIED WALL FINISHES.
- 1. USE WATER RESISTANT GYP. BD IN MOISTURE PRONE AREAS





Developmen: & Per Building Engineering Fire Fire Torrer	 PERMITT PERMITT	STEEL FABRICATIORS Special ins ALL STEEL FABRICATION SHALL BE PI STEEL CONSTRUCTION. THE FABRICA AT THE TIME OF BID AND SHALL MAIN NON-AISC CERTIFIED STEEL FABRICA PROJECTS OF EQUAL OR LARGER CC WEEKS PRIOR TO [BID / SHOP DRAWINSTEEL CONSTRUCTION. THE ERECTORS ALL STEEL ERECTION SHALL BE PERFISTEEL CONSTRUCTION. THE ERECTOR ALL STEEL ERECTION SHALL BE PERFISTEEL CONSTRUCTION. THE ERECTOR NON-AISC CERTIFIED STEEL ERECTOR PROJECTS OF EQUAL OR LARGER CC WEEKS PRIOR TO [BID / SHOP DRAWN STEEL DETAILERS ALL STEEL DETAILING SHALL BE PERFISIMILAR PROJECTS OF EQUAL OR LARGER CC WEEKS PRIOR TO [BID / SHOP DRAWN STEEL DETAILERS ALL STEEL DETAILERS ALL STEEL DETAILERS ALL STEEL DETAILERS ANGLES AND PLATES: ASTM A36 (Fy = WELDING STRUCTURAL STEEL: WELD IN ACCO LATERAL FORCE-RESISTING SYSTEM SUPPLEMENT AWS D18 CERTIFICATION: ALL WELDING SHALL PREQUALIFIED FOR EACH POSITION A WELD TABS (ALSO KNOWN AS WELD HAS BEEN COMPLETED THE WELD TA CONTOUR. WELD "DAMS" OR "END DA WELD TABS (ALSO KNOWN AS WELD THAS SEEN COMPLETED THE WELD THAS SUBSEQUENT PASSES DEPOSITED IN ALL WELD FILLER METAL AND WELD F FATINGS AS FOLLOWS: LATERAL FORCE-RESISTING SYSTEM LAL WELD FILLER META	ERFORMED BY A FABRICATOR CERTIFIE ATOR SHALL BE DESIGNATED AN AISC O TAIN THIS CERTIFICATION FOR THE DUP TORS SHALL HAVE FIVE YEARS MINIMU MPLEXITY AND SCOPE. QUALIFICATION NG PRODUCTION]. FORMED BY AN ERECTOR CERTIFIED BY 20 SHALL BE DESIGNATED AN AISC CER TAIN THIS CERTIFICATION FOR THE DUP RS SHALL HAVE FIVE YEARS MINIMUM E MPLEXITY AND SCOPE. QUALIFICATION NG PRODUCTION]. FORMED BY A DETAILER WITH FIVE YEA RGER COMPLEXITY AND SCOPE. QUALIFICATION SPRODUCTION]. FORMED BY A DETAILER WITH FIVE YEA RGER COMPLEXITY AND SCOPE. QUALIFICATION SPRODUCTION]. FORMED BY A DETAILER WITH FIVE YEA RGER COMPLEXITY AND SCOPE. QUALIFICATION SPRODUCTION]. FORMED BY A DETAILER WITH FIVE YEA RAWING PRODUCTION]. E 36 KSI) TYP. U.N.O. RDANCE WITH "STRUCTURAL WELDING E WELD IN ACCORDANCE WITH "STRUC" DE PERFORMED BY WABO/AWS CERTI AND WELD TYPE WHICH THE WELDER W COMPANY AND SCOPE AND THE WELD AMS" SHALL NOT BE USED. LL WELD FILLER METAL INCLUDING TAC I A JOINT SHALL BE COMPATIBLE. PROCESS SHALL PROVIDE THE TENSILE FILLER METAL TENSILE STRENGTH 70 KSI 70 KSI	ED BY THE AMERICAN INSTITUTE OF DERTIFIED PLANT, CATEGORY BU RATION OF THE PROJECT. M EXPERIENCE ON SIMILAR IS SHALL BE SUBMITTED TWO THE AMERICAN INSTITUTE OF TIFIED ERECTOR, CATEGORY CSE RATION OF THE PROJECT. EXPERIENCE ON SIMILAR IS SHALL BE SUBMITTED TWO RS MINIMUM EXPERIENCE ON FICATIONS SHALL BE SUBMITTED CODE" AWS D1.1. TURAL WELDING CODE SEISMIC FIED WELDERS. WELDERS SHALL BE //LL BE PERFORMING.) SHALL BE USED. AFTER THE WELD D END GROUND TO A SMOOTH CK WELDS, ROOT PASS AND CIN GROUND TO A SMOOTH CHARPY V-NOTCH (CVN) RATING 20 FT-LBS @ 0 DEG F 20 FT-LBS @ 10 DEG F 40 FT-LBS @ 70 DEG F
C:_Revit Models\21118 MultiCare Good Sam OR 7-8 Buildouts v2019 (Central)	CONCRETE ANCHORS: - EXPANSION ANCHORS: KWIKBOLT TZ (ICC ESR-1917) BY HILTI, INC., AND STRONG-BOLT 2 (ICC ESR-3037) BY SIMPSON. - SCREW ANCHORS: KWIK HUS-EZ (ICC ESR-3027) BY HILTI, INC., AND TITEN HD (ICC ESR-2713) BY SIMPSON STRUCTURAL STEEL DETAILING. FABRICATION AND ERECTION ALL WORKMANSHIP SHALL CONFORM TO THE AISC MANUAL OF STEEL CONSTRUCTION, 15TH EDITION, THE AISC SPECIFICATION FOR STRUCTURAL STEEL BUILDINGS JULY 7, 2016, THE AISC CODE OF STANDARD PRACTICE, JUNE 15, 2016 AND THE AISC SEISMIC PROVISIONS FOR STRUCTURAL STEEL BUILDINGS, JULY 12, 2016. STEEL MEMBERS ARE EQUALLY SPACED BETWEEN COLUMNS AND/OR DIMENSION POINTS UNLESS NOTED OTHERWISE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL ERECTION AIDES AND JOINT PREPARATIONS THAT INCLUDE BUT ARE NOT IMITED TO, ERECTION ANGLES, LIFT HOLES, AND OTHER AIDES, WELDING PROCEDURES, REQUIRED ROOT OPENINGS, ROOT FACE DIMENSIONS, GROOVE ANGLES, BACKING BARS, WELD EXTENSION TABS, COPES, SURFACE ROUGHNESS VALUES AND TAPERS OF UNEQUAL PARTS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE COMPLIANCE WITH ALL CURRENT OSHA REQUIREMENTS. HOLES, COPES OR OTHER CUTS OR MODIFICATIONS OF THE STRUCTURAL STEEL MEMBERS SHALL NOT BE MADE IN THE FIELD WITHOUT WRITTEN APPROVAL FROM THE STRUCTURAL ENGINEER.	SYSTEM SHALL BE CHECKED 10 3. THE CONTRACTOR SHALL SUBM WELDING OF ALL LATERAL FOR ENGINEER OF RECORD PRIOR T THE STANDARDS OF ACCEPTANCE FO ALL WELDS FOUND TO BE DEFECTIVE ORIGINALLY USED, AND THIS REPAIR <u>GENERAL REQUIREMENTS</u> <u>BOLTED CONNECTIONS INSPECTION:</u> PER SECTION 9.1 AND CONNECTIONS INSPECTED PER SECTION 9.3 OF RCS <u>FINISH</u> : STRUCTURAL STEEL SHALL E RUST, LOOSE MILL SCALE, OIL, GREAT REQUIREMENTS OF SSPC-SP1. ALL S	OR WELDS TESTED BY ULTRASONIC ME SHALL BE REPAIRED AND REINSPECTE AND REINSPECTION SHALL BE PAID FOR CONNECTIONS MADE WITH BEARING T MADE WITH SLIP-CRITICAL TYPE BOLTS	SPECIFICATION FOR SHOP AND FIELD FOR APPROVAL TO THE STRUCTURAL THODS SHALL CONFORM TO AWS D1.1. ED BY THE SAME METHODS R BY THE CONTRACTOR TYPE BOLTS SHALL BE INSPECTED S (A325SC OR A490SC) SHALL BE VISE, AND SHALL BE CLEAN OF LOOSE AND SHALL MEET THE FIELD WELD LOCATION SHALL BE

COLD-FORMED STEEL FRAMING CONSTRUCTION: THE DESIGN, INSTALLATION AND CONSTRUCTION OF COLD-FORMED CARBON OR LOW-ALLOY STEEL, STRUCTURAL AND NON-STRUCTURAL STEEL FRAMING, SHALL BE IN ACCORDANCE WITH IBC SECTION 2211 AND AMERICAN IRON AND STEEL INSTITUTE (AISI) STANDARD S100-16 AND S240-15 AND SHALL BE MANUFACTURED BY A MEMBER OF InSight THE STEEL STUD MANUFACTURER'S ASSOCIATION (SSMA), CERTIFIED STEEL STUD ASSOCIATION (CSSA), STEEL HealthCare Architecture FRAMING INDUSTRY ASSOCIATION (SFIA), OR PRE-APPROVED EQUAL, IN ACCORDANCE WITH A CURRENT ICC KLanglois@InsightDesignStudio.biz EVALUATION SERVICE REPORT, AISI S202-15 AND S240-15. ALL 54 MIL AND HEAVIER GALVANIZED MEMBERS SHALL 12345 Lake City Way NE #2108 BE FORMED FROM STEEL THAT MEETS THE REQUIREMENTS OF ASTM A653, QUALITY SQ, GRADE 50, CLASS 1, FY= Seattle, WA 98125 50 KSI. ALL 43 MIL AND LIGHTER GALVANIZED MEMBERS SHALL BE FORMED FROM STEEL THAT MEETS THE 206-601-6645 REQUIREMENTS OF ASTM A653, QUALITY SQ, GRADE 33, FY=33 KSI. BRIDGING PER MANUFACTURER'S REQUIREMENTS AND AS SHOWN IN THE STRUCTURAL DRAWINGS SHALL BE IN PLACE PRIOR TO PLACING OF ANY CONSTRUCTION LOADS. ALL RUNS SHALL BE RIGIDLY ANCHORED TO END WALLS. selle. INTERIOR NON-BEARING WALL, CEILING, SOFFIT, AND OTHER MISC. COLD-FORMED STEEL FRAMING: COLD-FORMED STEEL FRAMING MEMBERS SHALL MEET THE TYPE, SIZE, AND THICKNESS AS INDICATED IN THE ARCHITECTURAL DRAWINGS AND SPECIFICATIONS, AND SHALL CONFORM TO THE MINIMUM PERSCRIPTIVE REQUIREMENTS OF THE GYPSUM CONSTRUCTION HANDBOOK BY CGC, INC. FRAMING CONDITIONS THAT EXCEED THE WEIGHT, SPAN OR HEIGHT LIMITATIONS SHALL BE CONSTRUCTED USING APPLICABLE DETAILS ON THE STRUCTURAL DRAWINGS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE DESIGN, DETAILING, FABRICATION AND ERECTION OF ALL COLD-FORMED FRAMING NOT SPECIFICALLY DETAILED IN THE GYPSUM CONA. CONSTRUCTION HANDBOOK OR ON THE STRUCTURAL DRAWINGS. THE DESIGN AND DETAILING OF THE COLD-FORMED STEEL FRAMING AND CONNECTION TO THE STRUCTURE SHALL BE PREPARED UNDER THE DIRECTION OF AND SHALL BE STAMPED BY A PROFESSIONAL ENGINEER LICENSED IN THE STATE OF THE PROJECT AND SHALL BE SUBMITTED TO THE ENGINEER OF RECORD FOR APPROVAL PRIOR TO CONSTRUCTION. COLD-FORMED STEEL FRAMING SUBSTITUTION: AT THE CONTRACTOR'S OPTION, THE CONTRACTOR SHALL BE OWNER: RESPONSIBLE FOR THE DESIGN, DETAILING, FABRICATION AND ERECTION OF THE INTERIOR NON-BEARING COLD-FORMED STEEL FRAMING NOT OCCURING AT BRICK VENEER AND THE CONNECTION OF THE COLD-FORMED STEEL FRAMING TO THE STRUCTURE. THE DESIGN AND DETAILING OF THE COLD-FORMED STEEL FRAMING AND CONNECTION TO THE STRUCTURE SHALL BE PREPARED UNDER THE DIRECTION OF AND STAMPED BY A MultiCare 🛵 STRUCTURAL ENGINEER LICENSED IN THE STATE OF THE PROJECT AND SHALL BE SUBMITTED TO THE ENGINEER Tacoma General Hospital OF RECORD FOR APPROVAL PRIOR TO CONSTRUCTION. POWDER ACTUATED FASTENERS: SHALL BE X-U UNIVERSAL KNURLED SHANK FASTENER BY HILTI OR PRE-PROJECT NAME: APPROVED EQUAL. INSTALL PER ALL MANUFACTURER'S PUBLISHED RECOMMENDATIONS. COLD-FORMED STEEL **OR 7&8** TO STRUCTURAL STEEL: UNLESS NOTED OTHERWISE, PROVIDE 0.157" SHANK DIAMETER X-U LOW-VELOCITY FASTENER - FASTENER TIP SHALL PENETRATE STRUCTURAL STEEL. COLD-FORMED STEEL TO CONCRETE: Buildout UNLESS NOTED OTHERWISE, PROVIDE 0.157" SHANK DIAMETER X-U LOW-VELOCITY FASTENER - EMBED 1-1/2" MINIMUM INTO CONCRETE, UNLESS NOTED OTHERWISE. SLIP CONNECTIONS: THE STEEL NETWORK "VERTICLIP" OR PRE-APPROVED EQUAL. MATCH CLIP WITH STUD Good Samaritan SIZE AND THICKNESS. ATTACH PER MANUFACTURER'S REQUIREMENTS. Hospital 401 15th Ave SE METAL-BACKED GWB STRUCTURAL PANELS: SHALL BE "SURE-BOARD SERIES 200" STRUCTURAL PANELS BY Puyallup, WA 98372 CALIFORNIA EXPANDED METAL PRODUCTS CO. (CEMCO), OR APPROVED EQUAL. PANELS ARE TO BE INSTALLED MARK DATE DESCRIPTION FIBER-REINFORCED CEMENT BOARD: SHALL BE "ARMOROC" CEMENT BOARD AS MANUFACTURED BY DESIGN AMERIFORM, OR APPROVED EQUAL. MANUFACTURER TO PROVIDE FASTENERS AND ACCESSORIES AS 3/19/2021 DEVELOPMENT REQUIRED TO ACHIEVE FIRE RATINGS AS NOTED ON ARCHITECTURAL DRAWINGS. 4/2/2021 PERMIT SET **MISCELLANEOUS:** Puyallup Comment (TYP): PRE-APPROVED SUBSTITUTIONS: SUBSTITUTIONS MAY BE ALLOWED ONLY IF THEY MEET THE REQUIREMENTS OF THESE GENERAL NOTES AND THE SPECIFICATIONS, AND IF COMPLETE WRITTEN ENGINEERING DATA FOR At inspectors discretion EACH CONDITION REQUIRED FOR THIS PROJECT IS PROVIDED TO THE STRUCTURAL ENGINEER TWO WEEKS these items may be PRIOR TO BID DATE AND APPROVED IN WRITTEN ADDENDA BY THE ARCHITECT. DATA IS TO INDICATE CODE reviewed in the field BASIS BY YEAR, AUTHORITY FOR STRESSES AND STRESS INCREASES, IF ANY, AND AMOUNT OF EXPECTED DEFLECTION FOR FLEXURAL MEMBERS UNDER (1) TOTAL LOAD AND (2) LIVE LOAD ONLY. ALL INCREASED COSTS IN MECHANICAL, SPRINKLER, ELECTRICAL OR GENERAL INSTALLATION AND ANY ARCHITECTURAL OR STRUCTURAL REDESIGN RESULTING FROM SUBSTITUTION SHALL BE BORNE BY THE GENERAL CONTRACTOR. SHOP DRAWINGS/SUBMITTALS THE FOLLOWING SHOP DRAWINGS/SUBMITTALS SHALL BE PROVIDED FOR REVIEW AND APPROVAL BY THE STRUCTURAL ENGINEER PRIOR TO FABRICATION OR DELIVERY. STRUCTURAL ENGR. | BLDG. DEPT. STRUCTURAL STEEL COLD-FORMED STEEL FRAMING DEFERRED SUBMITTALS THE FOLLOWING ARE NOT INCLUDED WITH THE BUILDING PERMIT DRAWINGS AND SHALL BE SUBMITTED TO THE BUILDING DEPARTMENT AND THE STRUCTURAL ENGINEER FOR REVIEW AND APPROVAL AS A DEFERRED SUBMITTAL. SUBMITTALS SHALL BE STAMPED BY A ENGINEER LICENSED IN THE STATE OF THE PROJECT AS NOTED. ENGINEER STAMP REQUIRED COLD-FORMED STEEL FRAMING SPECIAL INSPECTION: SPECIAL INSPECTION SHALL BE PROVIDED BY AN INDEPENDENT TESTING LABORATORY PER THE REQUIREMENTS OF IBC CHAPTER 17 AND THE LOCAL BUILDING OFFICIAL OR APPLICABLE JURISDICTION AND THE CONTRACT DOCUMENTS. THE SPECIAL INSPECTOR SHALL SUBMIT INSPECTION REPORTS AND A FINAL SIGNED REPORT TO THE BUILDING OFFICIAL FOR THE ITEMS LISTED IN THE QUALITY ASSURANCE/SPECIAL **INSPECTION SECTION:** 31232 PROJECT NO. RSC DRAWN BY: 2 APRIL 2021 STRUCTURAL DRAWING INDEX DATE: COPYRIGHT TO: SHEET DESCRIPTION InSight Healthcare Architecture L NOTES NOTES SHEET TITLE: FLOOR ROOM PLAN GENERAL NOTES 3RD FLOOR PLAN SUPPORT DETAILS EQUIPMENT SUPPORT FRAME DETAILS ARING COLD FORMED STEEL FRAMING DETAILS ARING COLD FORMED STEEL FRAMING DETAILS **-PCS** RING COLD FORMED STEEL FRAMING DETAILS SHEET #: **Structural** Solutions S1.00 Seattle | Tacoma | Portland www.pcs-structural.com

VERTICALLY WITH ALL EDGES BLOCKED.

	STRUCTU
SHEET NUMBER	
S1.00	GENERAL
S1.01	GENERAL
S2.00	SECOND
S2.01	PARTIAL
S3.00	CEILING S
S4.01	MEDICAL
S5.01	NON-BEA
S5.02	NON-BEA
S5.03	NON-BEA
Grand total: 9	

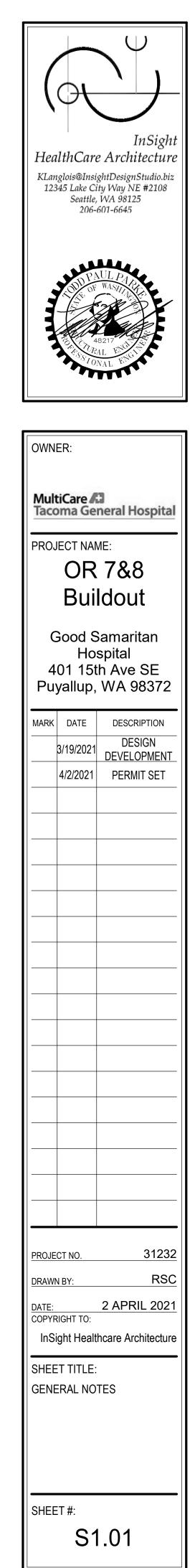
Planning	SPECIAL INSPECTION	<u>DN</u> : SPECIAL INSPECTION SHALL BE PROVIDED PER THE R	EQUIREMENTS OF	IBC SECTION	1704 AND 1705 AND AS NOTED HEREIN.		_
g Public Work	STRUCTURAL SYSTEM	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	COMMENTS	REFERENCES	
Traffic	STEEL CONSTRUCTION	MATERIAL VERIFICATION OF HIGH-STRENGTH BOLTS, NUTS AND WASHERS		Х		AISC 360 CHAPTER N5]
		HIGH-STRENGTH BOLTING A. SNUG-TIGHT JOINTS B. PRETENSIONED AND SLIP-CRITICAL JOINTS USING TURN-OF-NUT WITH MATCHMARKING, TWIST OFF BOLTS OR DIRECT TENSION INDICATOR METHODS OF INSTALLATION		X X		AISC 360 CHAPTER N5 AISC 341 CHAPTER J7	
		MATERIAL VERIFICATION OF STRUCTURAL STEEL A. FOR STRUCTURAL STEEL, IDENTIFICATION MARKINGS TO CONFORM TO AISC 360 B. MANUFACTURER'S CERTIFIED MILL TEST REPORTS		x x	MANUFACTURER TO PROVIDE CERTIFIED MILL TEST REPORTS	AISC 360 CHAPTER N5 AISC 341 CHAPTER J6	
		MATERIAL VERIFICATION OF WELD FILLER MATERIALS A. IDENTIFICATION MARKINGS TO CONFORM TO AWS SPECIFICATIONS LISTED IN GENERAL NOTES B. MANUFACTURER'S CERTIFICATE OF COMPLIANCE		X X	MANUFACTURER TO PROVIDE CERTIFICATE OF COMPLIANCE	AISC 360 CHAPTER N5	
		INSPECTION OF WELDING A. COMPLETE AND PARTIAL JOINT PENETRATION GROOVE WELDS B. MULTI-PASS FILLET WELDS C. SINGLE-PASS FILLET WELDS > 5/16" D. PLUG AND SLOT WELDS E. SINGLE-PASS FILLET WELDS ≤ 5/16" F. FIELD-INSTALLED WELDED STUDS	X X X X	X X	SPECIAL INSPECTIONS IN THIS SECTION ARE WAIVED WHERE FABRICATION IS PERFORMED ON THE PREMISES OF A FABRICATOR REGISTERED AND APPROVED IN ACCORDANCE WITH IBC SECTION ^{1704.2.5} WABO Fabricators rec Special inspection of fabrication	AISC 360 CHAPTER N5 AISC 341 CHAPTER J6 AWS D1.1 quired by Puyallup per IBC abricated items	1704.2.5
	CONCRETE	ANCHORS POST-INSTALLED IN HARDENED CONCRETE (MECHANICAL ANCHORS INSTALLED IN ANY DIRECTION)		Х	PERIODIC INSPECTION TO INCLUDE A QUANTITY OF 10% WITH A MINIMUM OF (5) ANCHORS INSPECTED PER INSTALLER ON A DAILY BASIS.	MFR EVAL REPORT MFR PUBLISHED INSTALLATION MFR PUBLISHED	: Provide IC or inspectio inspection i ; See ICC
	SUSPENDED CEILINGS	ANCHORAGE AND SEISMIC BRACING		Х			al details.

TESTING AND SPECIAL INSPECTION REPORTS SHALL BE PREPARED FOR EACH INSPECTION ITEM ON A DAILY BASIS WHENEVER WORK IS PERFORMED ON THAT ITEM. REPORTS SHALL BE DISTRIBUTED TO OWNER, CONTRACTOR, BUILDING OFFICIAL, ARCHITECT AND STRUCTURAL ENGINEER OF RECORD.

GENERAL CONTRACTOR SHALL SUBMIT A WRITTEN CONTRACTOR'S STATEMENT OF RESPONSIBILITY TO THE BUILDING OFFICIAL AND OWNER PRIOR TO COMMENCEMENT OF WORK. THE CONTRACTOR'S STATEMENT OF RESPONSIBILITY SHALL INCLUDE ACKNOWLEDGMENT OF AWARENESS OF THE SPECIAL INSPECTION REQUIREMENTS CONTAINED IN THE STATEMENT OF SPECIAL INSPECTION.

Final letters are required do all special inspection, third party inspection and inspection by registered professionals. Inspectors may require final letters per IBC 104.4.

	ABBREVIATI	ON LIST	
0	AT	HDR	HEADER
A.B.	ANCHOR BOLT	HGR	HANGER
ADD'L	ADDITIONAL	HORIZ.	HORIZONTAL
A.F.F.	ABOVE FINISH FLOOR	HSS	HOLLOW STRUCTURAL SECTION
ALT.	ALTERNATE	HT	HEIGHT
ARCH.	ARCHITECTURAL	INT.	INTERIOR
BLD'G	BUILDING	JST	JOIST
BLK'G	BLOCKING	JT	JOINT
BM	BEAM	L	ANGLE
B.O.F.	BOTTOM OF FOOTING	L.F.R.S.	LATERAL FORCE-RESISTING SYSTEM
BOT.	BOTTOM	L.L.	LIVE LOAD
BRB	BUCKLING RESTRAINED BRACE		LONG LEG HORIZONTAL
BRG	BEARING		LONG LEG VERTICAL
BTWN	BETWEEN	LOC.	
B.U.	BUILT UP	LSL	LAMINATED STRAND LUMBER
(C=)	CAMBER	LVL	LAMINATED VENEER LUMBER
CANT.	CANTILEVER	MAX.	MAXIMUM
CFS	COLD-FORMED STEEL	M.B.	MACHINE BOLT
C.J.	CONTROL/CONSTRUCTION JOINT	MECH.	MECHANICAL
Ę	CENTERLINE	MEZZ.	MEZZANINE
CLR.	CLEARANCE	MFR	MANUFACTURER
CMU	CONCRETE MASONRY UNIT	MIN.	MINIMUM
COL.	COLUMN	MISC.	MISCELLANEOUS
CONC.	CONCRETE	MTL	METAL
CONN.	CONNECTION	N.F.	NEAR FACE
CONST.	CONSTRUCTION	N.S.	NEAR SIDE
CONT.	CONTINUOUS	NTS	NOT TO SCALE
CONTR.	CONTRACTOR	0.C.	ON CENTER
COORD.		OPN'G	OPENING
C.P.	COMPLETE PENETRATION	OPP.	OPPOSITE
CTR'D	CENTERED	P.A.F.	POWDER ACTUATED FASTENER
C.Y.	CUBIC YARD	PERP.	PERPENDICULAR
DBL.	DOUBLE	P	PLATE
DCW	DEMAND CRITICAL WELD	P.P.	PARTIAL PENETRATION
D.F.	DOUGLAS FIR	P.P.T.	PRESERVATIVE PRESSURE TREATED
DIA. OR Ø	DIAMETER	P.S.F.	POUNDS PER SQUARE FOOT
DIAG.	DIAGONAL	PSL	PARALLAM
DIM.	DIMENSION	P.T.	POST TENSION
D.L.	DEAD LOAD	PW.	PLYWOOD
DWG	DRAWING	REINF.	REINFORCEMENT
DWL	DOWEL	REQ'D	REQUIRED
(E)	EXISTING	SCHED.	SCHEDULE
EA.	EACH	SCL	STRUCTURAL COMPOSITE LUMBER
E.F.	EACH FACE		
		SHT'G	SHEATHING
EL.		SIM.	SIMILAR
ELEV.	ELEVATOR	5.0.G.	SLAB ON GRADE
ENGR	ENGINEER	SQ.	SQUARE
EQ.	EQUAL	STD	STANDARD
E.W.	EACH WAY	STIFF.	STIFFENER
EXP.	EXPANSION	STL	STEEL
EXT.	EXTERIOR	STRUCT.	STRUCTURAL
FDN	FOUNDATION	T₿B	TOP & BOTTOM
F.F.	FAR FACE	T&G	TONGUE AND GROOVE
FLR	FLOOR	THR'D	THREADED
F. <i>O</i> .M.	FACE OF MASONRY	T. <i>O</i> .F.	TOP OF FOOTING
F.O.S.	FACE OF STUD	T.O.S.	TOP OF STEEL
FRM'G	FRAMING	TRT'D	TREATED
F.R.T.	FIRE RETARDANT TREATED	TYP.	TYPICAL
F.S.	FAR SIDE	U.N. <i>O</i> .	UNLESS NOTED OTHERWISE
FTG	FOOTING	U.N.O.	ULTRASONIC TESTED
GA.	GAGE/GAUGE	VERT.	VERTICAL
GALV.	GALVANIZED	W/	WITH
	GLULAM	W.P.	WORK POINT
GL.			
GL. GR.	GRADE	MT	WEIGHT

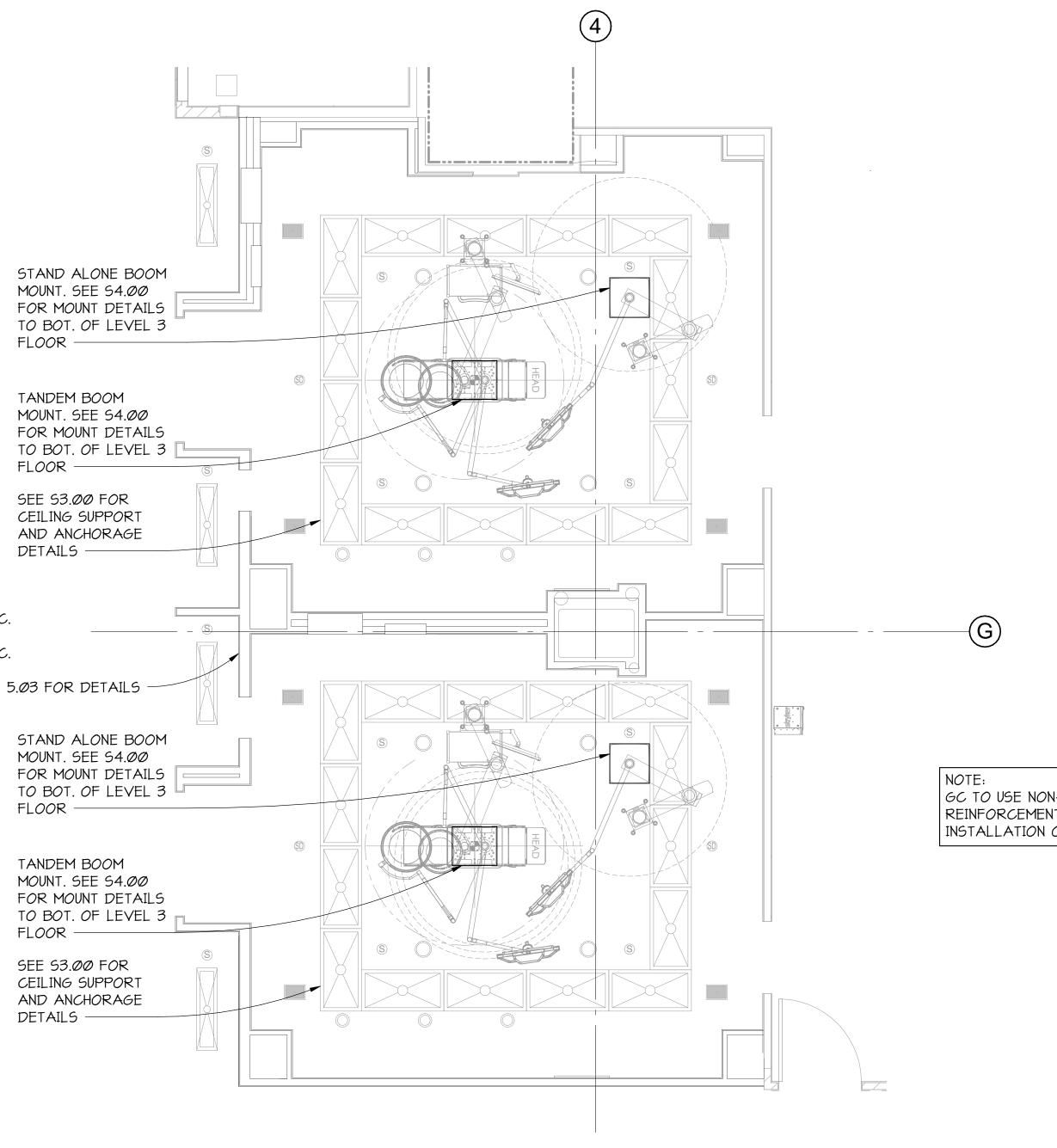




Development & I	Puyallup Permitting Services PERMIT
Building	Planning
Engineering	Public Works
Fire	Traffic

TYP. C.F.S. WALLS: 4005162(33 MIL) @ 16" O.C. OR 6005162(33 MIL) @ 16" O.C.

-SEE SHEETS 5.01, 5.02, & 5.03 FOR DETAILS



OR ROOM 7 & 8 - EQUIPMENT PLAN ON 2ND FLOOR

KLangl	lois@Insi 5 Lake Ci Seattle,	InSight e Architecture ghtDesignStudio.biz ity Way NE #2108 WA 98125 601-6645							
OWNE	२:								
Tacor PROJE	MultiCare Control Hospital PROJECT NAME: OR 7&8 Buildout								
40	Ho 1 15t	Samaritan spital h Ave SE WA 98372							
MARK	DATE	DESCRIPTION							
	19/2021 /2/2021	DEVELOPMENT PERMIT SET							
		31232							
PROJECT		RSC							
	SHEET TITLE: SECOND FLOOR ROOM								
SHEET									
	52	2.00							

GC TO USE NON-DESTRUCTIVE METHODS TO LOCATE EXISTING REINFORCEMENT IN CONCRETE BEAMS AND SLABS, PRIOR TO INSTALLATION OF FASTENERS AND ANCHORS.



Development & F	Puyallup Permitting Services
Building	Planning
Engineering	Public Works
Fire	Traffic

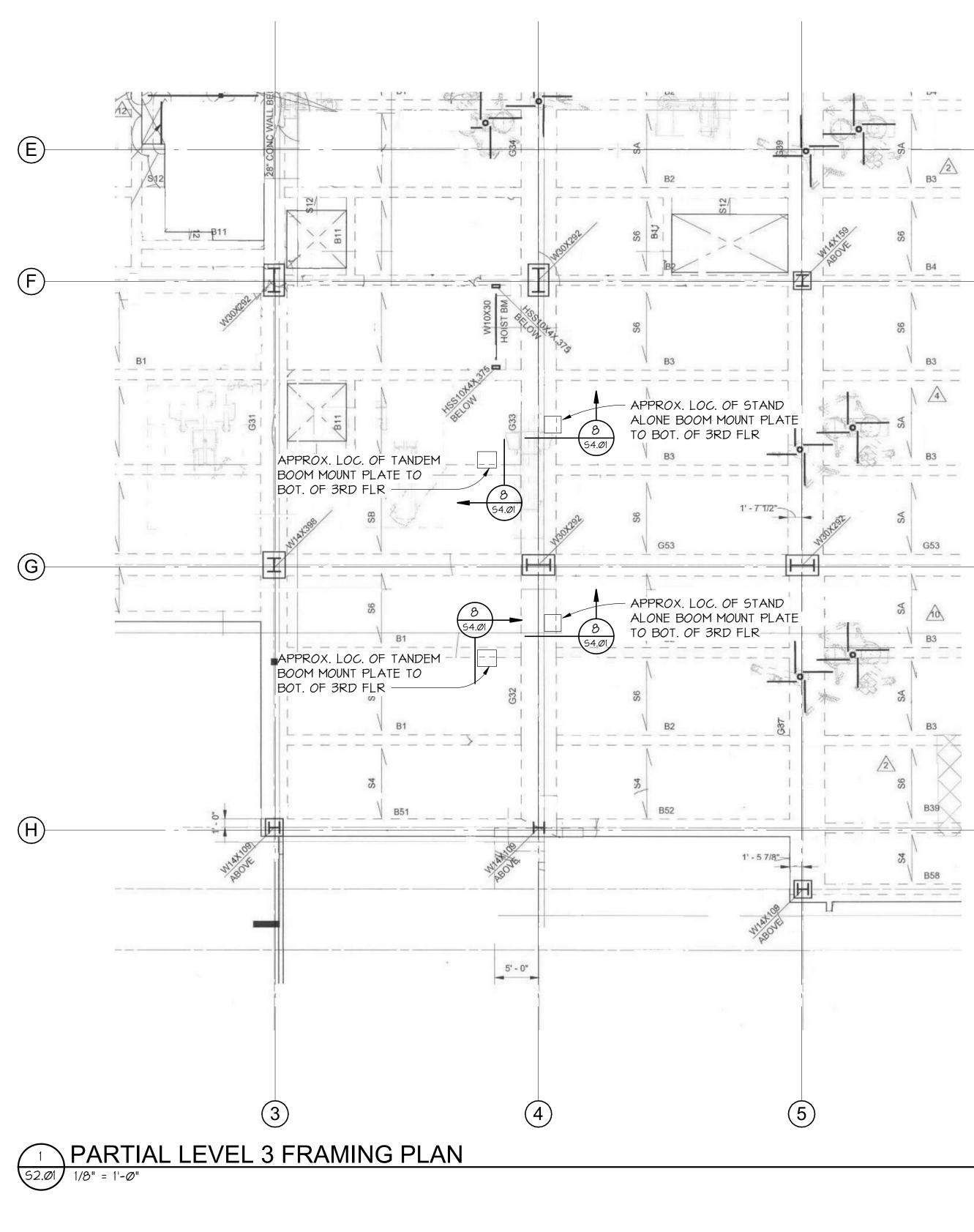


E

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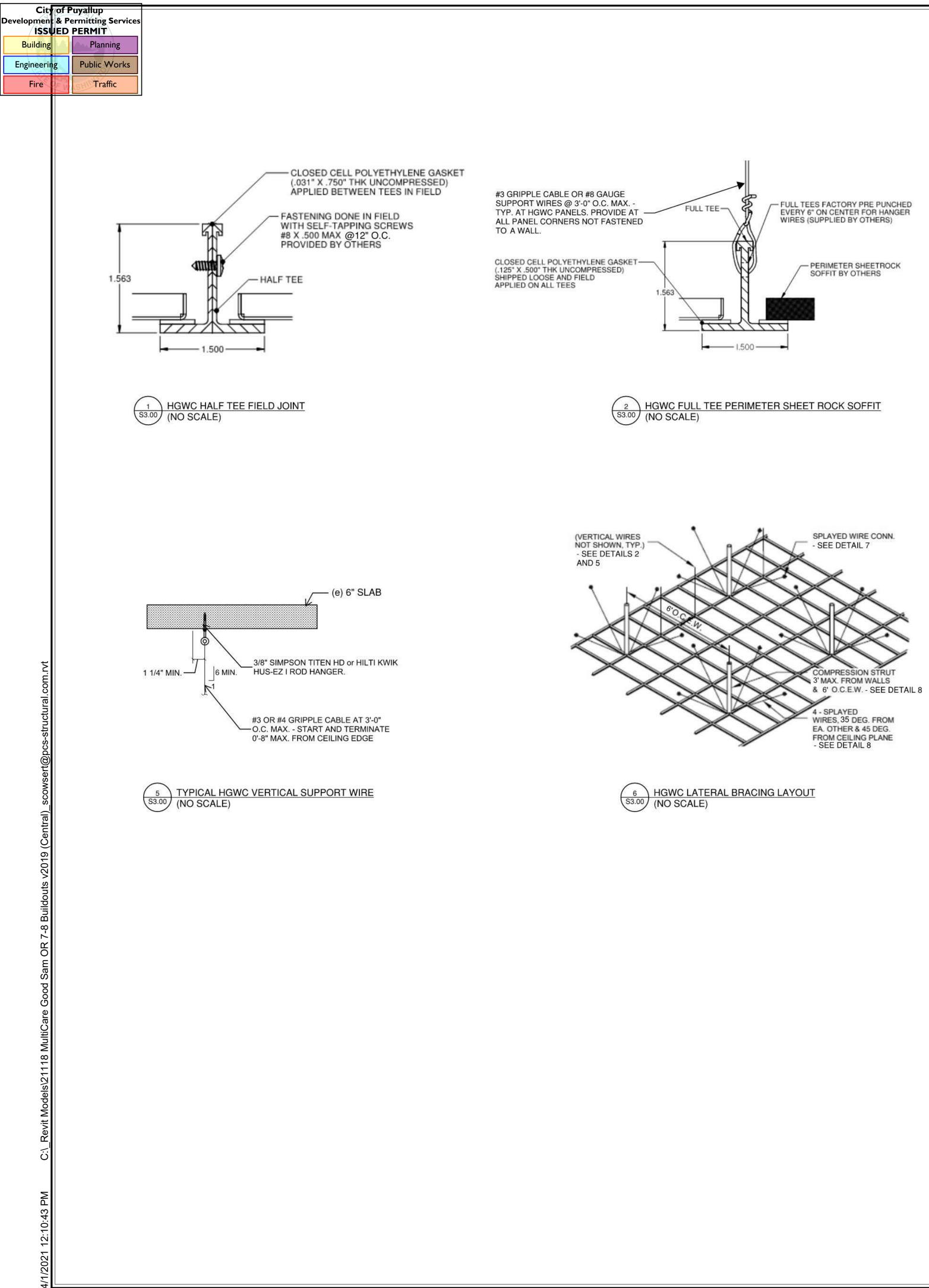
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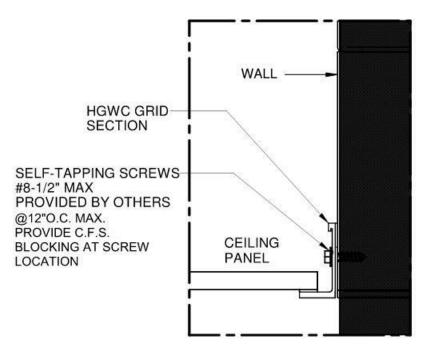
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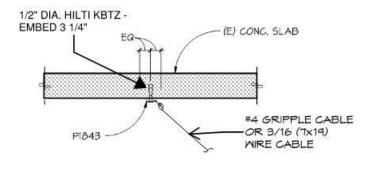
InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645							
HIDD PAUL PARA HIDD OF WASHING HIDD OF							
MultiCare C Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout							
Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT							
4/2/2021 PERMIT SET							
PROJECT NO. 31232 DRAWN BY: RSC DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: PARTIAL 3RD FLOOR PLAN							
SHEET #: \$2.01							

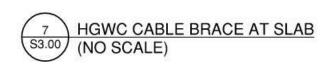


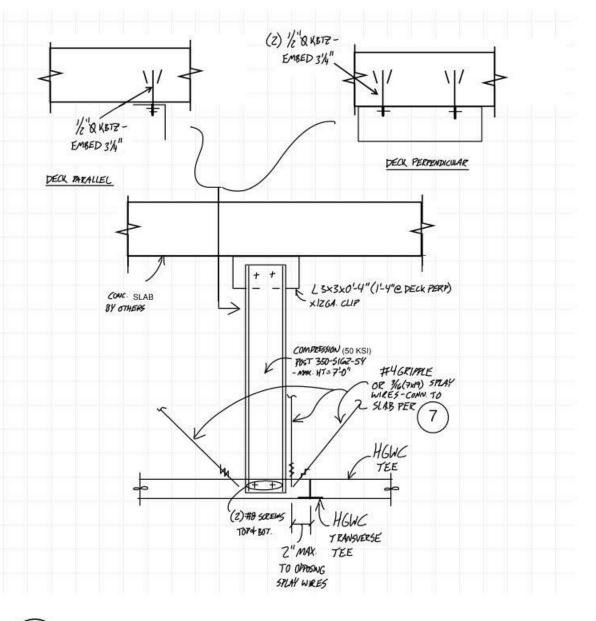




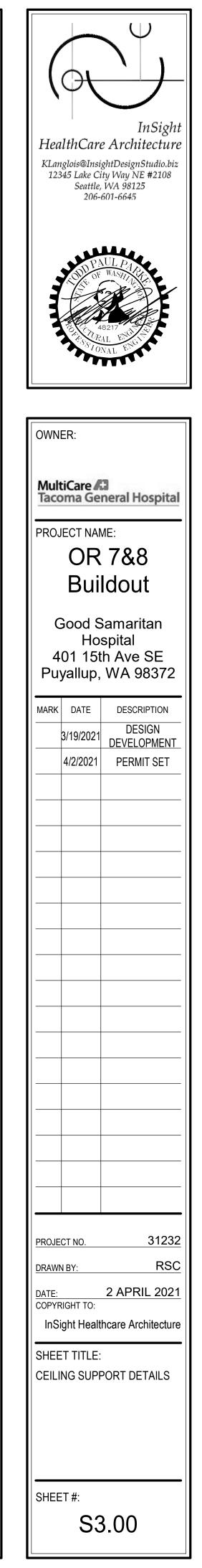
HGWC GRID INTERGRATION (NO SCALE)



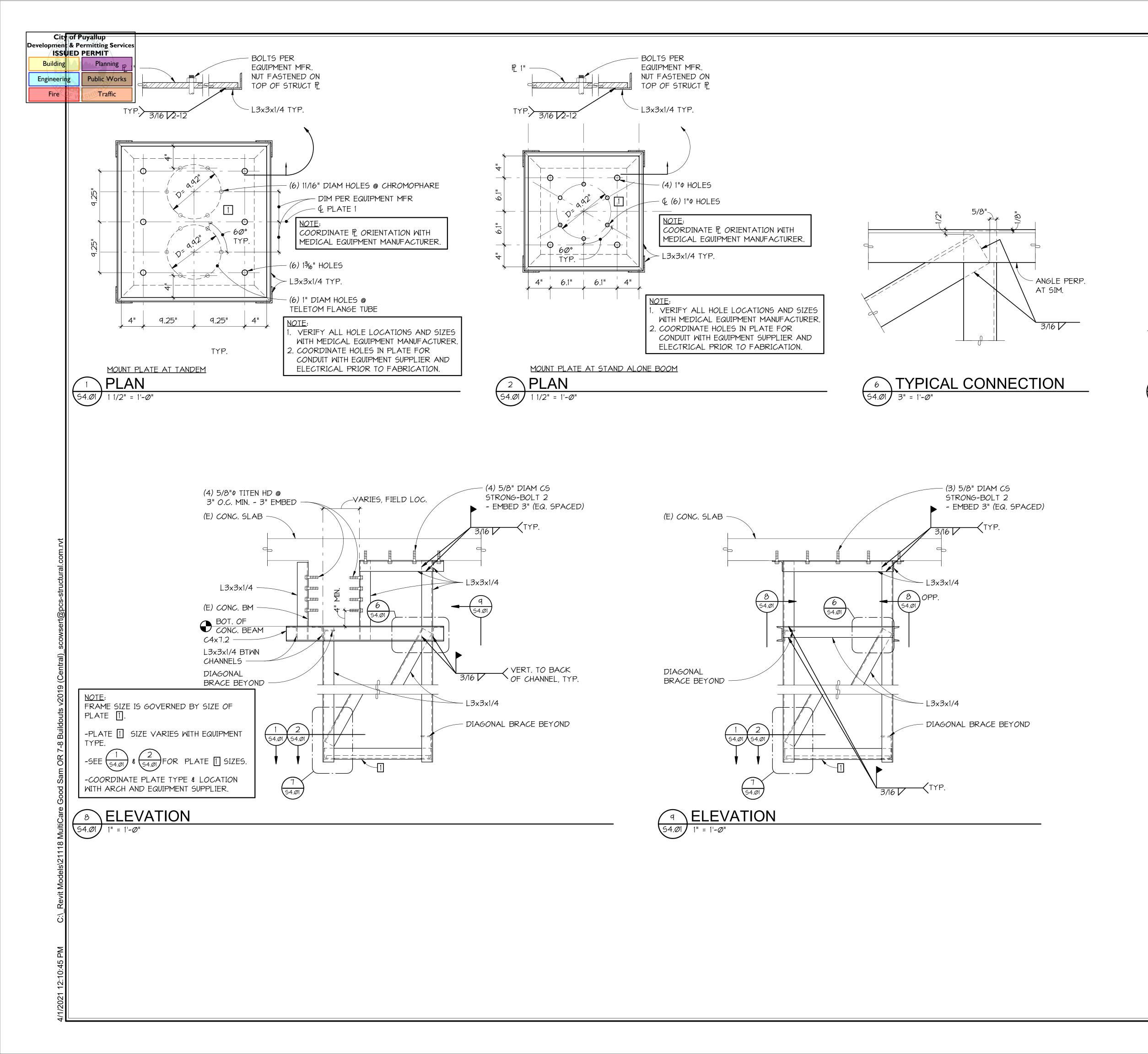


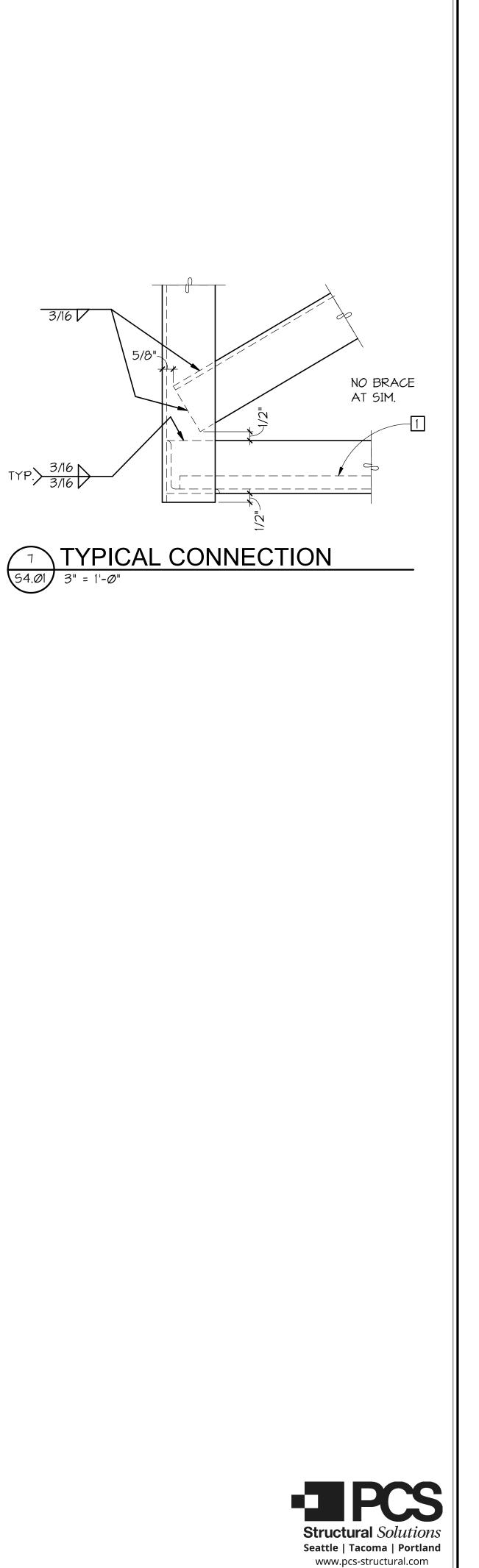


8 TYPICAL HGWC COMPRESSION STRUT AND SPLAY WIRE DETAIL S3.00 (NO SCALE)



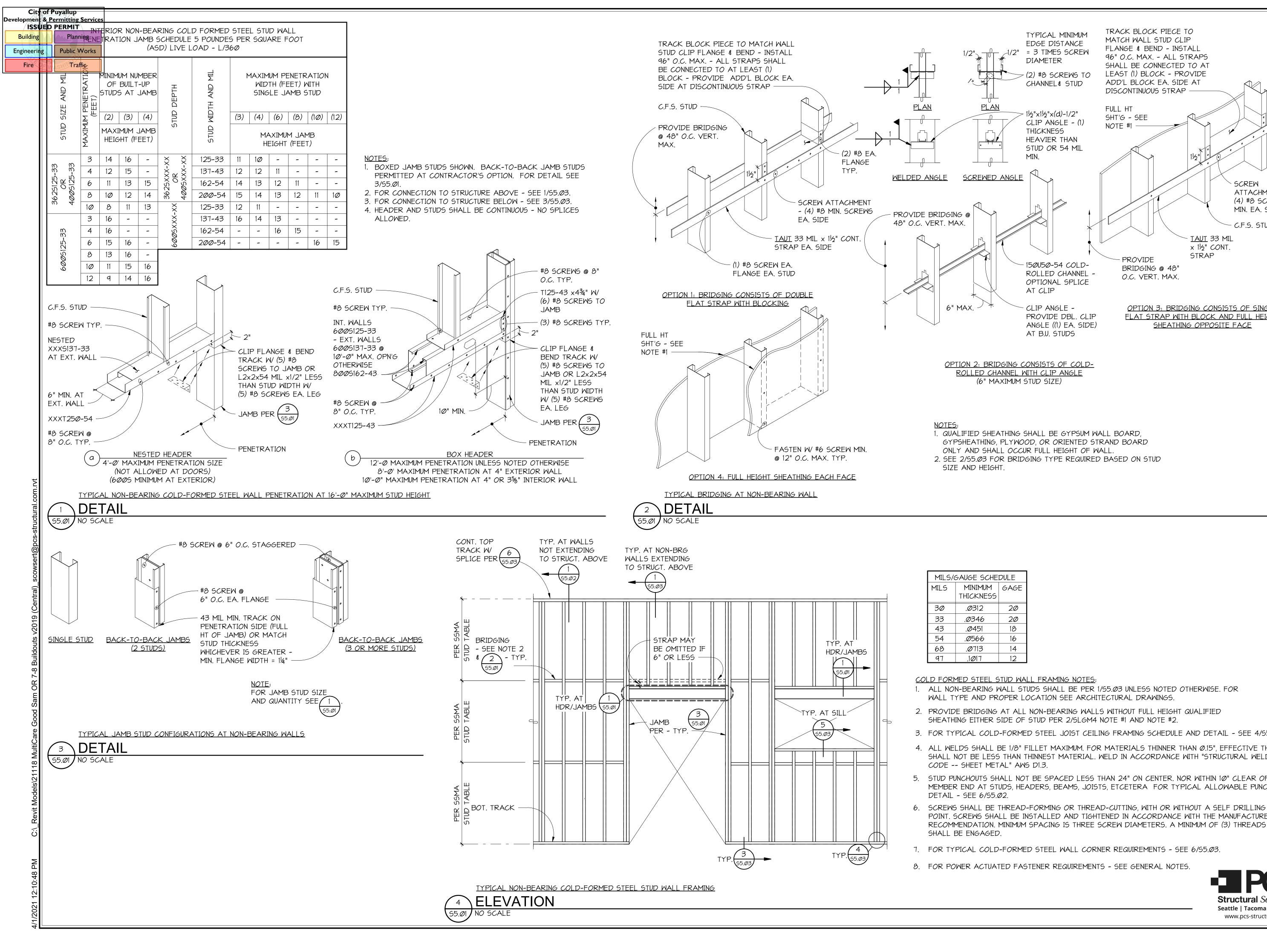






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17777	EDD PA	UL PA DA							
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MultiCare Coma General Hospital PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE									
MARK	yallup, DATE 3/19/2021 4/2/2021	DESCF DES DEVEL	BB372 RIPTION SIGN OPMENT IIT SET						
InSi SHEE	NBY: CIGHT TO: ght Healt TTTITLE:	hcare Are							
	CAL EQU ORT FR/								

S4.01





1. FOR TYPICAL COLD-FORMED STEEL WALL CORNER REQUIREMENTS - SEE 6/S5.03.

SCREWS SHALL BE THREAD-FORMING OR THREAD-CUTTING, WITH OR WITHOUT A SELF DRILLING POINT. SCREWS SHALL BE INSTALLED AND TIGHTENED IN ACCORDANCE WITH THE MANUFACTURER'S

5. STUD PUNCHOUTS SHALL NOT BE SPACED LESS THAN 24" ON CENTER. NOR WITHIN 10" CLEAR OF MEMBER END AT STUDS, HEADERS, BEAMS, JOISTS, ETCETERA FOR TYPICAL ALLOWABLE PUNCHOUT

4. ALL WELDS SHALL BE 1/8" FILLET MAXIMUM. FOR MATERIALS THINNER THAN Ø.15", EFFECTIVE THROAT SHALL NOT BE LESS THAN THINNEST MATERIAL. WELD IN ACCORDANCE WITH "STRUCTURAL WELDING

3. FOR TYPICAL COLD-FORMED STEEL JOIST CEILING FRAMING SCHEDULE AND DETAIL - SEE 4/95.02.

2. PROVIDE BRIDGING AT ALL NON-BEARING WALLS WITHOUT FULL HEIGHT QUALIFIED

. ALL NON-BEARING WALL STUDS SHALL BE PER 1/S5.03 UNLESS NOTED OTHERWISE. FOR

DULE
GAGE
2Ø
2Ø
18
16
14
12

PROVIDE

BRIDGING @ 48"

O.C. VERT. MAX.

MATCH WALL STUD CLIP FLANGE & BEND - INSTALL

TRACK BLOCK PIECE TO 96" O.C. MAX. - ALL STRAPS SHALL BE CONNECTED TO AT LEAST (1) BLOCK - PROVIDE ADD'L BLOCK EA. SIDE AT DISCONTINUOUS STRAP FULL HT SHT'G - SEE NOTE #1

SCREW

ATTACHMENT ·

(4) #8 SCREWS

MIN. EA. SIDE

C.F.S. STUD

<u>TAUT</u> 33 MIL

x 1/2" CONT.

STRAP

OPTION 3: BRIDGING CONSISTS OF SINGLE

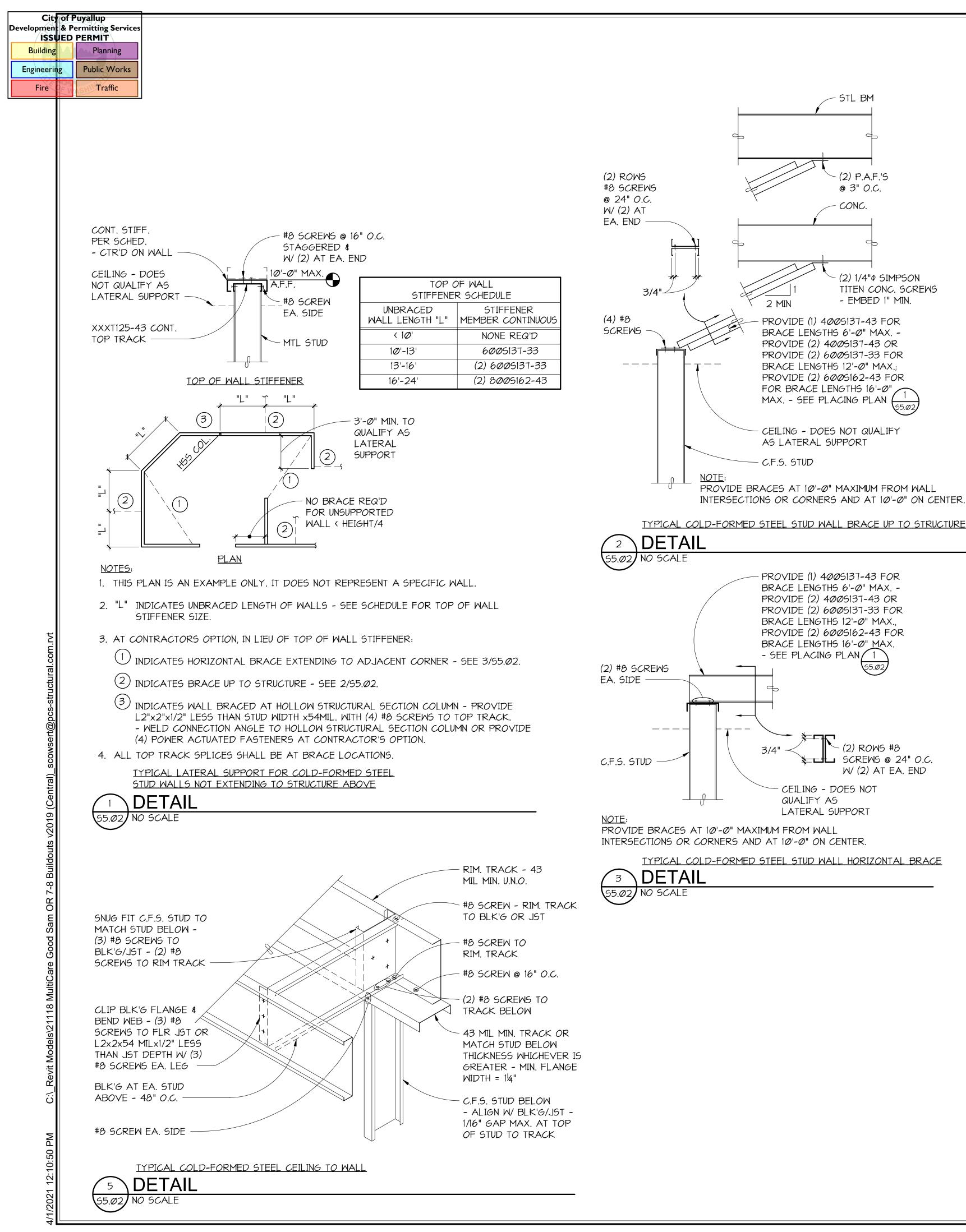
FLAT STRAP WITH BLOCK AND FULL HEIGHT

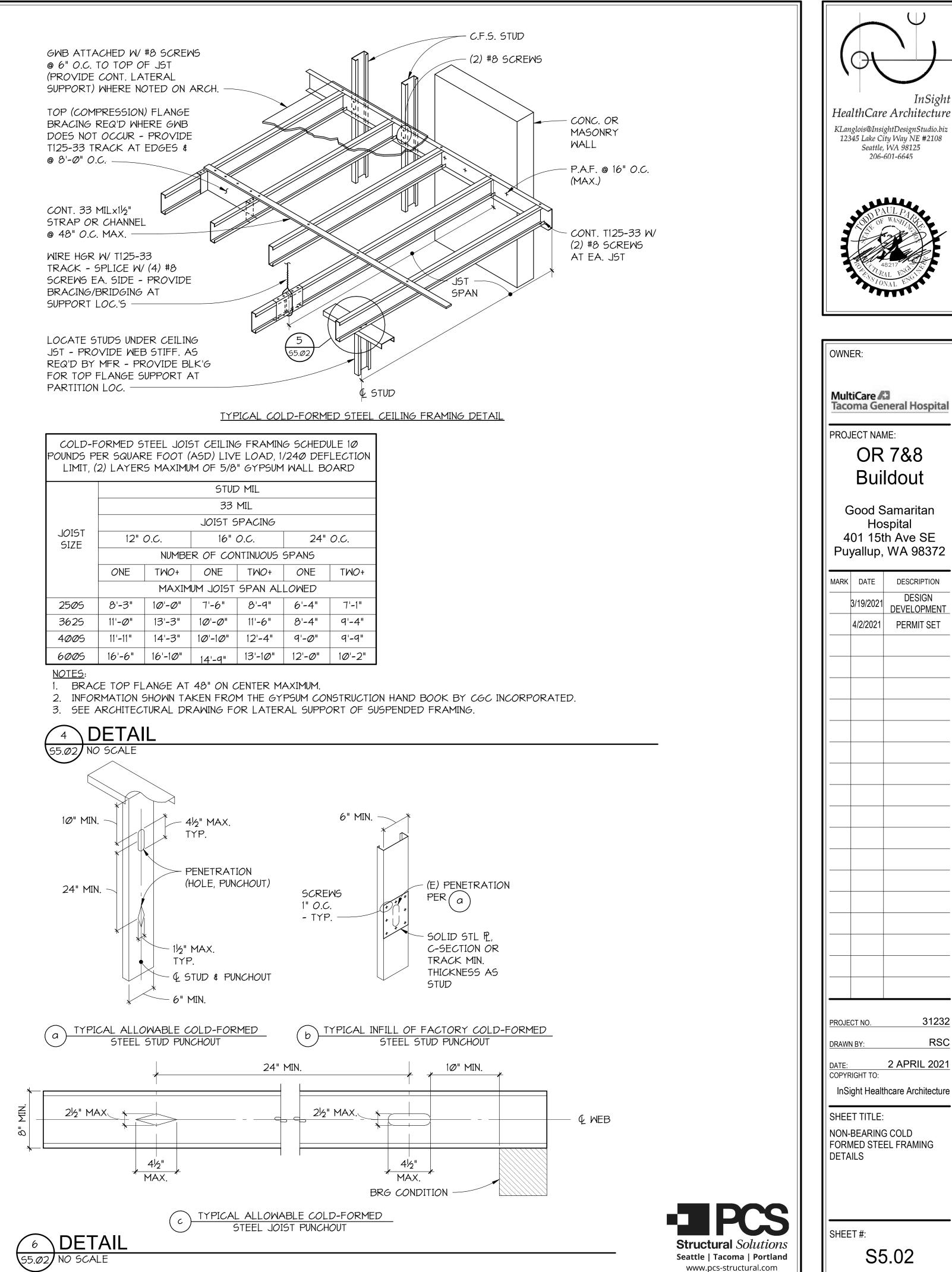
SHEATHING OPPOSITE FACE

InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 10NAL

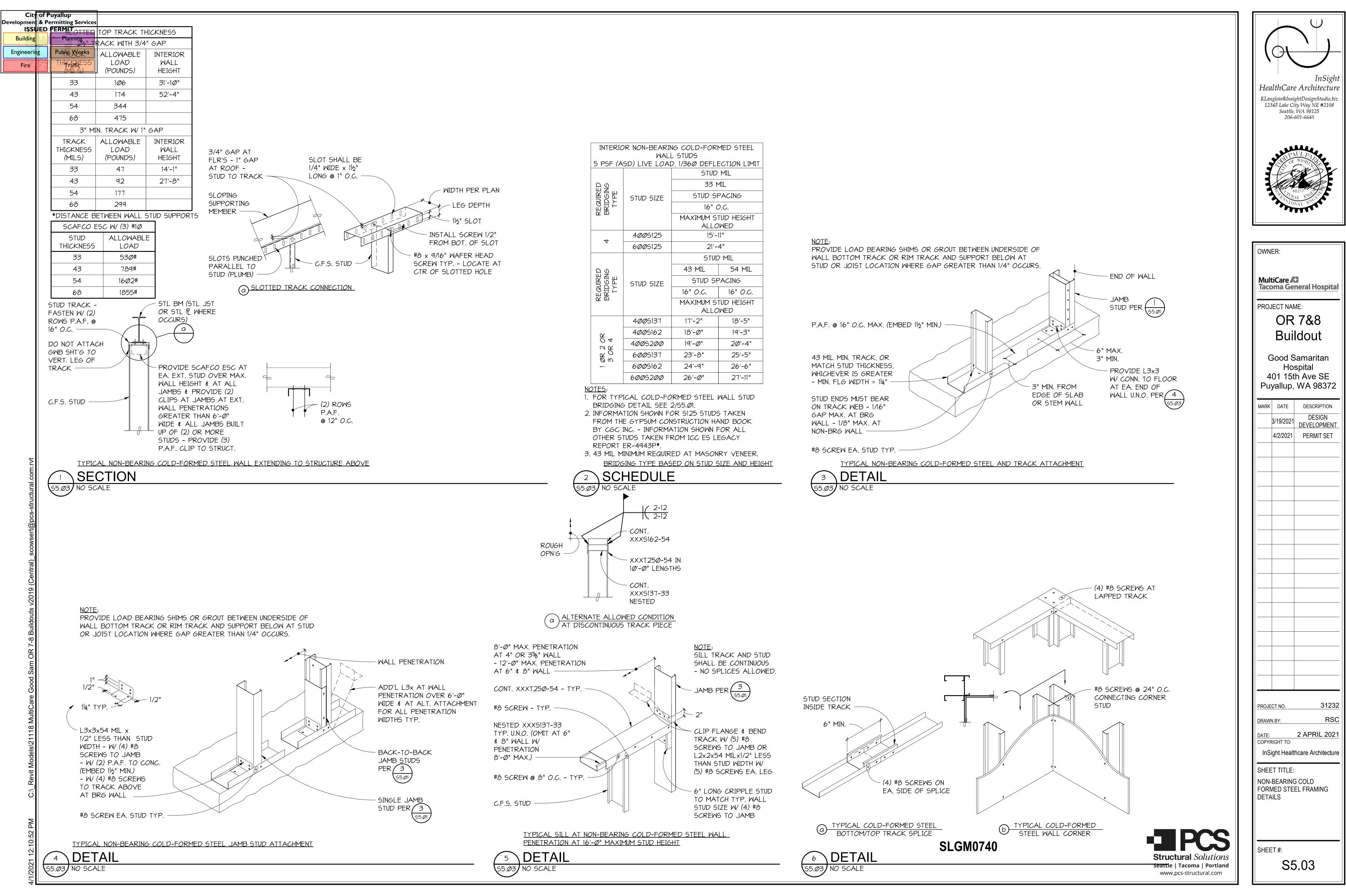
OWNER: MultiCare **Tacoma General Hospital** PROJECT NAME: **OR 7&8** Buildout Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION DESIGN 3/19/2021 DEVELOPMENT 4/2/2021 PERMIT SET 31232 PROJECT NO. RSC DRAWN BY: 2 APRIL 2021 DATE: COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: NON-BEARING COLD FORMED STEEL FRAMING DETAILS

SHEET #: S5.01





	STUD MIL													
	33 MIL													
	JOIST SPACING													
JOIST SIZE	12"	0.C.	16"	0.C.	24"	0.C.								
0+LL	NUMBER OF CONTINUOUS SPANS													
	ONE	TWO+	ONE TWO+		ONE	TWO+								
	MAXIMUM JOIST SPAN ALLOWED													
2505	8'-3"	10'-0"	7'-6"	8'-9"	6'-4"	7'-1"								
3625	11'-Ø"	13'-3"	10'-0"	11'-6"	8'-4"	q'-4"								
4005	11'-11"	14'-3"	10'-10"	12'-4"	9'-0" 9'-9"									
6005	16'-6"	16'-1Ø"	14'-9"	13'-10"	12'-Ø")" 1Ø'-2"								



Building	Planning	MECHANICAL LE	GEND		MECHANICAL LEGEND						
Engineering	Public Works	DESCRIPTION	ABBREV.	DESCRIPTION	SYMBOL	DESCRIPTION	ABBREV.	DESCRIPTION			
Fire	Traffic						ABBREV.				
		WASTE OR SOIL (W)	AFF AHJ	ABOVE FINISHED FLOOR AUTHORITY HAVING JURISDICTION		FLOOR CLEANOUT (FCO)	ELEC EMCS	ELECTRICAL, ELECTRIC ENERGY MANAGEMENT CONTROL S			
		VENT (V)	AHU APPROX	AIR HANDLING UNIT APPROXIMATELY		ISOLATION VALVE - SEE SPECIFICATIONS FOR TYPE	EER	ENERGY EFFICIENCY RATIO			
		COLD WATER (CW)	ARCH ASSY	ARCHITECTURAL ASSEMBLY		BALANCING VALVE	EAT EWB	ENTERING AIR TEMPERATURE ENTERING WET BULB			
		HOT WATER (HW)	AAV	AUTOMATIC AIR VENT BACKDRAFT DAMPER		TWO-WAY CONTROL VALVE	EDB — EOL	ENTERING DRY BULB END OF LINING			
		HOT WATER CIRCULATING (HWC)	BDD B.O.D.	BOTTOM OF DUCT		THREE-WAY CONTROL VALVE	EXH EXIST	EXHAUST EXISTING			
	HWS	HEATING WATER SUPPLY (HWS)	BTU BTUH	BRITISH THERMAL UNIT BRITISH THERMAL UNIT/HOUR	O	PIPE UP	ESP ETR	EXTERNAL STATIC PRESSURE EXISTING TO REMAIN			
	— —HWR — —	HEATING WATER RETURN (HWR)	BLDG — CAP	BUILDING CAPACITY		PIPE DOWN	F F FV	FIRE FACE VELOCITY			
	CHS	CHILLED WATER SUPPLY (CHS)	CLG CO	CEILING CLEANOUT		PIPE TEE IN LINE, BRANCH PIPE DOWN	FPM	FEET PER MINUTE			
	— — CHR — —	CHILLED WATER RETURN (CHR)	COP COMP	COEFFICIENT OF PERFORMANCE COMPRESSOR	I	UNION	FLEX FL	FLEXIBLE FLOOR			
	C	CONDENSATE (C)	CONN	CONNECTION	Ŷ──_	RELIEF VALVE OR SAFETY VALVE	FCO FLA	FLOOR CLEAN OUT FULL LOAD AMPS			
	G	NATURAL GAS (G)	CONT CFH	CONTINUE, CONTINUATION CUBIC FEET PER HOUR		STRAINER WITH BLOW-OFF VALVE	GAL G	GALLON GAS			
	MA	MEDICAL AIR (MA)	CFM CT	CUBIC FEET PER MINUTE CLOSED TRANSITION		CONCENTRIC REDUCER	HB — HP	HOSE BIBB HORSE POWER			
	MV	MEDICAL VACUUM (MV)	CW CWV	COLD WATER COMBINATION WASTE/VENT	, , , , , , , , , , , , , , , , , , ,	HOSE BIBB	HW HWC	HOT WATER			
	ox	MEDICAL OXYGEN (OX)	DEG F, °F — DIA, Ø	DEGREE FAHRENHEIT DIAMETER	^{AAV}	AUTOMATIC AIR VENT	INTEGR.	HOT WATER CIRCULATION INTEGRAL			
	WAGD	WASTE ANESTHESIA GAS DISPOSAL (WAGD)	DDC DAT	DIRECT DIGITAL CONTROL DISCHARGE AIR TEMPERATURE	<u> </u>	MANUAL AIR VENT	IN I.E.	INCH INVERT ELEVATION			
	N2O	NITROUS OXIDE (N2O)	DN	DOWN	\bigcirc	PRESSURE GAUGE	KW L	KILOWATT LINING			
	CO2	CARBON DIOXIDE (CO2)	DWG DB	DRAWING DRY BULB	A	PRESSURE REDUCING VALVE	LAT LDB	LEAVING AIR TEMPERATURE LEAVING DRY BULB			
	——— IA ———	INSTRUMENT AIR	EA EF	EACH EXHAUST FAN		THERMOMETER	LWT LWB	LEAVING WATER TEMPERATURE LEAVING WET BULB			
	RL	RAIN LEADER (RL)	EFF	EFFICIENCY	20/12	DUCT (FIRST FIGURE, SIDE SHOWN)	MAV	MANUAL AIR VENT MAXIMUM			
					20/12Ø	FLAT OVAL DUCT (FIRST FIGURE, SIDE SHOWN)	MAX MFR	MANUFACTURER			
		MECHANICAL GENER		MOLITION NOTES	20/12L 20/12L*	EOL= END * = 2" THICK EOL* = END O LINED DUCT (DIM. FOR NET FREE AREA) OF LINING LINING 2" THICK LININ	IG MCA	THOUSAND BTUH MIDDLE			
					R(D)	RISE (R) OR DROP (D) ARROW IN DIRECTION OF FLOW	MECH MID	MINIMUM CIRCUIT AMPACITY MECHANICAL			
		1. DEMOLITION DRAWINGS ARE INTENDED TO ONLY INVOLVED, AND DO NOT CONSTITUTE A FULL LIS				DUCT SECTION (SUPPLY)	MIN NO	MINIMUM NORMALLY OPEN			
		TO BE DEMO'D ARE SHOWN. CONTRACTOR IS R DRAWINGS, AND MECHANICAL GENERAL DEMOL	ESPONSIBLE TO			DUCT SECTION (EXHAUST OR RETURN)	NC NO.	NORMALLY CLOSED			
		2. A PRE-BID WALK-THRU IS A MANDATORY REQUI		IF CONTRACTOR'S RESPONSIBILITY TO	Sø	ROUND DUCT OR FLAT OVAL	NTS	NOT TO SCALE			
		REVIEW SITE CONDITIONS AND TO IDENTIFY ALL FOR DEMOLITION & DISPOSAL. NOT ALL PLUMBIN	DEMOLITION WO	ORK, AND INCLUDE IN HIS BID ALL COSTS		VOLUME DAMPER (MANUAL)	OBD OA	OPPOSED BLADE DAMPER OUTSIDE AIR			
		SEE GENERAL NOTES FOR REQUIREMENTS.				MOTORIZED DAMPER	OAI PH	OUTSIDE AIR INTAKE PHASE			
		3. EXIST. DUCTS, EQUIPMENT, PIPING, AIR INLETS/ REPRESENT MAJOR MECHANICAL ITEMS TO BE F					P.D.I. PD	PLUMBING AND DRAINAGE INST. PRESSURE DROP			
		NOTES WHICH COVER ALL OTHER MISC. MECHAI				- SMOKE DAMPER	R RLA	RETURN RATED LOAD AMPS			
		4. ALL EXIST. ITEMS NOT BEING REUSED SHALL BE CONTROL DEVICES, CONTROL WIRING, PNEUMA		,		COMBINATION FIRE/SMOKE DAMPER	REF	REFERENCE RAIN LEADER			
		VALVES, CURBS, AND RELATED ACCESSORIES.	,	,,,,,,,,,,,	m	FLEXIBLE DUCT	REL	REFRIGERANT LIQUID			
		5. ABANDONED ITEMS, ANCHORS, INSERTS, PIPE S BY NEW CONSTRUCTION SHALL BE REMOVED TO	,			ELBOW WITH TURNING VANES	RG REQ'D	REFRIGERANT GAS REQUIRED			
		DISTURBED AREA PATCHED.		,		DUCT UP (RECTANGULAR)	RA RPM	RETURN AIR REVOLUTIONS PER MINUTE			
		6. PATCH ALL WALL/FLOOR/CEILING OPENINGS LEF FINISH OF ADJACENT UNDISTURBED AREA.	T BY REMOVAL	OF EXIST. ITEMS. PATCH SO AS TO MATCH		DUCT UP (RECTANGULAR)	RM RVI	ROOM ROOF VENT INTAKE			
		7. REFERENCE ARCHITECTURAL DRAWINGS FOR W	/HERE CEILING/V	VALL AND OTHER GENERAL DEMOLITION		DUCT DOWN (RECTANGULAR)	RVR S	ROOF VENT RELIEF SUPPLY			
		WORK IS BEING DONE.				DUCT DOWN (RECTANGULAR)	SA SCO	SUPPLY AIR SURFACE CLEANOUT			
		8. SEE MECHANICAL FLOOR PLANS FOR HVAC DUC	TS THAT ARE BE	ING REUSED.		DUCT UP (ROUND)	SCU SCW S.O.	SCIENCE COLD WATER SCREENED OPENING			
		9. WHERE EXIST. DUCTS ARE REUSED, AND EXIST. PATCH WITH INSULATION AT UNUSED CONNECT				DUCT DOWN (ROUND)	SS	STAINLESS STEEL			
		10. WHERE EXIST. PLUMBING FIXTURES ARE REMOV		V, HW, VENT & WASTE PIPING AT A			TEMP TD TG	TEMPERATURE TRANSFER DUCT TRANSFER GRILLE			
		CONCEALED LOCATION (I.E. ABOVE CEILING OR 11. WHEREVER FLOOR DRAINS ARE REMOVED, LOC	,	/E TRAP PRIMER THAT SERVED DRAIN(S)	SIZE,SYMBOI CFM		TYP UNO	TYPICAL UNLESS NOTED OTHERWISE			
		AND CAP OFF CW PIPING.			SIZE,SYMBOL CFM	WALL OUTLET (OR INLET)	VFD VTR	VARIABLE FREQUENCY DRIVE VENT THROUGH ROOF			
-03.dwg		12. PROVIDE TEMPORARY CAP-OFF OF ALL EXIST. S UNTIL THE FINAL SYSTEM COMPONENTS ARE IN CW, HW, WASTE, VENT, CONTROLS, DUCTWORK	STALLED AND CO		(T) $(T)_{G}$ $(T)_{A}$	THERMOSTAT G= WITH GUARD A= AVERAGED WITH OTHER T	WC WCO	VOLTS, VOLTAGE, VENT WATER COLUMN WALL CLEAN OUT			
026_M0.01		13. HOLD ALL REMOVED ITEMS FOR OWNERS REVIE MOVED BY THE CONTRACTOR TO THE OWNERS ITEMS NOT SELECTED BY OWNER FOR SALVAGE	STORAGE ROOM	I (VERIFY EXACT LOCATION WITH OWNER).			WL W WA	WALL LOUVER WASTE WATT			
ttB 1_43976\2 -		14. ALL EXISTING ITEMS ASSOCIATED WITH DEMO'D HANGERS, THERMOSTATS, DAMPERS, CURBS, S PIPING, DUCTS, AND SIMILAR ACCESSORIES.					WB WTG W/ ZD	WET BULB WALL TRANSFER GRILLE WITH ZONE DAMPER			
D BY: Ma \AcPublist		15. ROUTING SHOWN OF EXISTING ITEMS IS APPROX CONTENTS, AND FLOW DIRECTION OF ALL PIPING VERIFIED.	,	,							
PLOTTE		16. PROVIDE CAP-OFF OF ALL EXISTING UTILITIES TH CAPPED OFF INCLUDE HW, CW, WASTE, VENT, H DUCTS. ALL CAP-OFFS SHALL OCCUR IN A CONC	WS, HWR, RL, HV	VC, SA DUCTS, RA DUCTS, AND EXHAUST	2 M3.1	DETAIL/SECTION IDENTIFICATION NUMBER SHEET ON WHICH DETAIL IS SHOWN					

MECHANICAL DRAWING INDEX

NTROL SYSTEM

M0.01	MECHANICAL LEGEND & NOTES
M0.02	MECHANICAL GENERAL NOTES
M0.03	MECHANICAL SCHEDULES
M0.04	EXISTING EQUIPMENT MECHANICAL SCHEDULES
M1.01	PARTIAL 2ND FLOOR PLAN - PLUMBING DEMO
M1.02	ENLARGED PLAN OR 7 & 8 - PLUMBING DEMO
M1.11	PARTIAL 2ND FLOOR PLAN - HVAC DEMO
M1.12	ENLARGED PLAN OR 7 & 8 - HVAC DEMO
M3.01	PARTIAL 2ND FLOOR PLAN - PLUMBING
M3.02	ENLARGED PLAN OR 7 & 8 - PLUMBING
M3.11	PARTIAL 2ND FLOOR PLAN - MED GAS
M3.12	ENLARGED PLAN OR 7 & 8 - MED GAS
M3.20	PLUMBING DETAILS
M4.01	PARTIAL 2ND FLOOR PLAN - HVAC
M4.02	ENLARGED PLAN OR 7 & 8 - HVAC
M4.03	ENLARGED PARTIAL PLAN - 3RD FLOOR HVAC
M4.04	ENLARGED PARTIAL PLAN - 4TH FLOOR HVAC
M4.20	MECHANICAL DETAILS
M4.21	MECHANICAL DETAILS

InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
SIGNED 4-2-2021
OWNER: MultiCare Care Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout
Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372
3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET
PROJECT NO. 31232
DRAWN BY: DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: MECHANICAL LEGEND & NOTES
SHEET #: M0.01



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 general@hultzbhu.com
 Job Number:
 21-026

pment & Permittin				
UISSUED PERMI uilding	F	MECHANICAL GEN	ER	AL NOTES
	nning Works			
	affic	ALL WORK IS BASE BID UNLESS SPECIFICALLY NOTED AS ALTERNATE BID WORK.		CFM DUCTS T INLETS/O
A MASS		MECHANICAL WORK IS NOT LIMITED TO MECHANICAL DRAWINGS AND DIVISION 20, 22, 23, AND 25 SPECIFICATIONS. THERE IS ADDITIONAL MECHANICAL WORK TO BE INCLUDED IN THE BID INDICATED ON OTHER DRAWINGS AND IN OTHER SPECIFICATION DIVISIONS. CONTRACTOR SHALL REVIEW ALL DRAWINGS AND SPECIFICATIONS FOR ADDITIONAL MECHANICAL WORK.		0 - 50 6" & 51 - 150 8" & 151 - 250 10" & 251 - 400 12" &
	3.	ALL ITEMS ARE NEW UNLESS SPECIFICALLY NOTED AS EXISTING.		401 - 500 14" (501 - 700 16" (
	4.	MECHANICAL EQUIPMENT 1/2 HP AND LESS SHALL HAVE ANY REQUIRED STARTER/CONTROL RELAY PROVIDED BY DIVISION 25 (EXCEPT WHERE SPECIFICALLY SHOWN OR SPECIFIED OTHERWISE).		701 - 900 18" (901 - 1200 20" (1201 - 1500 1501 - 2000
	5.	SEE ARCHITECTURAL AND STRUCTURAL DRAWINGS FOR BUILDING SEISMIC & EXPANSION JOINTS. PROVIDE FLEXIBLE CONNECTIONS IN ALL PIPING & DUCT SYSTEMS WHICH CROSS SUCH JOINTS, SIZED/CONFIGURED TO ACCOMMODATE SPECIFIED MOVEMENT (SEE SPECIFICATIONS) IN ANY DIRECTION W/O PERMANENT DAMAGE. SUBMIT DETAILS OF FLEXIBLE CONNECTIONS & LOCATIONS.	17.	2001 - 2400 >2401 SIZE BASE VERIFY LOCATIONS OF ITEM REFLECTED CEILING PLANS ARCHITECT/ENGINEER OF DI
	6.	FIXTURE LOCATIONS: VERIFY LOCATION OF PLUMBING FIXTURES WITH ARCHITECTURAL DRAWINGS BEFORE BEGINNING WORK. ARCHITECTURAL DRAWINGS GOVERN. PLUMBING FIXTURE HEIGHTS SHALL BE AS SHOWN ON ARCHITECTURAL DRAWINGS.	18.	IT SHALL BE THE CONTRACT LOCATIONS OF ALL AIR INLE LOCATIONS SHOWN AS REQ OTHER ITEMS. SUCH SHIFTS
	7.	CLEANOUTS: PROVIDE CLEANOUTS AS REQUIRED BY CODE. SEE DETAILS ON SHEET M3.20.	40	HAVE PRIOR APPROVAL OF A
	8.	PIPE ROUTING: ALL PIPING SHOWN IS SCHEMATIC, CONTRACTOR SHALL PROVIDE ALL OFFSETS/ELBOWS AS REQ'D TO ALLOW ROUTING AROUND STRUCTURE, ELECTRICAL, & OTHER INTERFERENCES. ALL PIPING SHALL BE RUN CONCEALED, UNO.		HEIGHTS GIVEN TO WALL INL TO BOTTOM OF OPENING. PF VERIFY THE SUITABILITY OF
	q	PIPE SIZES: UNSIZED PLUMBING PIPING SHALL MATCH THE SIZE OF THE LARGEST	-	LOCATE MOTORIZED DAMPE
	0.	ADJACENT CONNECTING PIPE SIZE SHOWN, WHERE THE ADJACENT PIPE IS NOT SHOWN (OR NOT CLEAR), THE PIPE SIZE SHALL BE BASED ON THE GPM FLOWING IN THE PIPE (USE FIXTURE UNITS AND CORRESPONDING GPM PER THE UPC FOR		SHEET M4.20 & M4.21. PROVIDE BALANCING OF HV
		DOMESTIC WATER SYSTEMS, USE WASTE FIXTURE UNITS & UPC TABLES FOR WASTE/VENT SYSTEM), AND A VELOCITY NO GREATER THAN 4 FEET PER SECOND. USE UPC CURVES FOR GPM/VELOCITY FOR APPROPRIATE PIPING MATERIAL INVOLVED.	23.	WATER RECIRCULATION SYS CEILING SPACE IS TIGHT IN A INLET/OUTLET CONN'S REQU
	10.	ALL PLUMBING VENTS THRU ROOF SHALL BE MINIMUM 2' FROM ROOF CRICKET PEAK OR ROOF VALLEY. ADJUST PIPING AS NECESSARY.	24	PROVIDE WHERE REQ'D DUE DUCT AND ALLOW PROPER (
	11.	ALL DUCT PENETRATIONS THRU WALLS AND FLOORS SHALL BE PROVIDED WITH CLOSURE COLLARS (BOTH SIDES OF PENETRATION) AND BE TIGHTLY SEALED TO		ALL DUCTWORK SHALL BE R
		PREVENT THE TRANSMISSION OF NOISE.		WHERE RETURN GRILLE CFN
	12.	CONTRACTOR SHALL CAREFULLY COORDINATE WORK W/ ALL OTHER TRADES, ESPECIALLY IN CEILING SPACES WHERE SPACE IS TIGHT. SHEET METAL CONTRACTOR SHALL HAVE PRIORITY OVER OTHER MECHANICAL TRADES IN CEILING SPACE WHERE CONFLICTS OCCUR.		SUBMIT FOR ENGINEER REV PROVIDE FLEX CONNECTOR
	13.	ALL DUCTWORK SHOWN IS SCHEMATIC, CONTRACTOR SHALL PROVIDE ALL OFFSETS/ELBOWS AS REQ'D TO ALLOW ROUTING AROUND STRUCTURE, ELECTRICAL,		RESTROOM EXHAUST & TRA EACH OTHER.
	14.	& OTHER INTERFERENCES. FLEXIBLE DUCT LENGTH SHALL NOT EXCEED 8 FEET, AND MAY ONLY BE USED WHERE SPECIFICALLY SHOWN ON THE PLANS.		VERIFY MOUNTING HEIGHTS CAPS W/ ARCHITECT PRIOR
	15.	PROVIDE MANUAL VOLUME DAMPERS IN ALL BRANCH DUCTS AND SPLITS IN MAIN DUCTS AND WHERE REQUIRED BY BALANCERS; ONLY SOME OF THE REQUIRED		EQUIPMENT TO MATCH UNIT LINED, THE TRANSITION SHA
	16	DAMPERS ARE SHOWN ON THE PLANS. UNSIZED DUCTS SHALL MATCH THE SIZE OF THE LARGEST ADJACENT DUCT THAT IS		SEE SECTION 23 31 00 FOR D
	10.	SIZED DUCTS SHALL MATCH THE SIZE OF THE LARGEST ADJACENT DUCT THAT IS SIZED. WHERE THE ADJACENT DUCT SIZE IS NOT SHOWN, PROVIDE THE FOLLOWING SIZED DUCTS (OR EQUIVALENT RECTANGULAR).	32.	CONTRACTOR TO TAKE EXTENSION OF THE HOSE FULLY COORDINATED W/ HO
			33.	FIRE SPRINKLER WORK IS NO DRAWINGS TO BE PROVIDED

ENERGY CODE NOTES - MECHANICAL

O AIR OTHER ITLETS DUCT			
6" Ø 8" Ø 10" Ø 12" Ø 12" Ø 14" Ø 16" Ø 18" Ø 20" Ø 22" Ø			
S INSTALLED IN CEILINGS WITH ARCHITECTURAL PRIOR TO BEGINNING WORK. NOTIFY SCREPANCIES.			
OR'S RESPONSIBILITY TO COORDINATE & SELECT FINAL S/OUTLETS. SHIFT AIR INLETS/ OUTLETS FROM D TO AVOID CONFLICTS W/ STRUCTURE, LIGHTS, & SHALL MAINTAIN SYMMETRY OF AIR TERMINALS & SHALL RCHITECT/ENGINEER.			
ETS & OUTLETS & WALL LOUVERS (& SIMILAR ITEMS) ARE IOR TO ORDERING MATERIALS, CONTRACTOR SHALL ALL HEIGHTS BY PERFORMING FIELD REVIEWS.			
RS TO BE ACCESSIBLE.			
DNNECTIONS OF ELBOWS/TRANSITIONS SEE DETAILS ON			
C SYSTEM, HYDRONIC SYSTEM, & DOMESTIC HOT TEM.			
NUMBER OF AREAS. IN SUCH AREAS, CEILING AIR RE SIDE INLET PLENUM, SEE DETAIL 11 SHEET M4.21. TO SPACE LIMITATIONS TO PREVENT KINKS IN FLEX ONN.			
JN CONCEALED, UNO.			
RS AT ALL MOTORIZED DAMPERS & BDD'S.			
'S ARE NOT INDICATED, BALANCER SHALL CALCULATE & EW. UNIT RA=SA-OA.			
IN DUCT CONNECTIONS TO ALL EQUIPMENT.			
ISFER GRILLES SHALL BE INSTALLED TO BE INLINE W/			
OF ALL EXPOSED DUCTWORK & WALL GRILLES/WALL O BEGINNING WORK.			
I DUCT SIZES INDICATED TO CONNECTION SIZES AT CONNECTIONS. WHERE THE CONNECTING DUCT IS .L BE LINED.			
UCT CONSTRUCTION PRESSURE CLASS.			
EME CARE WITH ALL CONNECTIONS TO EXISTING ITAL NATURE OF THE BUILDING, ALL SUCH WORK IS PITAL STAFF.			

NOT PART OF THESE DRAWINGS. FIRE SPRINKLER ED BY ANOTHER FIRM.

InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
OWNER:
MultiCare Coma General Hospital PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE
Puyallup, WA 98372MARKDATEJareDESCRIPTION3/19/2021DESIGN DEVELOPMENT4/2/2021PERMIT SET
PROJECT NO. 31232 DRAWN BY:
SHEET #: M0.02



 Phone:
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 Job Number:
 21-026

City of P Developmen: & Po ISSUED	ermitting Services
Building	Planning
Engineering	Public Works
Fire	Traffic

VENTILATION	DESIGN CRITERIA - HEAL	THCARE AREAS																					
Project:	GSH MULTICARE - OR 7 & 8	3																					5160
Job No:	21-026																						1500
																							29.07%
				ASHRAE	TABLE 7.1	I					Room Size Calculated Airflows Design Airflows & Actual Pressure					ressure Reat	ionships						
		Code Title	Pressure	Code	Code	All	Air Circ	Design	Design	Room	Room	Room	Code	Code	Code	Code	Design	Design	Design	Excess	Pressure	Filter	OA
Unit No.	Room Name and Number	for Function of Space	Relationship	OA	Total	Rm Air	by	RH	Temp	SF	Ht	Vol	OA CFM	OA CFM	Total	Min EA	Supply	Exhaust	Return	Air	Relationship	Bank 1 & 2	Provided
				ach	ach	Exh?	Rm Units	%	deg F				by ACH	by IMC	CFM	CFM	Air (SA)	Air (EA)	Air (RA)	SA-EA-RA		MERV	
Existing SAHU-2A	OR 7 - M286	Operating Room	Р	3	15	N/R	NO	30-60	70-75	553	8.46	4678	234	33	1170		2580	2400		180	Р	7	750
Existing SAHU-2C	OR 8 - M285	Operating Room	Р	3	15	N/R	NO	30-60	70-75	543	8.46	4594	230	33	1148		2580	2400		180	Р	7	750

PLUMBING FIXTURE SCHEDULE										
SYMBOL	DESCRIPTION	w	v	cw	нw	TOTAL WSFU	CW WSFU	HW WSFU	DFU	REMARKS
P-6A	SCRUB SINK	3"	2"	1/2"	1/2"	3	2.25	2.25	3	WALL MOUNT, W/ FOOT PEDAL OPERATOR

SYMBOL
CD
CRG
CEG
WSR
WEG
NOTES:
1. CEILINO (E.G. C
2. ALL AIF
3. SEE LE
4. SEE AR CONST
5. SEE HV

AIR INLET & OUTLET SCHEDULE

-	ТҮРЕ	MANUFACTURER AND SERIES NUMBER	REMARKS
	CEILING DIFFUSER	TITUS PAS-AA	ALUMINUM PERFORATED FACE DIFFUSER
	CEILING RETURN GRILLE	TITUS PAS	ALUMINUM PERFORATED FACE GRILLE
	CEILING EXHAUST GRILLE	TITUS PAS	ALUMINUM PERFORATED FACE GRILLE
	WALL SUPPLY REGISTER	KRUEGER SERIES 5880H	DOUBLE DEFLECTION, HORIZ. FACE BARS, VERT. REAR BARS 3/4"o.c.
	WALL RETURN GRILLE	KEES GHD40 RETURN	HORIZ. FACE BARS 1/2" O.C., 40° DEFLECTION

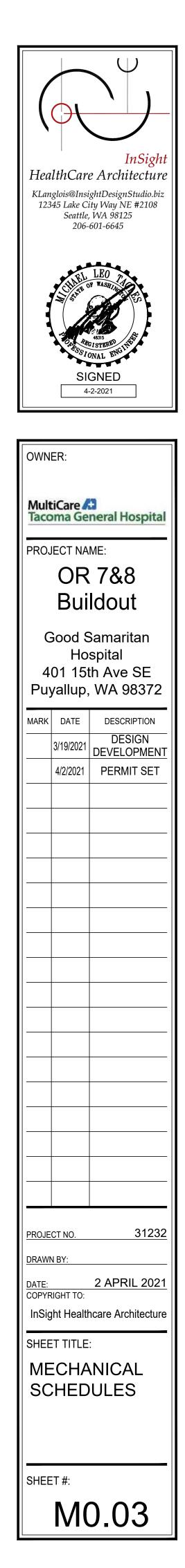
LING DIFFUSERS (CD) SHALL HAVE NO. & DIRECTION OF THROWS AS INDICATED ON PLANS. G. CD-3 = 3 WAY THROW)

AIR TERMINALS SHALL HAVE FACTORY FINISH, COLOR AS SELECTED BY ARCHITECT.

LEGEND FOR TERMINOLOGY USED IN AIR TERMINAL CALL-OUTS ON DRAWINGS.

E ARCH. FINISH SCHEDULE FOR CEILING TYPES, PROVIDE AIR TERMINALS TO MATCH CEILING NSTRUCTION INSTALLED IN.

HVAC PLANS FOR CRITICAL CARE AREA SPECIALIZED GRILLES.





Phone: (253) 383-3257 Fax: (253) 383-3283 general@hultzbhu.com Job Number: 21-026

City of P Developmen: & Pe ISSUED	ermitting Services
Building	Planning
Engineering	Public Works
Fire	Traffic

		OR 8	OR 7	1						
COILS - HI	N						and the second			
MARK		HC-1	HC-2	HC-3	HC-4	HC-5	HC-6	HC-7	HC-8	-
LOCATION		MECH RM	MECH RM	MECH RM	-					
SERVES		SAHU-20	SAHU-ZA	SAHU-2D	SAHU-2B	SAHU-2H	SAHU-2F	SAHU-2F	SAHU-2E	-
TYPE	DESCRIPTION	WATER COIL	WATER COIL	WATER COIL	510					
	MOUNTING	DUCT	DUCT	DUCT	DUCT	DUCT	BUCT	DUCT	DUCT	-
AJR	AIRFLOW: CFM	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,500	-
	EAT DB: F	50	50	50	50	50	50	50	50	
	LAT DB: F	80	80	80	80	80	50	80	80	1000
	MAX PD: IN WG	0,10	0.10	0.10	0.10	0.10	0.10	0.10	0.13	-
	SIZE: IN	36x24	36x24	.36x24	36x24	36x24	36x24	36x24	36x24	
FLUID	TYPE [1]	PROP GLYCOL	PROP GLYCOL	PROP GLYCOL	-					
	CAPACITY: MBH	97	97	97	97	97	97	97	113	
	FLOW: CPM	6.7	6.7	6.7	6.7	6.7	6.7	6.7	7.8	
	EWT; F	180	180	180	180	180	180	180	180	
	LWT: F	150	150	150	150	150	150	150	150	-
	MAX PD: FT HD	5	5	5	5	5	5	5	5	
	ROWS	1	1	1	1		1	1	1	-
	FINS/INCH	9	9	2	9	9	9	g	9	
OPER WEIGHT	WEIGHT: LBS	50	50	50	50	50	50	50	50	-
BASIS OF DESIGN	MANUFACTURER	COLMAC COIL	COLMAC COLL	COLMAC COIL	COLMAC COIL	COLMAC COIL	COLMAC COIL	COLMAC COIL	COLMAC COLL	_
	MODEL	BW	BW	BW	BW	6W	BW	BW	BW	-
	NOTES		12111			15 A.L.		HIM	Dat	_

					OR 7		OR 8										
SUPPLY AIR	R HANDLING UN	ITS															
RK CATION		SAHU-A LEVEL A	SAHU-1E LEVEL 4	SAHU-1W	SAHU-2A LEVEL 4	SAHU-2B LEVEL 4	SAHU-2C LEVEL 4	SAHU-2D LEVEL 4	SAHU-2E LEVEL 4	SAHU-2F LEVEL 4	SAHU-2G LEVEL 4	SAHU-2H LEVEL 4	SAHU-2 LEVEL 4	SAHU-3E LEVEL 4	SAHU-3W	SAHU-5/6E	SAHU-5/6W
RVES	Los	LEVEL A	LEVEL 1 EAST	LEVEL 1 WEST	SURGERY	SURGERY	SURGERY	SURGERY	SURGERY	SURGERY	SURGERY	SURGERY	SURG SUPP	LEVEL 3 EAST	LEVEL 3 WEST	LEVEL 5/6 EAS	LEVEL 5/6 WEST
REFILTERS	TYPE MERV RATING	4* PLEAIED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8	4" PLEATED 8
	EFF: %	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
	CLEAN PD: IN, WG DIRTY PD: IN, WG	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
	MAX FACE VEL: FPM	375 12*	375	375 12*	375 12°	375 12"	375	375	440 12"	375 12*	375	375	375	375	375	375	375
UTURE FILTER BANK	SIZE/NO FILTER MAX VELOCITY: FPM	375	12" 375	375	375	375	12" 375	12" 375	375	375	12" 375	12* 375	32* 375	*2* 375	12" 375	12" 375	12"
TENUATION	MAX P.D.: IN. WG	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03
IVICE	HEIGHT: IN WIDTH: IN	144 200	121	121	51 44	51 44	51 44	51 44	51 44	51 44	51	51	144	144	144	144	144
	LENGTH: IN	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
EAT RECOVERY COIL	MFG/MODEL TOTAL CAP: MBH [8]	HAAKON 1,887	HAAKON 1,105	1,105	HAAKON 81	HAAKON B1	HAAKON 81	HAAKON 81	HAAKON 94	H/AKON 81	HAAKON 81	HAAKON 81	HAAKON 1,446	HAAKON 1,348	HAAKON 1,348	HAAKON 1,618	1,752
	FACE VEL: FPM, MAX [8]	400	400	400	350	350	350	350	400	350	350	350	400	400	400	400	400
	SECTIONS, NUMBER ROWS	3 4	3	3	4	1	1	1	5	1	4	1	3	3	3 4	3	3
	FINS/IN, MAX	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	AIR PD: IN WG EDB: F	0.32	0.37	0.37	0.25	0.25	0.25	0.25	0.36	0.25	0.25	0.29	0.33	0.31	0.31	0.24	0.28
	EWB: F	-	1 2	<u> </u>	-		-	-	-	-	-	-		-		-	-
	LDB: F LWB: F	40	40	40	40	-40	40	40	40	40	40	40	40	40	40	40	40
	EWT: F	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55
	LWT: F EFFICIENCY: 7	35 50	35 50	35	35 50	35 50	35 50	35 50	35 50	35 50	35 50	35 50	35 50	35 50	35 50	35 50	35 50
	GPM [8]	192	113	113	8	8	8	5	10	8	8	8	148	137	137	165	178
REHEATING COIL (5)	WATER PD: FT [8] TOTAL CAP: MBH [8]	17 3,020	11	11	4	4	4	4	7	4	4	4	17 2,350	14 2,158	14 2,158	12 2,589	14 2,805
and the second following following the	FACE VEL: FPM, MAX [8]	400	400	400	350	350	350	350	400	350	350	350	400	400	400	400	400
	SECTIONS, NUMBER ROWS	3	3.	3	1		1	1	1	1	1	1	3	3	3	3	3
	FINS/IN, MAX	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	AIR PD: IN WG EDB: F	0.06	0.07	0.07	0.05	0.05	0.05	0.05	0.07	0.05	0.05	0.05	0.05	0.06	0.06	0.05	0.05
	L08: F	55	55	55	55	55	55	55	55	55	55	55	15 55	15	15 55	15 55	15 55
	EWT: F	180 150	180 150	180 150	180	180	180	180	150	180	180	180	180	180	180	180	180
	GPM [8]	210	123	120	9	150 9	150 9	150	11	150	150 9	150 9	150	150	150 150	150	150 195
DOLING COIL [5]	WATER PD: FT [8]	16	14	14	0.4	0,4	0,4	0.4	0.5	0.4	0.4	0.4	9	8	8	8	9
DOLING CORE [5]	TOTAL CLG: MBH [8] SENSIBLE CLG: MOH [8]	3,878 3,101	2,261	2,261	193 146	193 146	193 146	193 146	225 170	193 146	193 146	193 146	2,985	2,769	2,769 2,215	3,313 2,658	3,607
	FACE VEL: FPM, MAX [8]	400	400	400	350	350	350	350	400	350	350	350	400	400	400	400	400
	SECTIONS, NUMBER ROWS	3 6	3	3	8	1	1 8	1 8	8	8	8	8	3 8	3	3	3	3
	FINS/IN, MAX	10	10	10	10	10	10	10	9	10	10	10	10.	10	10	10	10
	AIR PD: IN WG EDB: F	0.56 92	0.73 92	0.73	0.66	0,66	0.66	0.66 92	0.79	0,66 92	0.66 92	0.66	0.63	0.56 92	0.56	0.47 92	0.53 92
	EWB: F	69	69	69	69	69	69	69	69	69	69	59	69	69	69	69	69
	LOB: F LWB: F	51 50.7	51 50.8	51 50.8	47 47	47	47	47 47	47	47	47	47 47	51 50.6	51 50.7	51 50.7	51 50.8	51 50.6
	EWT: F	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42	42
	LWT: F CPM [8]	56 565	54 384	54 384	54 33	54 33	54 33	54 33	50 57	<u>54</u> 33	54 33	54 33	54 507	54 470	54 470	54 563	54 613
	WATER PD: FT [8]	19	10	10	13	13	13	13	14	13	13	13	11	11	11	12	13
EAM HUMIDIFIER	PROVIDE SPACE TYPE	NO AF BI PLENUM	AF BI PLENUM	AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	NO AF BI PLENUM	YES AF BE PLENUM	NO AF BI PLENUM	YES AF BI PLENUM	NC AF BI PLENUM	NO AF BI PLENUM
	SERVICE NOM AIR FLOW: CFM [3,7]	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY	SUPPLY
	NUMBER OF FANS	56,000	35,000	35,000	2,400	2,400	2,400	2,400	2,800	2,400	2,400	2,400	45,000	40,000 4	40,000	50,000	55,000
	MAX CEM PER FAN [1]	23,333	13,667	13,667	3,000	3,000	3,000	3,000	3,500	3,000	3,000	3,000	18,000	16,667	15,567	20,000	21,667
	NOM CFM PER FAN [3, 7] MINIMUM CA: %	14,000	8,750 100	8,750 100	2,400	2,400	2,400	2,400 100	2,800	2,400 100	2,400	2,400	11.250 100	10,000	10,000	12,500	13,750
	100% ECONOMIZER: ESP: IN WG	N0 4.0	NO 2.75	NO 2.75	NO 2,5	NO 2.5	NO	N0 2.5	NO 2.5	N0 2.5	NO 2.5	NO	NO	NO 2.75	NO	NO	NO
	TSP: IN WG [2]	6.25/7.30	6.00/6.40	6.00/6.40	5.75/6.50	2.5 5.75/6.50	2.5 5.75/6.50	5.75/6.50	5.75/6.50	5.75/6.50	5.75/6.50	2.5 5.75/6.50	3.0 6.00/7.25	5.75/6.40	2.75 6.00/6.40	2.75 5.75/6.75	2.75 5.75/6.75
	WHEEL DIA: IN, EACH MINIMUM EFF: 2	33	30	30	18	18	18	18	18	18	18	18	30	30	30	33	33
	RPM, EACH [8]	67% 1,820	67% 1,803	67% 1,803	67% 2,710	67% 2,710	57% 2,710	67% 2,710	67% 2,542	67% 2,710	67% 2.710	67% 2,710	67% 1,815	67% 1,859	67% 1,859	67% 1,851	67% 1,858
	BHP, EACH [8]	39.4	20.0	20.0	4.5	4.5	4.5	4.5	5.2	4.5	4.5	4.5	28.8	24.4	24.4	32.2	34.6
	HP, EACH FAN CLASS	40 III	20	20	7.5	7.5	7.5 II	7.5 III	7.5	7.5 III	7.5 III	7.5 III	30 11	25 III	25 III	40 III	40 III
	VOLTAGE/PHASE	460/3	460/3	460/3	450/3	460/3	460/3	460/3	460/3	460/3	460/3	460/3	460/3	460/3	460/3	460/3	460/3
	ISOLATION DRIVE TYPE	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT	YES DIRECT
61 EN 2000	VFD	YES	YES	YES	YES	YFS	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
AL FILTERS	TYPE MERV RATING	12* RIGID 15	12* RIGID CARB 15	12" RIGID 15	12" RIGID CARB 15	12" RIGID CARB	12" RIGID CARB	12" RIGID CARB	12" RIGID CARB 15	12" RIGID CARB	12" RIGID CARB 15	12" RIGID CARB 15	12" RIGID CARB	12" RIGID 15	12" RIGID 15	12" RIGID CARB 15	12" RIGID 15
	EFF: %	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
	CLEAN PD: IN, WG DIRTY PD: IN, WG	0.2	0.35	0.2	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.2	0.2	0.2	0.2
	MAX FACE VEL: FPM	375	375	375	375	375	375	375	440	375	375	375	375	375	375	375	375
UND	MANUFACTURER MAX_VELOCITY: FPM	VILEDON 375	VILEDON 375	VILEDON 375	VILEDON	VILEDON	VILEDON	VILEDON	VILEDON	VILEDON	VILEDON	VILEDON	VILEDON 375	VILEDON 375	VILEDON 375	VILEDON 375	VILEDON 375
TENUATION	MAX P.D.: IN. WG	0.03	0.03	0.03	74	-	=	-			-	-	0.03	0.03	0.03	0.03	0.03
VICE	HEIGHT: IN WIDTH: IN	144 200	121	121		-	-	-	-	4	-	-	144 153	144	144	144	144
	LENCTH: IN	60	60	60 .								2-1	60	60	60	195 60	60
PER. WEIGHT	MEG/MODEL LES	HAAKON 56,000	HA4KON 35,000	HAAKQUT	5,000	6,000	6.000	6,000	- 6,000	- 6,000	6,000	-	HAAKON 42.000	HAAKON 40.000	HAAKON	HAAKON	HAAKON 50,000
SIS OF DESIGN	MANUFACTURER	HAAKON	HAAKON	35,000 HAAKON	6,000 HAAKON	6,000 HAAKON	6,000 HAAKON	6,000 HAAKON	6,000 HAAKON	6,000 HAAKON	6,000 HAAKON	6,000 HAAKON	42,000 HAAKON	40,000 HAAKON	40,000 HAAKON	50,000 HAAKON	50,000 HAAKON
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NOTES: 1 EACH AHU, RF, AND EF IS DESIGNED TO MEET SUPPLY FAN CFM WITH ONE FAN NOT RUNNING AT PUTURE MAX CAPACITY. 2 TOTAL STATIC PRESSURE IS CALLED OUT AT CURRENT/FUTURE CONDITIONS AND INCLUDES ALL COMPONENTS, AND 1.75 IN. WG ALLOWANCE FOR FILTER LOADING AND FUTURE FILTER. 3. NOMINAL AIRFLOW QUANTITY IS FOR ALL FANS RUNNING FOR THE AHU AT THE CURRENT AIRFLOW CAPACITY. 4. PROVIDE PERFORMANCE DATA FOR THE FOLLOWING CONDITIONS: MAXIMUM CFM FER FAN AT MAXIMUM UNIT AIRFLOW ("N-1" FANS RUNNING), NOMINAL CFM PER FAN AT MAXIMUM UNIT AIRFLOW ("N" FANS RUNNING). 5. SELECT COOLING, HEATING AND HEAT RECOVERY COLLS WITH A 20% PROPYLENE GLYCOL MIXTURE. 6. ALL SAHU'S OPERATE ON EMERGENCY POWER. 7. TAB CONTRACTOR SHALL ADJUST FANS FOR ACTUAL CFM BASED ON THE SUM OF TERMINAL UNIT CFM PLUS ACTUAL DUCT LEAKAGE. 8. PERFORMANCE CRITERA IS BASED ON FUTURE CONDITIONS.

	OR 8	OR 7						
RS - STEAM				_				
	H-1	H-2	H-3	H-4	H-5	H-5	H-7	H-8
			MECH RM	MECH RM	MECH RM	MECH RM	MECH RM	MECH RM
	and the second s		SAHU-2D	SAH0-2B	SAHU-5W DUCT	SAHU-2H	SAHU-2F	SAHU-20
TYPE	La depart of the second se	and the state of the second		DUCT	DUCT	DUCT	DUCT	DUCT
A second s	1000000	and the second se		3,000	34,000	3,000	3,000	3,000
			85	85	600	85	85	85
- I show the second sec		(Contraction of the second sec	50	50	35	50	50	50
	and the second second	and the second se	12	12	12	12	12	12
			36	36	78	36	36	36
and a control of the second		55	55	55	135	55	55	55
and the second se	a band and the first statements	ARMSTRONG	ARMSTRONG	ARMSTRONG	ARMSTRONG	ARMSTRONG	ARMSTRONG	ARMSTRON
and the second of the barry of	11.0.000	A COLOR OF CAMERA		1200	1400	1200	1200	1200
NOTES	[3]	[3]	[3]	[3]	[3]	[3]	[3]	[3]
	TYPE AIRFLOW: CFM STEAM: LBS/HR RELATIVE HUMIDITY: % PRESSURE: PSIG [1] LFNGTH: LBS MANUFACTURER MODEL	RS - STEAM H-1 MECH RM SAHU-2C DUCT AIRFLOW: CFM 3,000 STEAM: LBS/HR 85 RELATIVE HUMIDITY: % 60 PRESSURE: PSIG [1] 12 LFNGTH: IN 36 WEIGHT: UBS 55 MANUFACTURER ARMSTRONG MODEL 1200	H-1 H-2 MECH RM MECH RM SAHU-2C SAHU-2A TYPE DUCT AIRFLOW: CFM 3,000 STEAM: LBS/HR 85 RELATIVE HUMDITY: % 50 PRESSURE: PSIG [1] 12 LFNTH: IN 36 WEICHT: UBS 55 MANUFACTURER ARMSTRONG MODEL 1200	H-1 H-2 H-3 MECH RM MECH RM MECH RM SAHU-2C SAHU-2A SAHU-2D TYPE DUCT DUCT DUCT AIRFLOW: CFM 3,000 3,000 3,000 STEAM: LBS/HR 85 85 85 RELATIVE HUMDITY: % 50 50 50 PRESSURE: PSIG [1] 12 12 12 LFNGTH: IN 36 36 36 WEICHT: UBS 55 55 55 MANUFACTURER ARMSTRONG ARMSTRONG ARMSTRONG MODEL 1200 1200 1200	H-1 H-2 H-3 H-4 MECH RM MECH RM MECH RM MECH RM MECH RM MECH RM TYPE DUCT DUCT DUCT DUCT DUCT DUCT AIRFLOW: CFM 3,000 3,000 3,000 3,000 3,000 3,000 STEAM: LBS/HR 85 85 85 85 85 RELATIVE HUMDITY: % 50 50 50 50 90 PRESSURE: PSIG [1] 12 12 12 12 12 LFNTH: IN 36 36 36 36 36 WEICHT: UBS 55 55 55 55 55 MONUFACTURER ARMSTRONG ARMSTRONG ARMSTRONG ARMSTRONG MODEL 1200 1200 1200 1200 1200	H-1 H-2 H-3 H-4 H-5 MECH RM MECH RM <td< td=""><td>H-1 H-2 H-3 H-4 H-5 H-5 MECH RM SAHU-2W DUCT DUCT</td><td>RS - STEAM H-1 H-2 H-3 H-4 H-5 H-5 H-7 MECH RM SAHU-2F SAHU-2C SAHU-2D SAHU-2B SAHU-2W SAHU-2F SAHU-2F SAHU-2F SAHU-2F SAHU-2K SAHU-2K SAHU-2K SAHU-2F SAHU-2F SAHU-2F SAHU-2F SAHU-2K SAHU</td></td<>	H-1 H-2 H-3 H-4 H-5 H-5 MECH RM SAHU-2W DUCT DUCT	RS - STEAM H-1 H-2 H-3 H-4 H-5 H-5 H-7 MECH RM SAHU-2F SAHU-2C SAHU-2D SAHU-2B SAHU-2W SAHU-2F SAHU-2F SAHU-2F SAHU-2F SAHU-2K SAHU-2K SAHU-2K SAHU-2F SAHU-2F SAHU-2F SAHU-2F SAHU-2K SAHU

1. PRESSURE AT INLET OF CONTROL VALVE, SERIES 1000-EM. (1) 2. STEAM DISTRIBUTION MANIFOLD INSTALLED IN AIR HANDLING UNIT. 3. CAPACITY BASED ON 100% OSA, 15 DEGREE EAT AND 50 DEGREE LAT.

	[
SOUND AT	TENUATORS								
MARK		SA-1	SA-2	SA-3	SA-4	SA-5	SA-6	SA-7	SA8
SERVES		SAHU-2C	SAHU-2A	SAHU-2D	SAHU-28	SAHU-2H	SAHU-2F	SAHU-2F	
TYPE	DESCRIPTION	LO FREQ	LO FREQ	LO FREQ	LO FREO	LO FREQ	LO FREQ	LO FREQ	SAHU-2E
	FLOW DIRECTION	POSITIVE	LO FREQ						
CAPACITY	AIRFLOW: CFM	3,000	3,000	3,000	3,000	3,000	3,000	3,000	POSITIVE
	FACE VEL: FPM	1,000	1,000	1,000	1,000	1,000	1.000	1.000	3,500
	PD: IN WG	0.08	0.08	0.08	0.08	0.08	0.08	0.08	1,167 0,11
SIZE	LENGTH: FT	60	60	60	60	60	60	60	of the first state of the sector
	WIDTH: IN	36	36	36	36	36	36	36	60 36
	HEIGHT: IN	12	12	12	12	12	12	12	10000C
DCTAVE BANDS	1 (63 Hz)	5	5	5	5	5	5	5	12
	2 (125 Hz)	7	7	7	7	7	7	7	5
	3 (250 Hz)	14	14	14	14	14	14	14	7
	4 (500 Hz)	20	20	20	20	20	20	20	a stranged a
	5 (1,000 Hz)	22	22	22	22	22	22	20	20 22
	6 (2,000 Hz)	14	14	14	14	14	14	14	
	7 (4,000 Hz)	11	11	11	11	11	11 -	11	14
	8 (8,000 Hz)	8	8	8	8	8	8	8	10.00
BASIS OF DESIGN	MANUFACTURER	IAC	IAC	IAC	IAC	AC	LAC .	IAC	8
	MODEL	HLFL	HLFL	HLTL	HLFL	HLFL	HLFL		AC .
	NOTES				(Consta	115(F	nur .	REFL	HLFL

	H-9	H-10	H-11	H-12
	MECH RM	MECH RM	MECH RM	MECH RM
	SAHU-2E	SAHU-3W	SAHU-2	SAHU-5 DUCT
	DUCT	MULTI MAN.	MULTI MAN.	DUCT
	3,500	54,000	54,000	34,000
1	100	960	960	600
	50	35	35	35
	12	12	12	12
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	55	-	-	125
1	ARMSTRONG	ARMSTRONG	ARMSTRONG	ARMSTRONG
i	1200	1400	1400	1400
Ì	[3]	[2, 3]	[2, 3]	[3] /1

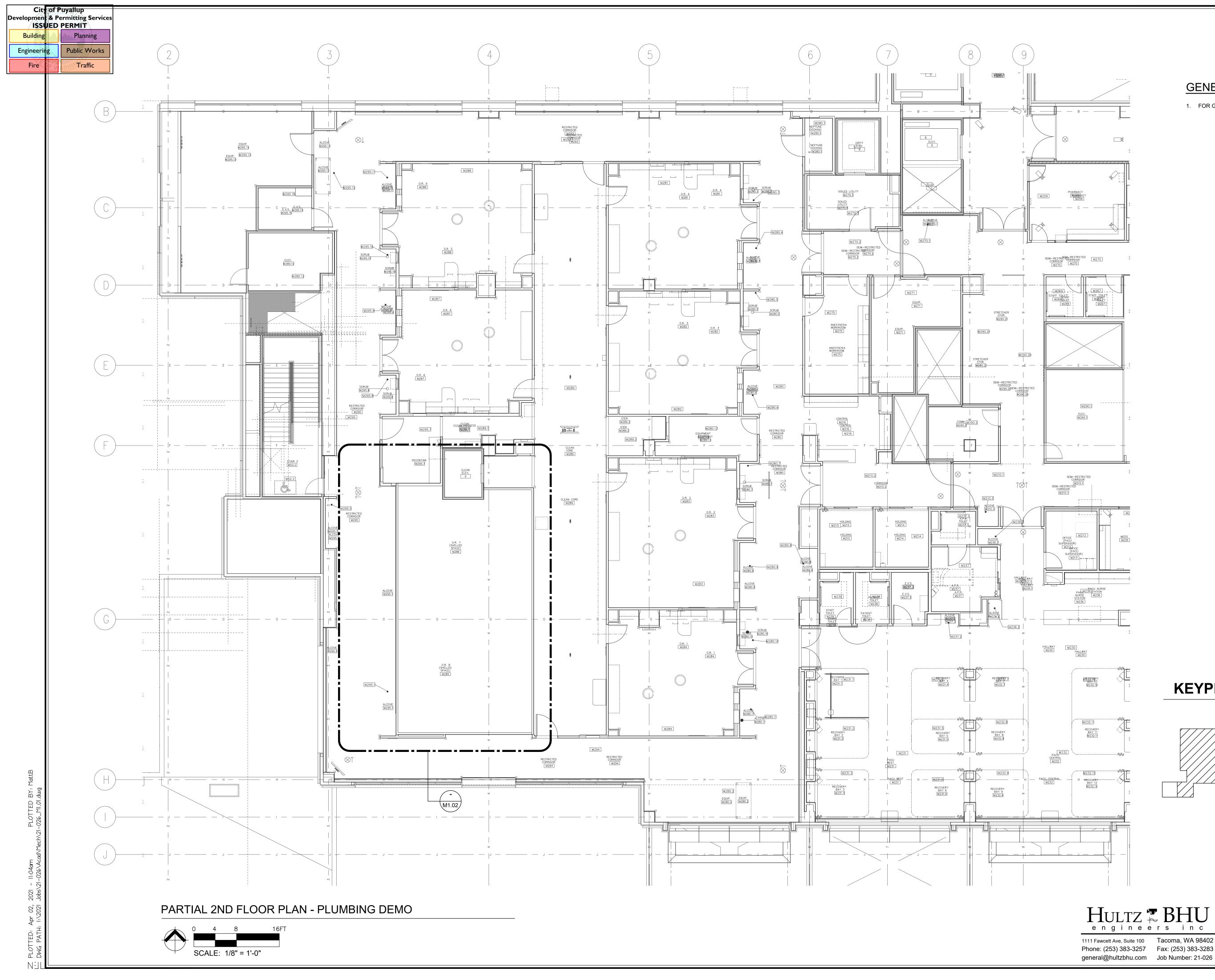
NOTE: THESE SCHEDULES ARE FOR EXISTING UNITS INSTALLED IN 2008 AS PART OF A SHELL AND CORE PROJECT. SHOWN FOR CONTRACTOR'S INFORMATION.

A



Phone: (253) 383-3257 Fax: (253) 383-3283 general@hultzbhu.com Job Number: 21-026

 \cup InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 SIGNED 4-2-2021 OWNER: MultiCare 🕰 Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION DESIGN 3/19/2021 DEVELOPMENT 4/2/2021 PERMIT SET 31232 PROJECT NO. DRAWN BY: 2 APRIL 2021 DATE: COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: EXISTING EQUIPMENT MECHANICAL SCHEDULES SHEET #: M0.04

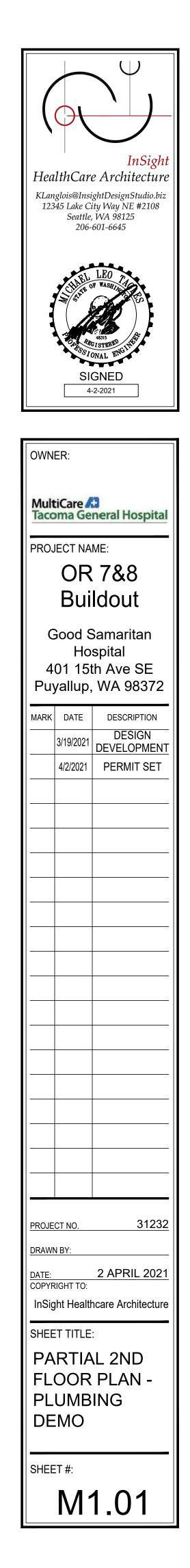


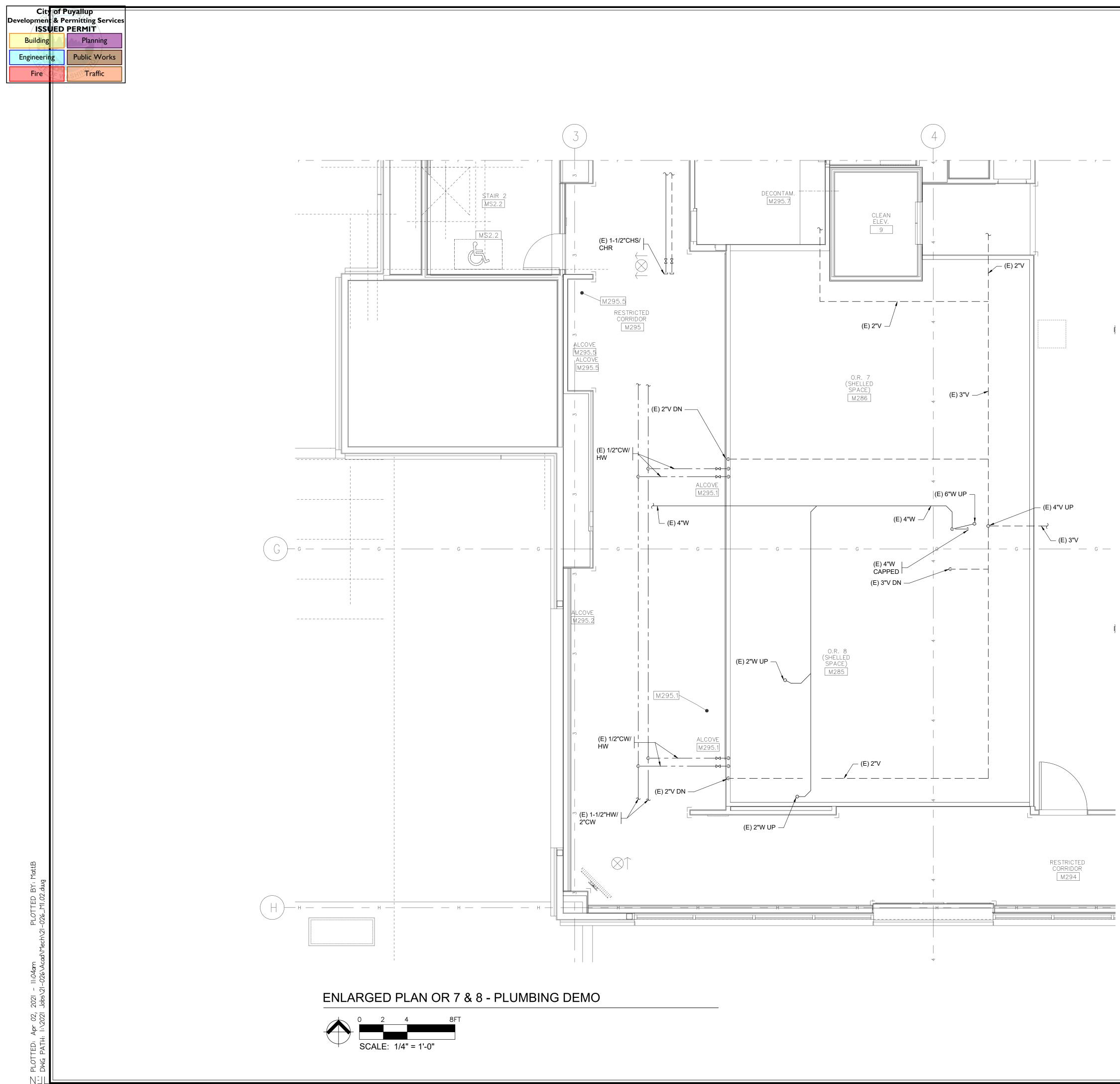
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1. FOR GENERAL DEMOLITION NOTES SEE SHEET M0.02.





GENERAL NOTES:

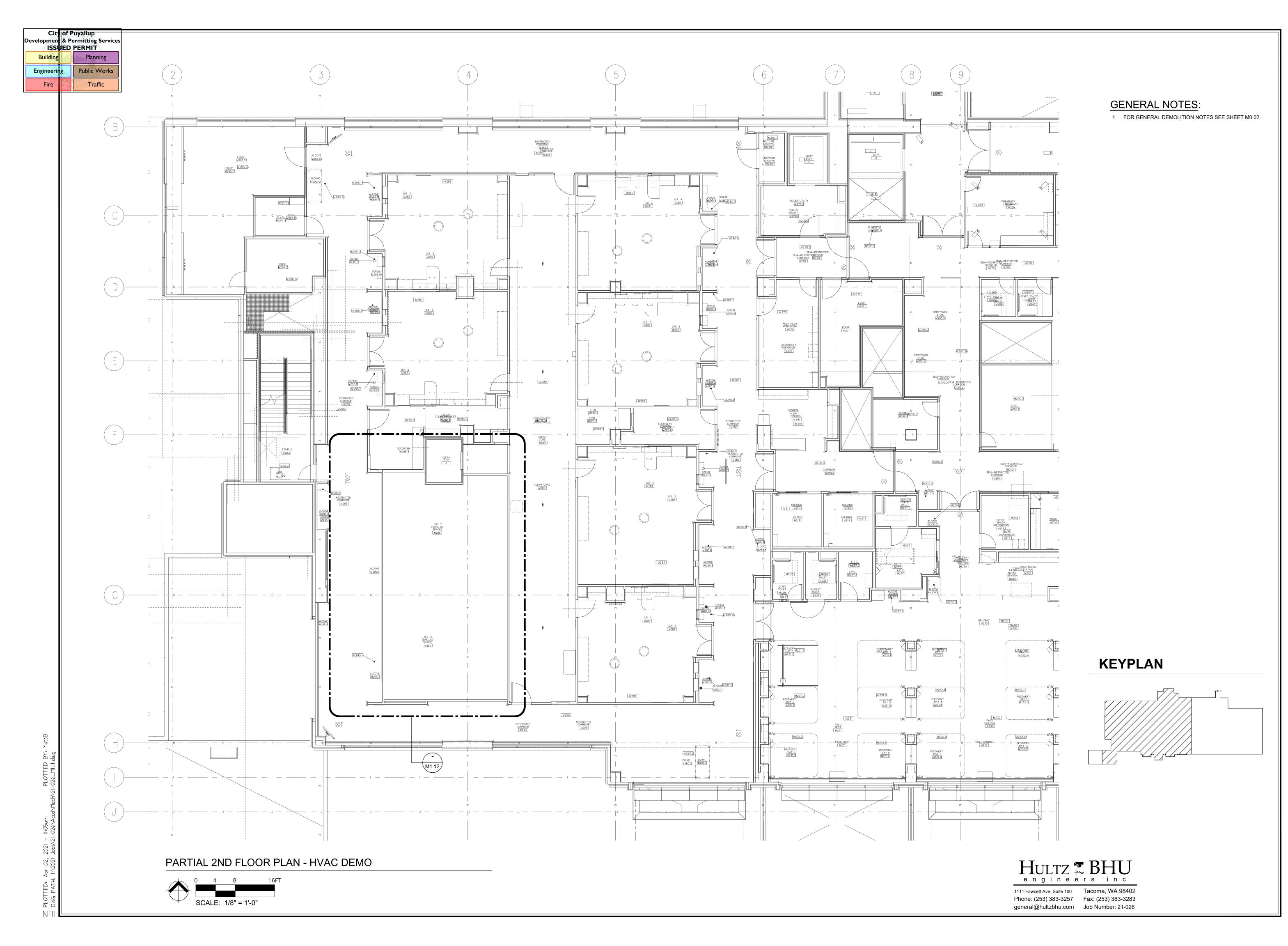
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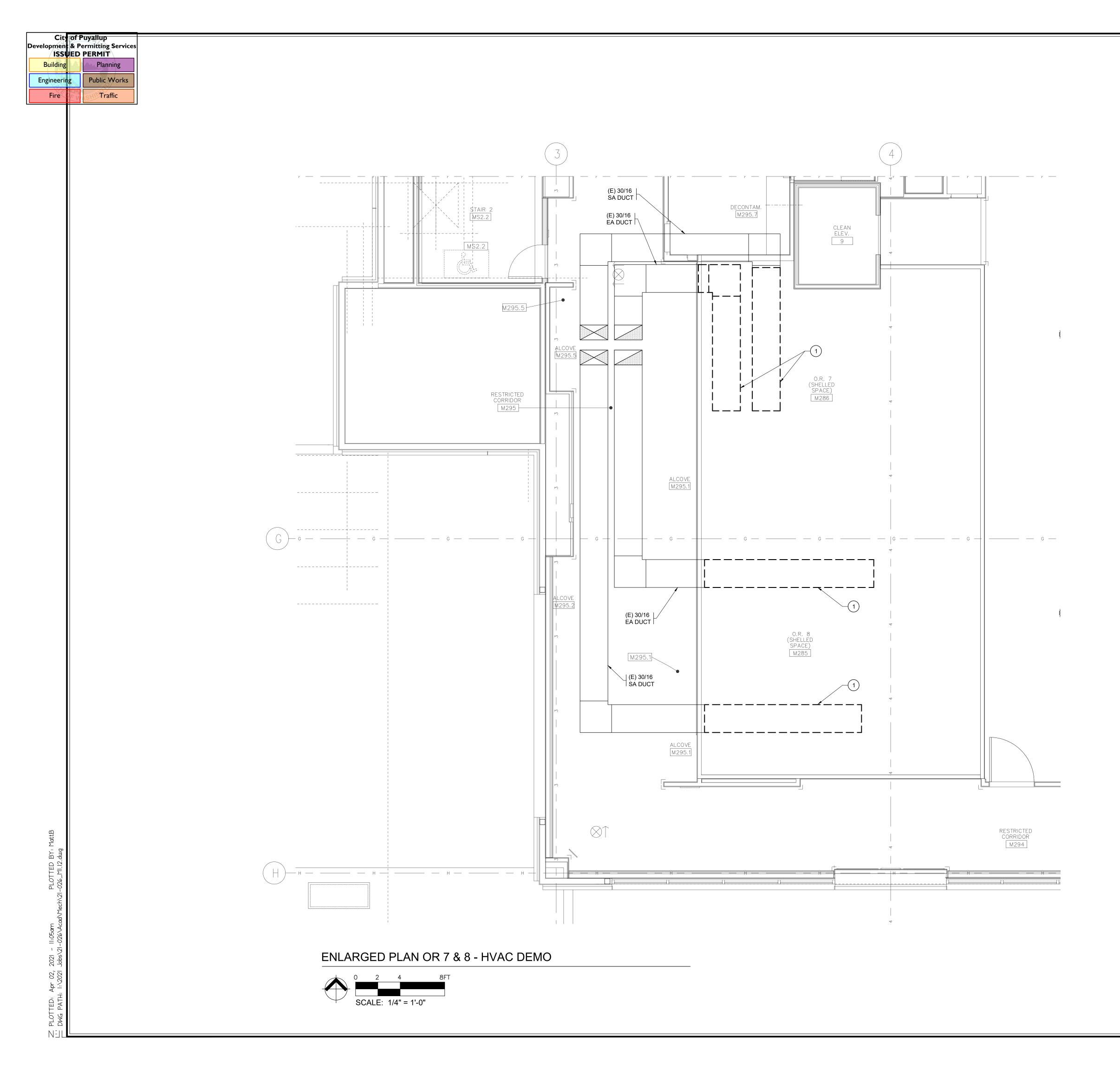
1111 Fawcett Ave, Suite 100 Tacoma, WA 98402 Phone: (253) 383-3257 Fax: (253) 383-3283 general@hultzbhu.com Job Number: 21-026 TT

1. FOR GENERAL DEMOLITION NOTES SEE SHEET M0.02.

KLanglois@Insi 12345 Lake Ch Seattle, 206-	InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 206-601-6645 SIGNED 4-2-2021								
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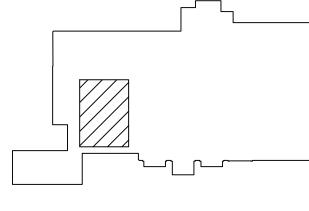
GENERAL NOTES:

1. FOR GENERAL DEMOLITION NOTES SEE SHEET M0.02.

KEYED NOTES:

1 REMOVE (E) DUCTWORK AND ASSOCIATED SUPPORTS & ACCESSORIES.

KEYPLAN



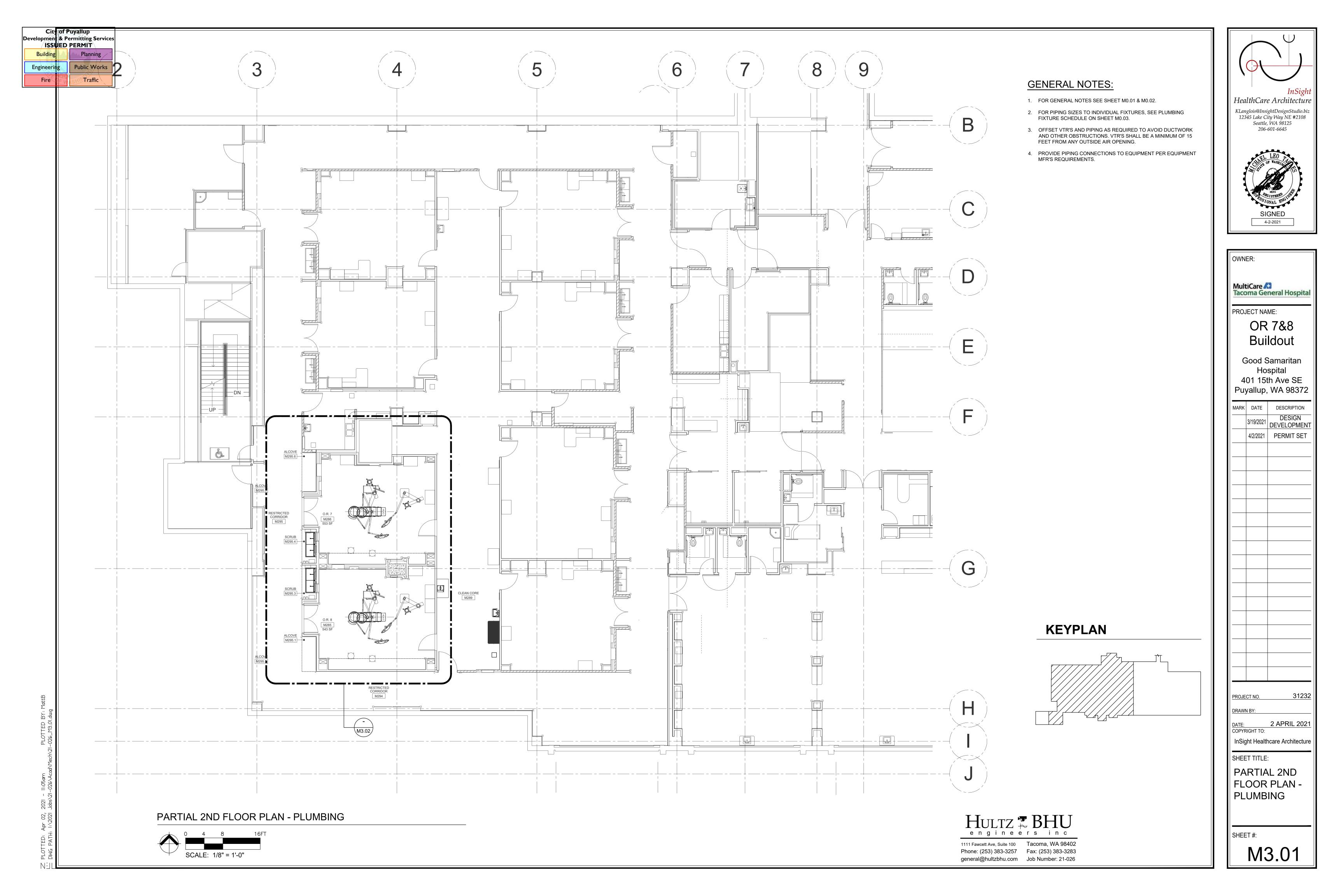


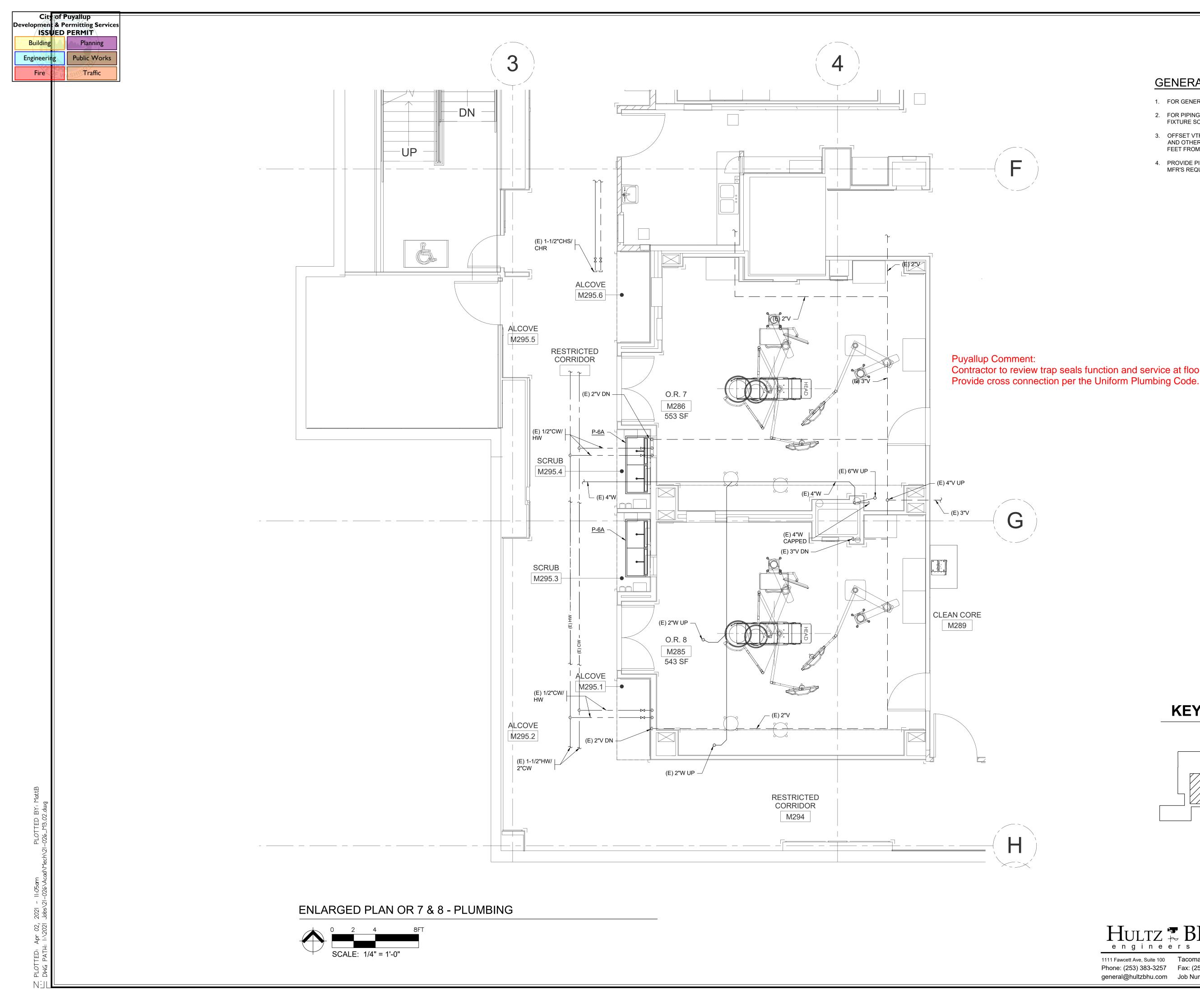
 1111 Fawcett Ave, Suite 100
 Tacoma, WA 98402

 Phone: (253) 383-3257
 Fax: (253) 383-3283

 general@hultzbhu.com
 Job Number: 21-026

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206-601-6645	HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108
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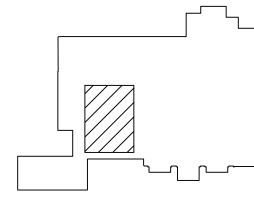


GENERAL NOTES:

- 1. FOR GENERAL NOTES SEE SHEET M0.01 & M0.02.
- FOR PIPING SIZES TO INDIVIDUAL FIXTURES, SEE PLUMBING FIXTURE SCHEDULE ON SHEET M0.03.
- OFFSET VTR'S AND PIPING AS REQUIRED TO AVOID DUCTWORK AND OTHER OBSTRUCTIONS. VTR'S SHALL BE A MINIMUM OF 15 FEET FROM ANY OUTSIDE AIR OPENING.
- PROVIDE PIPING CONNECTIONS TO EQUIPMENT PER EQUIPMENT MFR'S REQUIREMENTS.

Contractor to review trap seals function and service at floor drains.

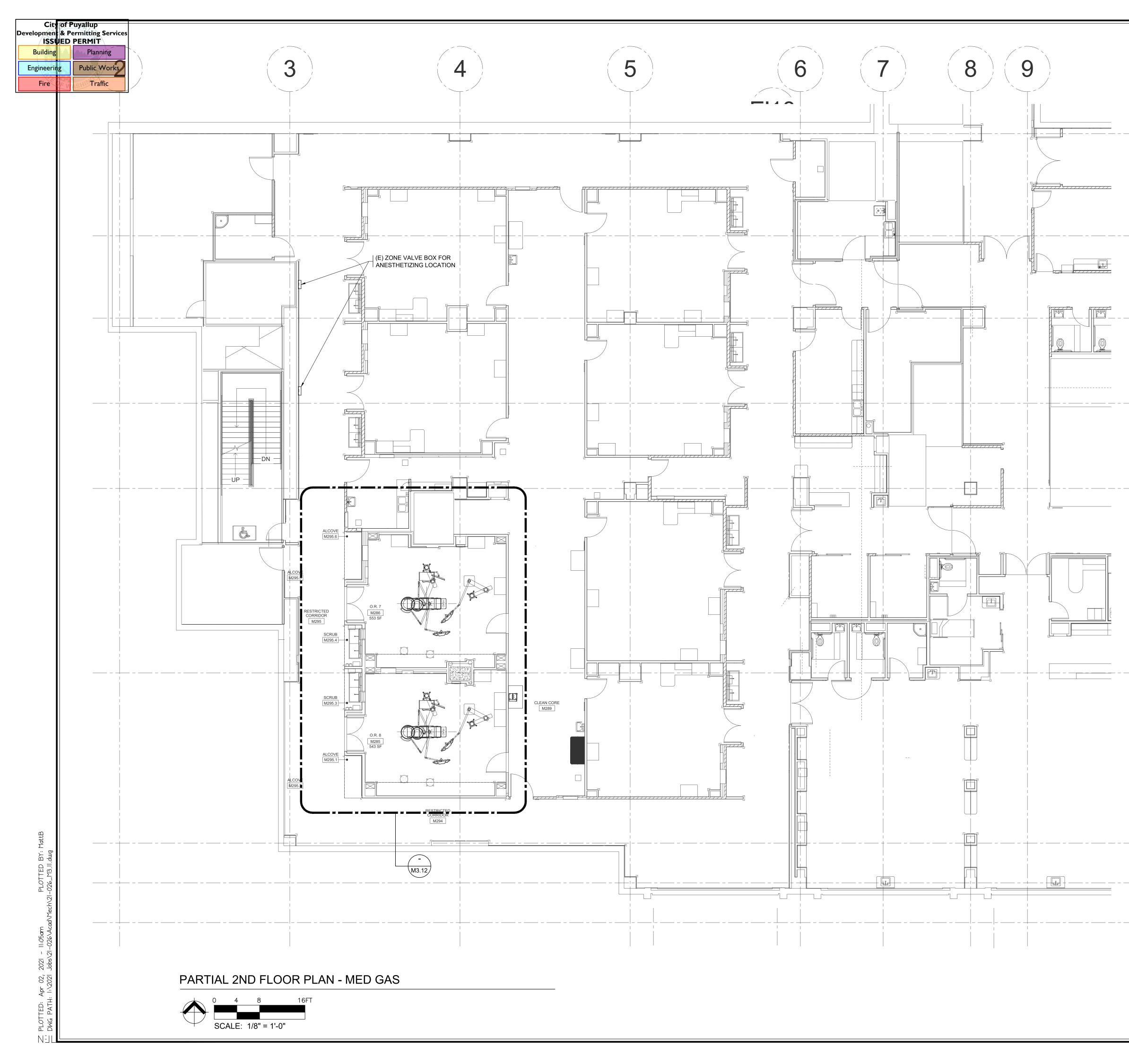
KEYPLAN





Phone: (253) 383-3257 Fax: (253) 383-3283 general@hultzbhu.com Job Number: 21-026

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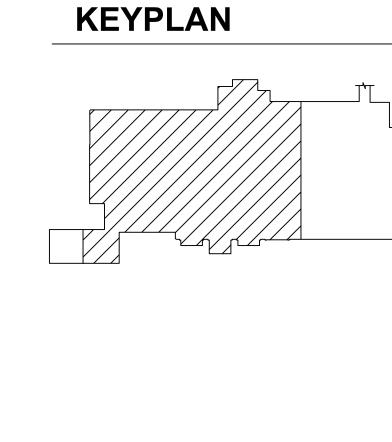


GENERAL NOTES:

- 1. FOR GENERAL NOTES SEE SHEET M0.01 & M0.02.
- 2. MEDICAL GAS SYSTEM SHALL COMPLY WITH NFPA 99 AS A LEVEL 1 PIPED SYSTEM.
- 3. CONTRACTOR SHALL PROVIDE 3RD PARTY MEDICAL GAS LINE VERIFICATION REPORT. PRELIMINARY TESTING PARTY: MEDICAL GAS SERVICES: 425-877 9623

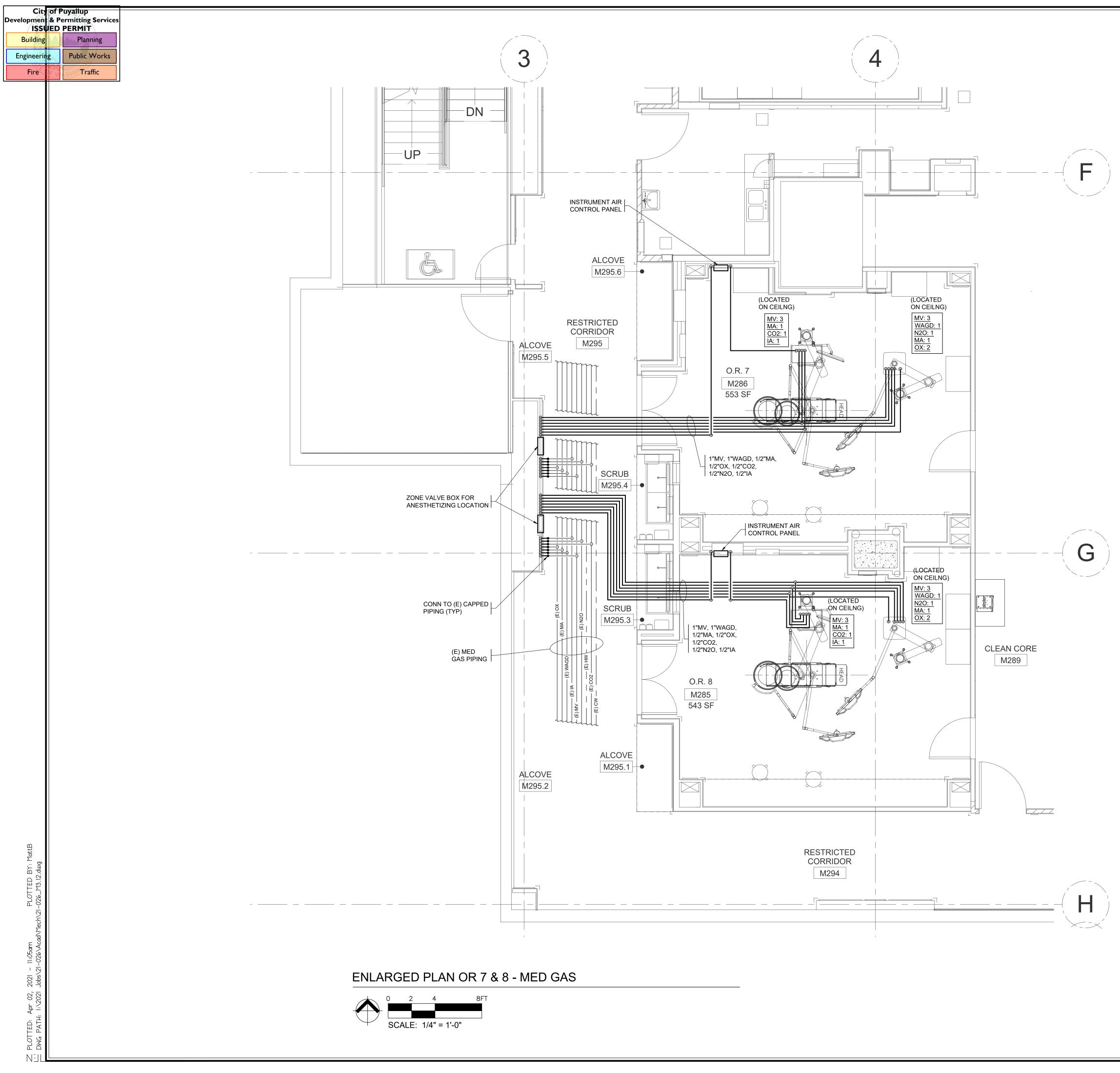
KEYED NOTES:

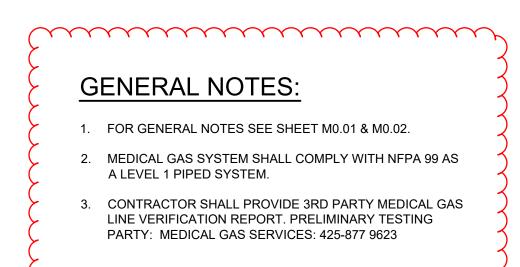
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InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 SIGNED 4-2-2021 OWNER: MultiCare 🖧 Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION DESIGN 3/19/2021 DEVELOPMENT 4/2/2021 PERMIT SET 31232 PROJECT NO. DRAWN BY: 2 APRIL 2021 DATE: COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: PARTIAL 2ND FLOOR PLAN -MED GAS SHEET #: M3.11



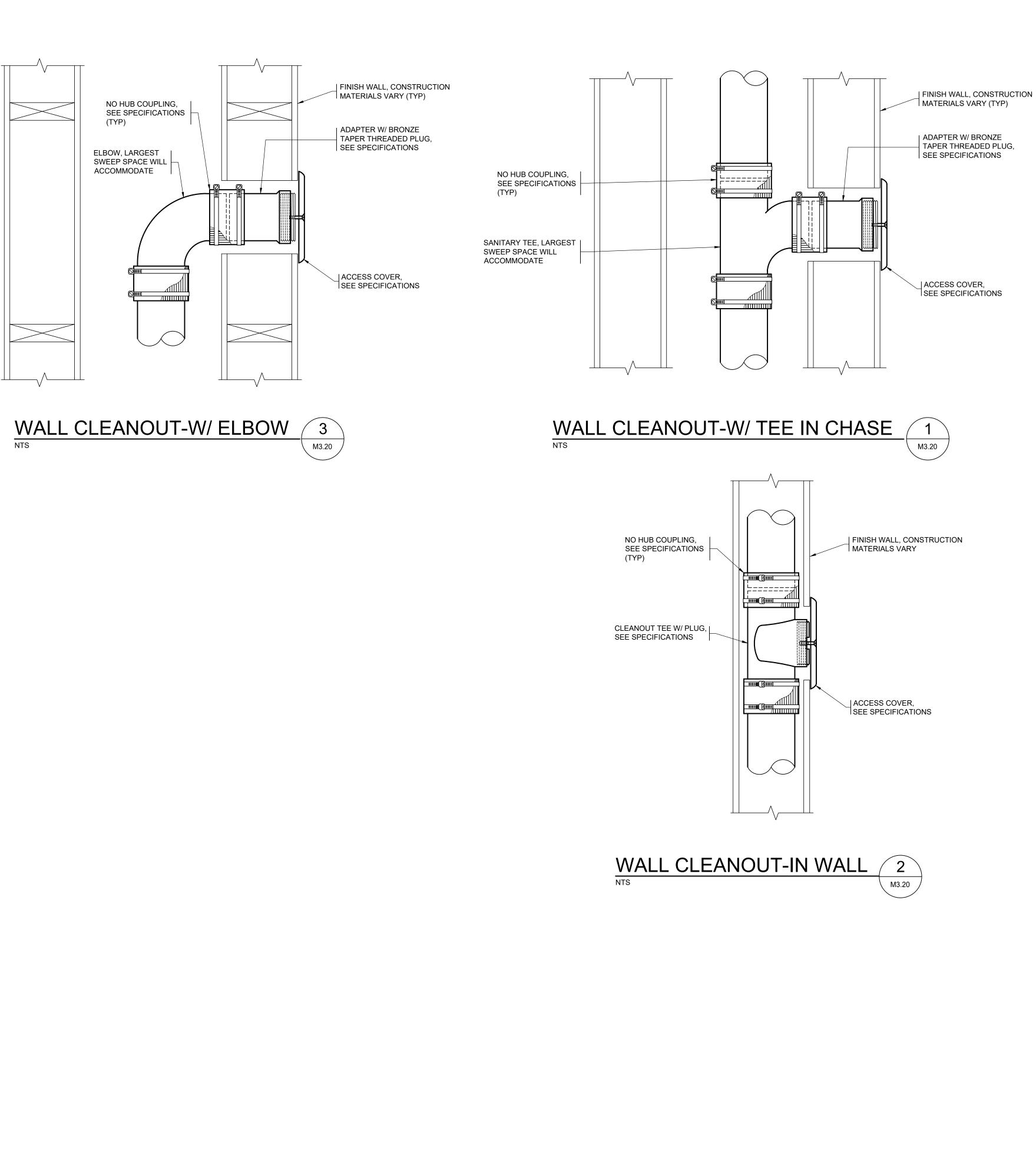


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1111 Fawcett Ave, Suite 100	Tacoma, WA 98402
Phone: (253) 383-3257	Fax: (253) 383-3283
general@hultzbhu.com	Job Number: 21-026

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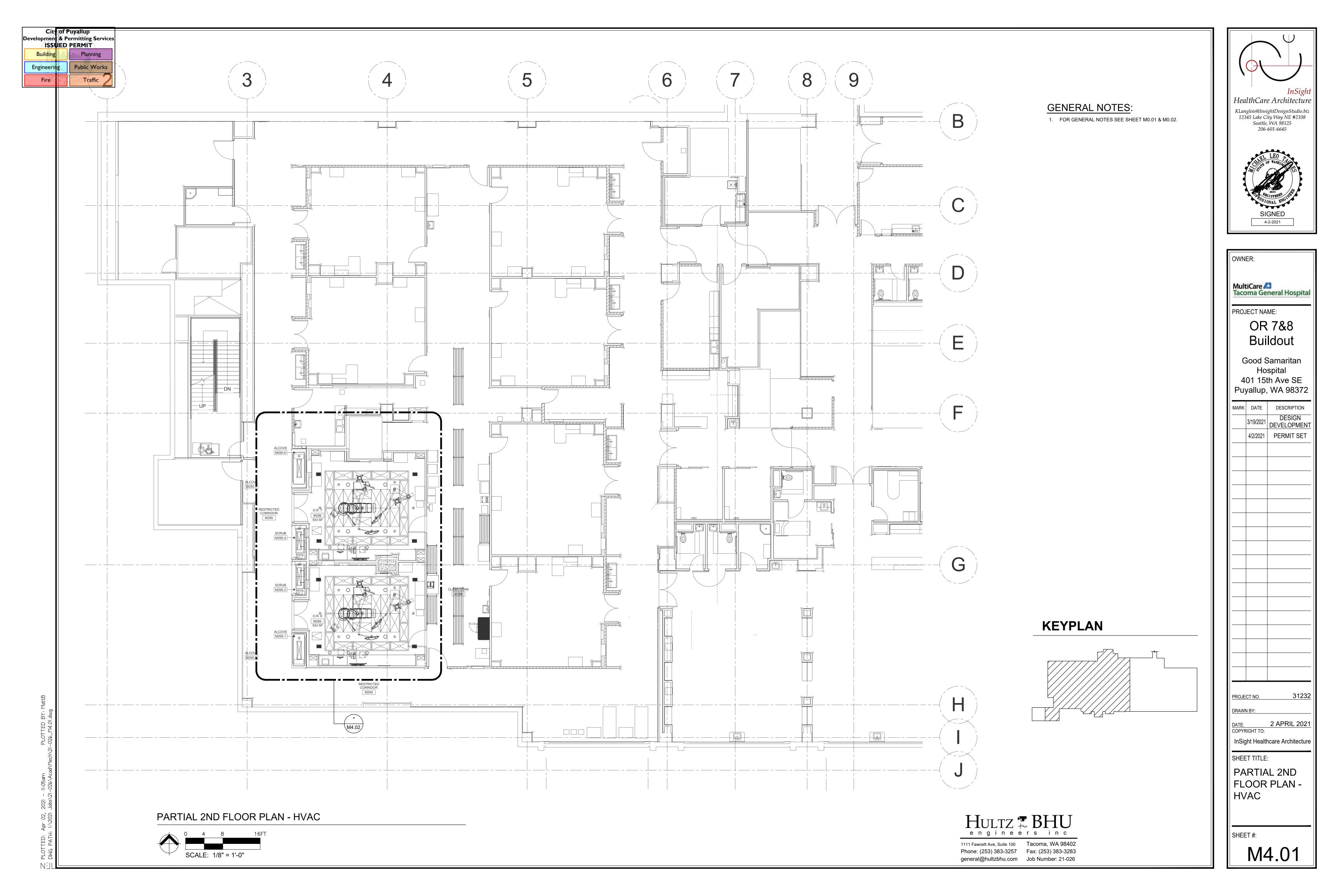
City of Puyallup Development & Permitting Services ISSUED PERMIT	
Building	Planning
Engineering	Public Works
Fire	Traffic

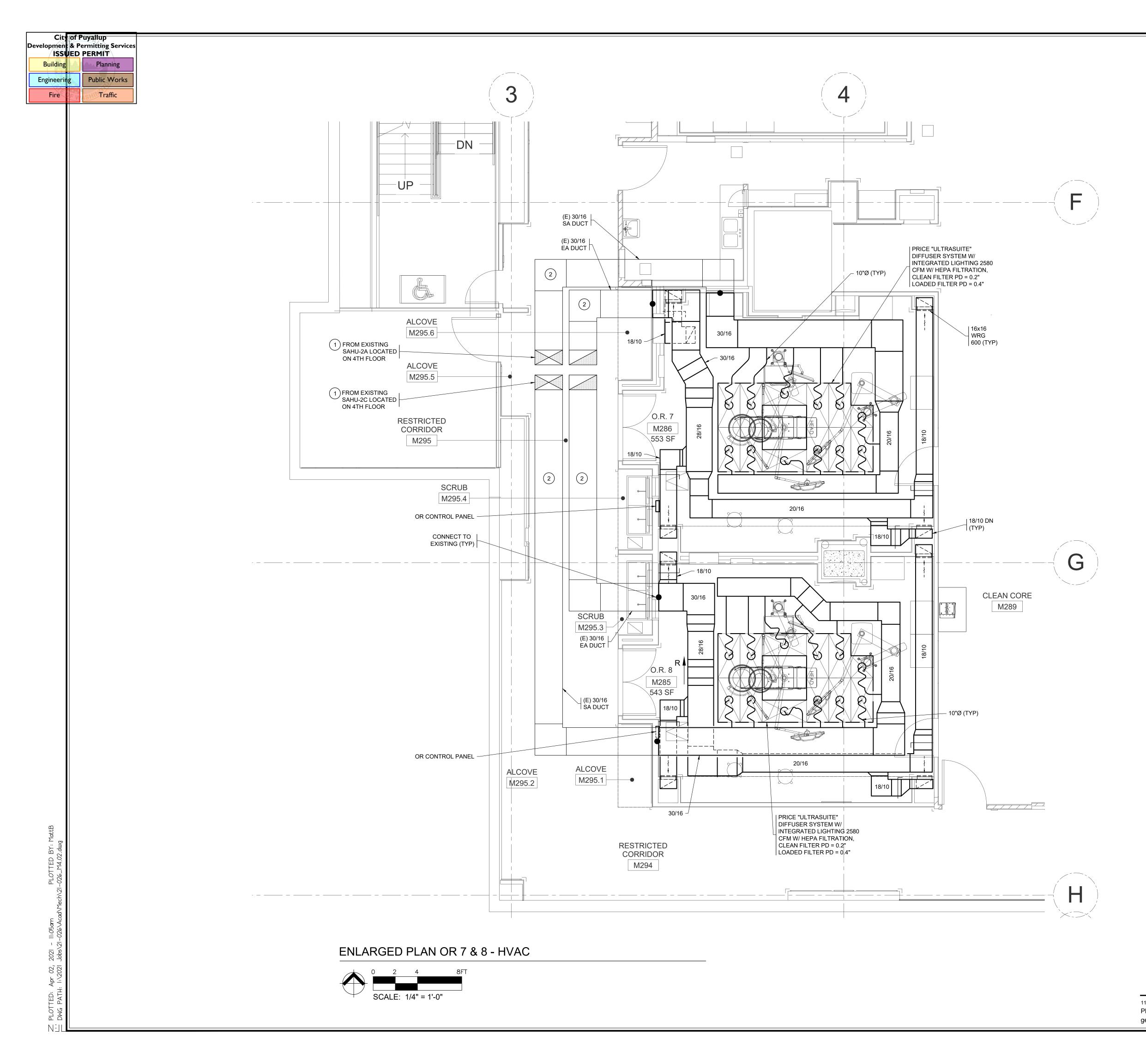


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1111 Fawcett Ave, Suite 100 Tacoma, WA 98402 Phone: (253) 383-3257 Fax: (253) 383-3283 general@hultzbhu.com Job Number: 21-026

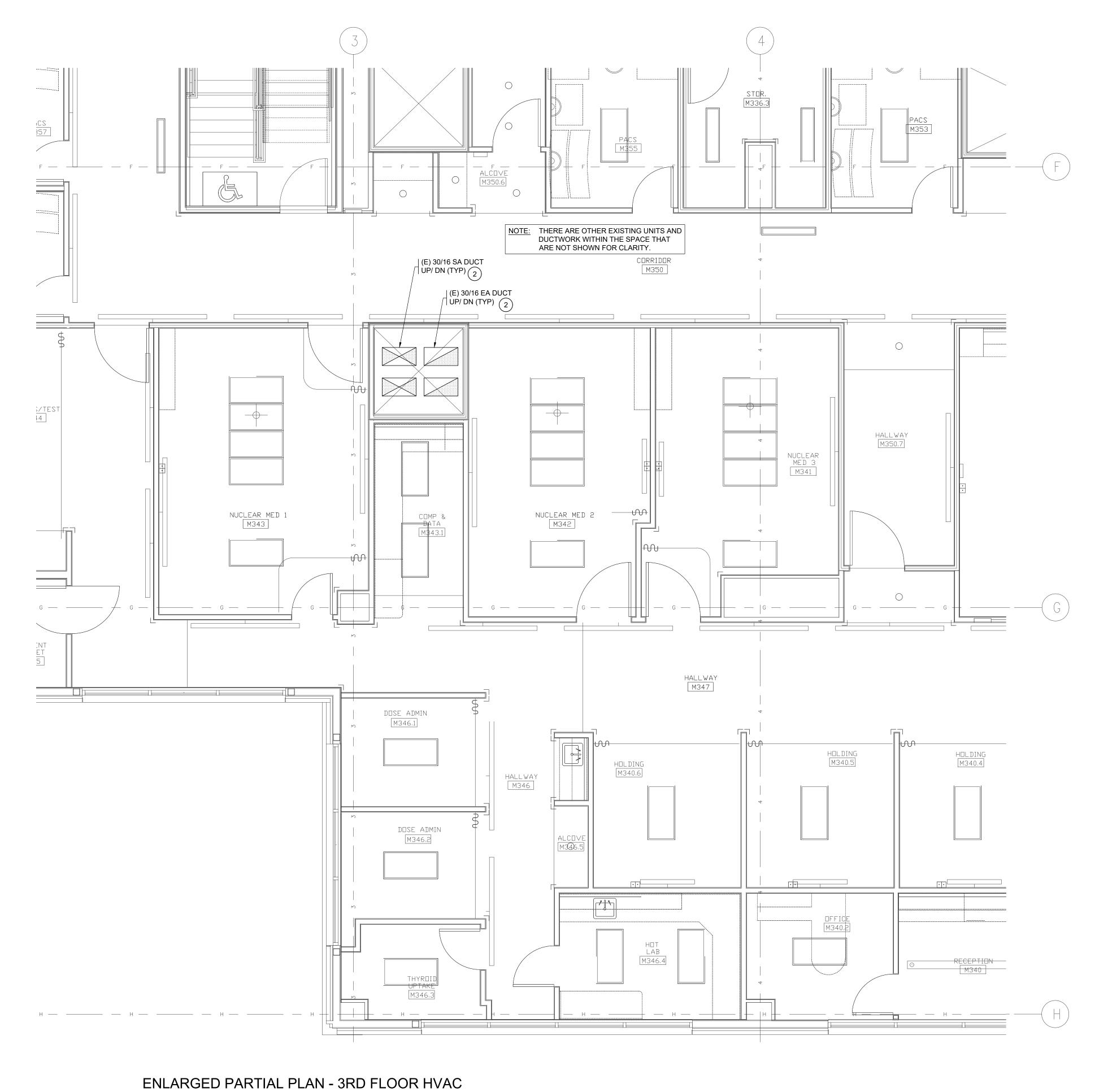
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OWNER:			
MultiCare Control Hospital PROJECT NAME: OR 7&8 Buildout			
Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372			
MARK DATE DESCRIPTION 3/19/2021 DESIGN 4/2/2021 PERMIT SET			
PROJECT NO. 31232 DRAWN BY:			
DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: PLUMBING DETAILS			
SHEET #: M3.20			





InSight *HealthCare Architecture* **GENERAL NOTES:** KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 1. FOR GENERAL NOTES SEE SHEET M0.01 & M0.02. Seattle, WA 98125 206-601-6645 **KEYED NOTES:** 1 EXISTING HVAC UNITS WERE INSTALLED IN 2008 AS PART OF A SHELL AND CORE PROJECT. EXISTING UNITS ARE MANUFACTURED BY HAAKON. CONTRACTOR SHALL OBTAIN NEW START-UP/ RECOMMISSIONING BY SIGNED MANUFACTURER. WORK INCLUDES UNIT WITH 4-2-2021 PRE-FILTERS, SOUND ATTENUATOR, HEAT RECOVERY COIL, HYDRONIC PRE-HEAT COIL, COOLING COIL, FAN, FINAL FILTERS, REHEAT COIL. 2 PROVIDE PROFESSIONAL DUCT CLEANING OF EXISTING DUCTWORK, FROM OR, TO EXISTING OWNER: HVAC UNITS, ALSO, PROVIDE COMPLETE CLEANING OF EXISTING HVAC UNITS. CLEAN UNIT INSIDE AND OUT. PROVIDE BALANCING OF ALL COMPONENTS. MultiCare 🔂 Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION DESIGN 3/19/2021 DEVELOPMENT 4/2/2021 PERMIT SET KEYPLAN 31232 PROJECT NO. DRAWN BY: 2 APRIL 2021 DATE: COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: ENLARGED PLAN OR 7 & 8 -HVAC HULTZ = BHU engineers inc SHEET #: 1111 Fawcett Ave, Suite 100 Tacoma, WA 98402 M4.02 Phone: (253) 383-3257 Fax: (253) 383-3283 general@hultzbhu.com Job Number: 21-026

Development 8	k Pe	uyallup rmitting Services PERMIT
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0 2 4 8FT

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

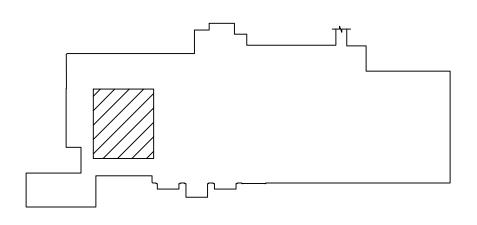
GENERAL NOTES:

1. FOR GENERAL NOTES SEE SHEET M0.01 & M0.02.

KEYED NOTES:

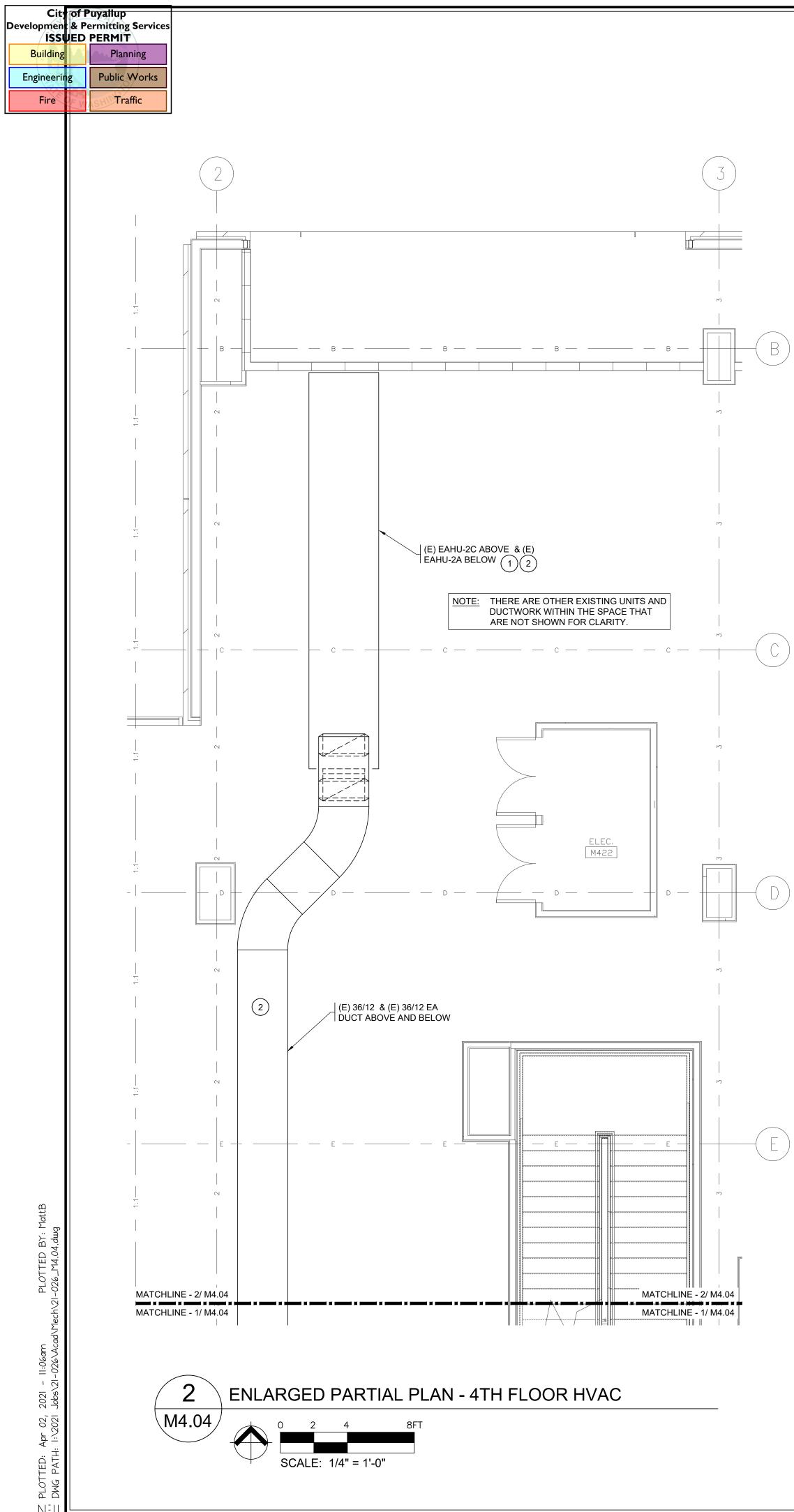
- 1 NOT USED.
- 2 PROVIDE PROFESSIONAL DUCT CLEANING OF EXISTING DUCTWORK, FROM OR, TO EXISTING HVAC UNITS, ALSO, PROVIDE COMPLETE CLEANING OF EXISTING HVAC UNITS. CLEAN UNIT INSIDE AND OUT. PROVIDE BALANCING OF ALL COMPONENTS.

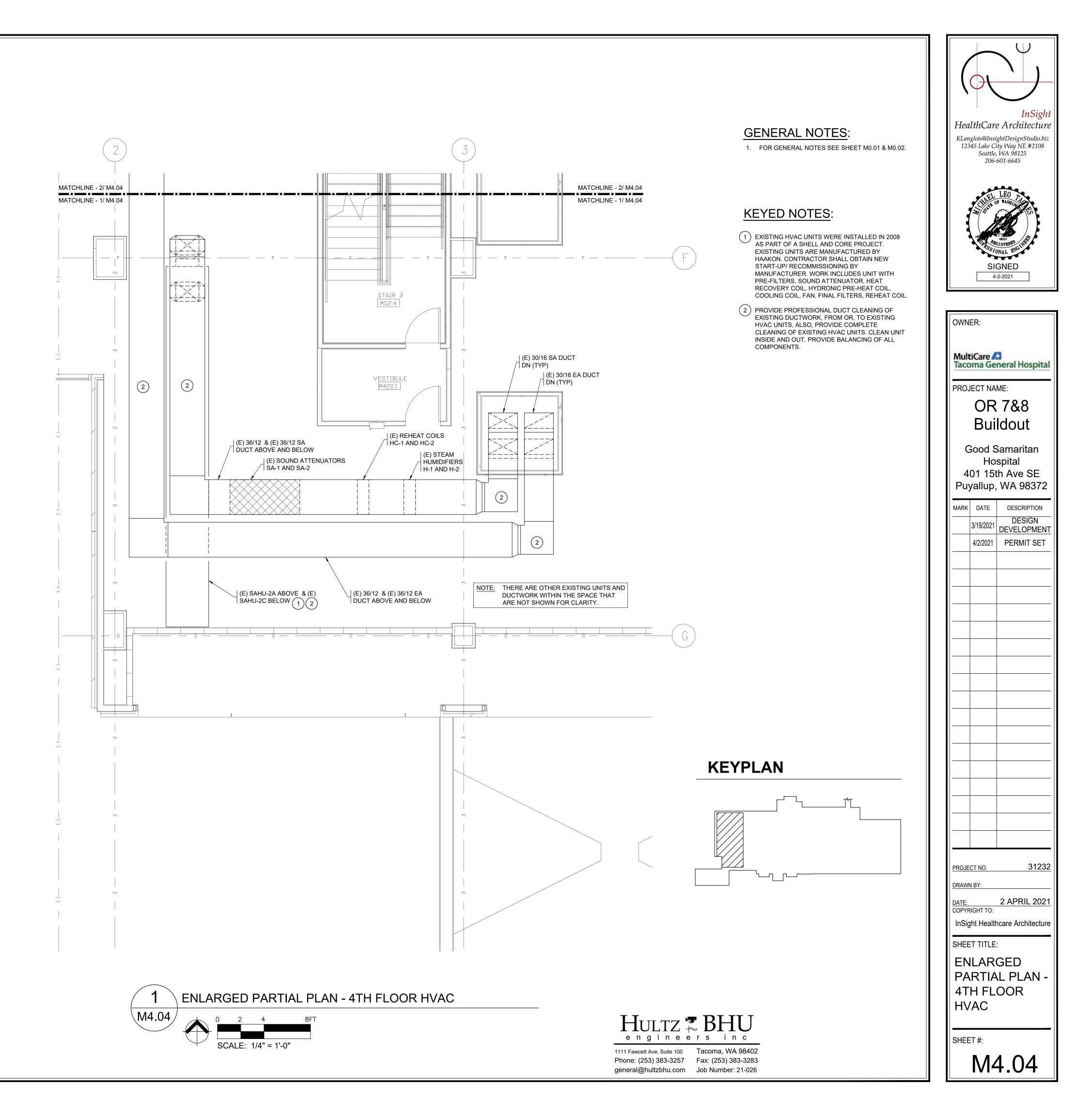
KEYPLAN

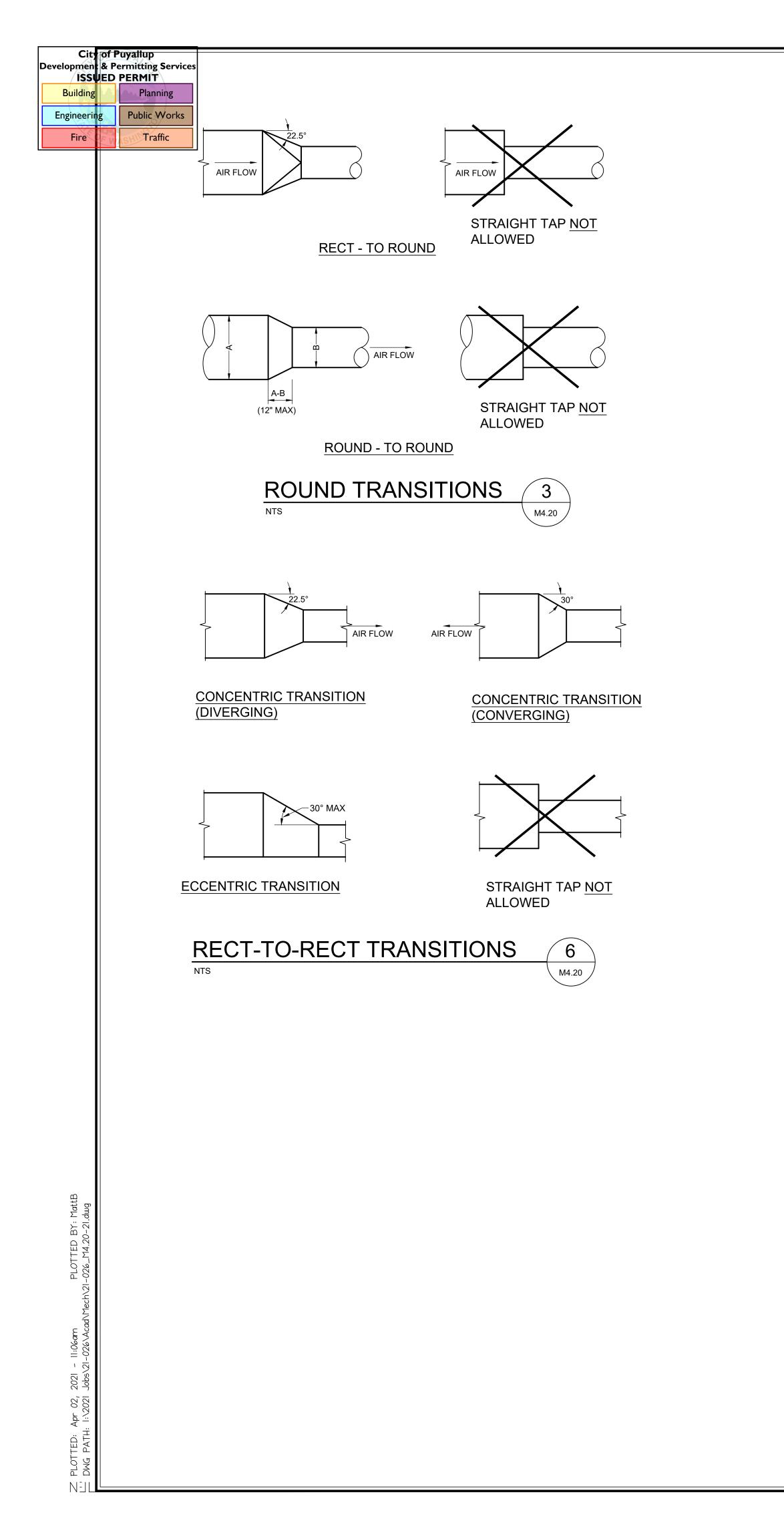


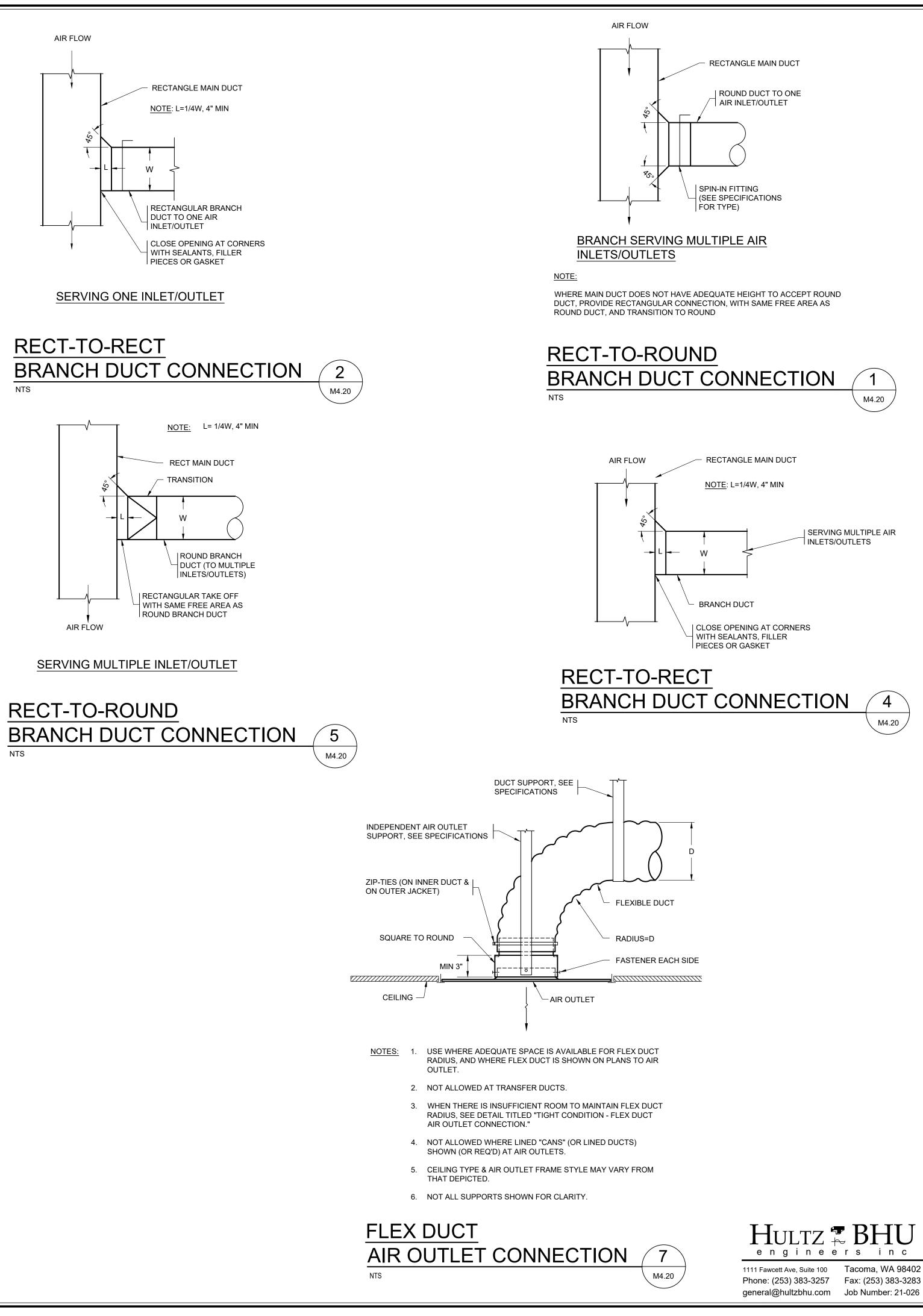


InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 UNITION OF TASE OF THE DESIGN
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ENLARGED PARTIAL PLAN - 3RD FLOOR HVAC SHEET #: M4.03









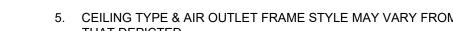
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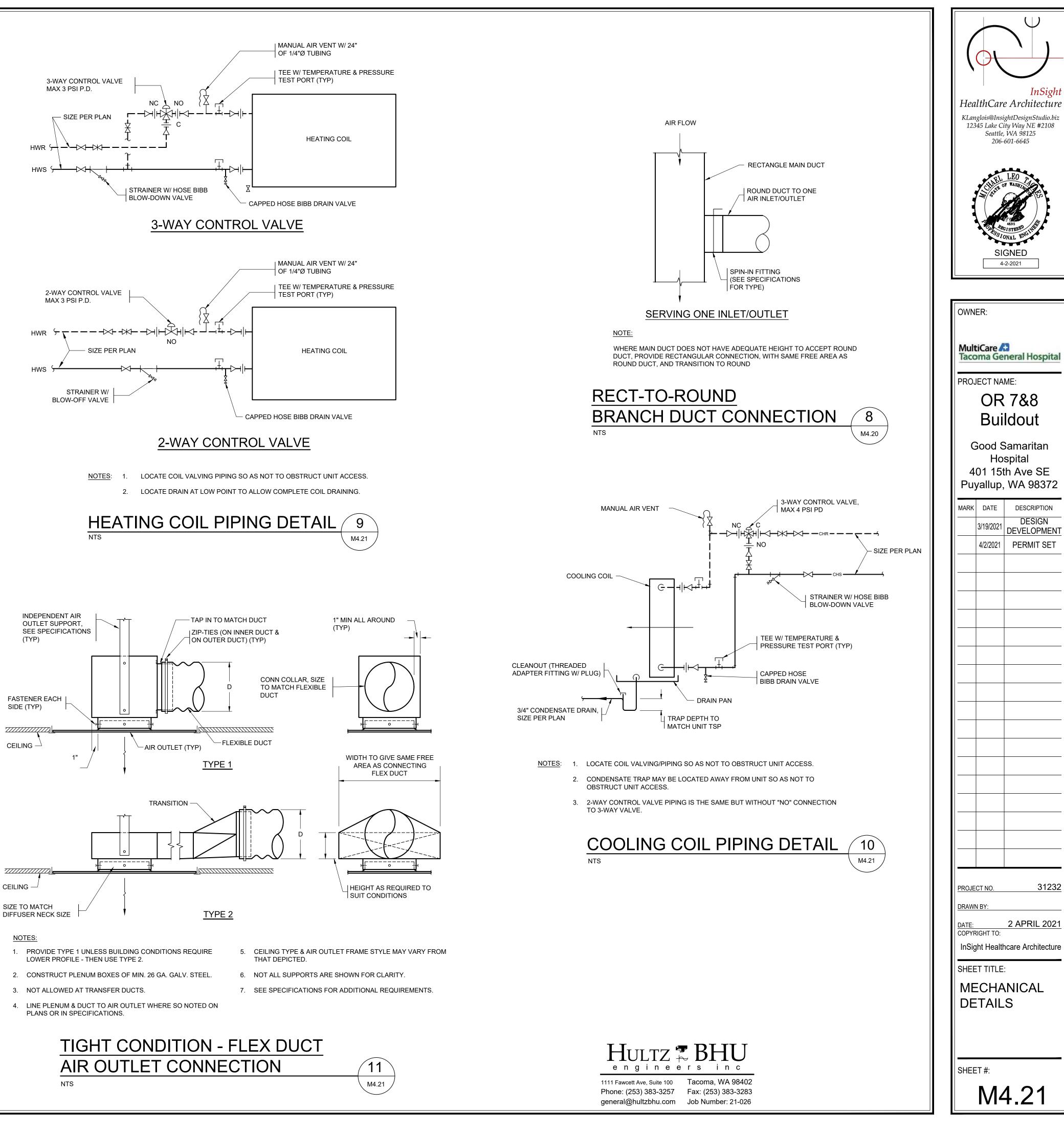
City of Puyallup Development & Permitting Services ISSUED PERMIT			
Building	Planning		
Engineering	Public Works		
Fire	Traffic		



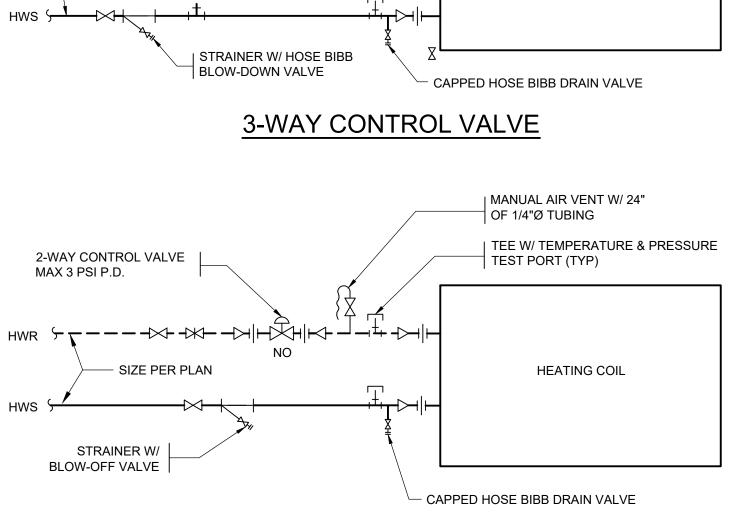
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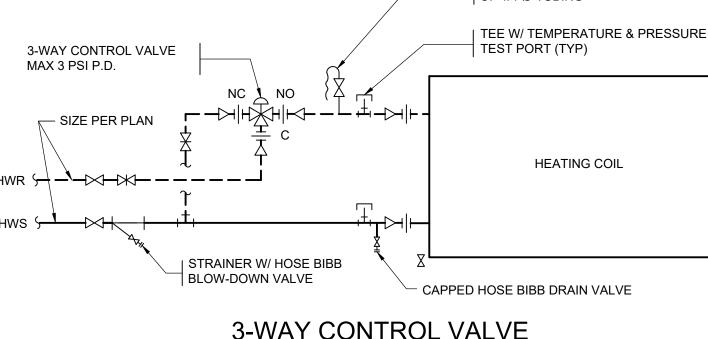
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- NOTES:

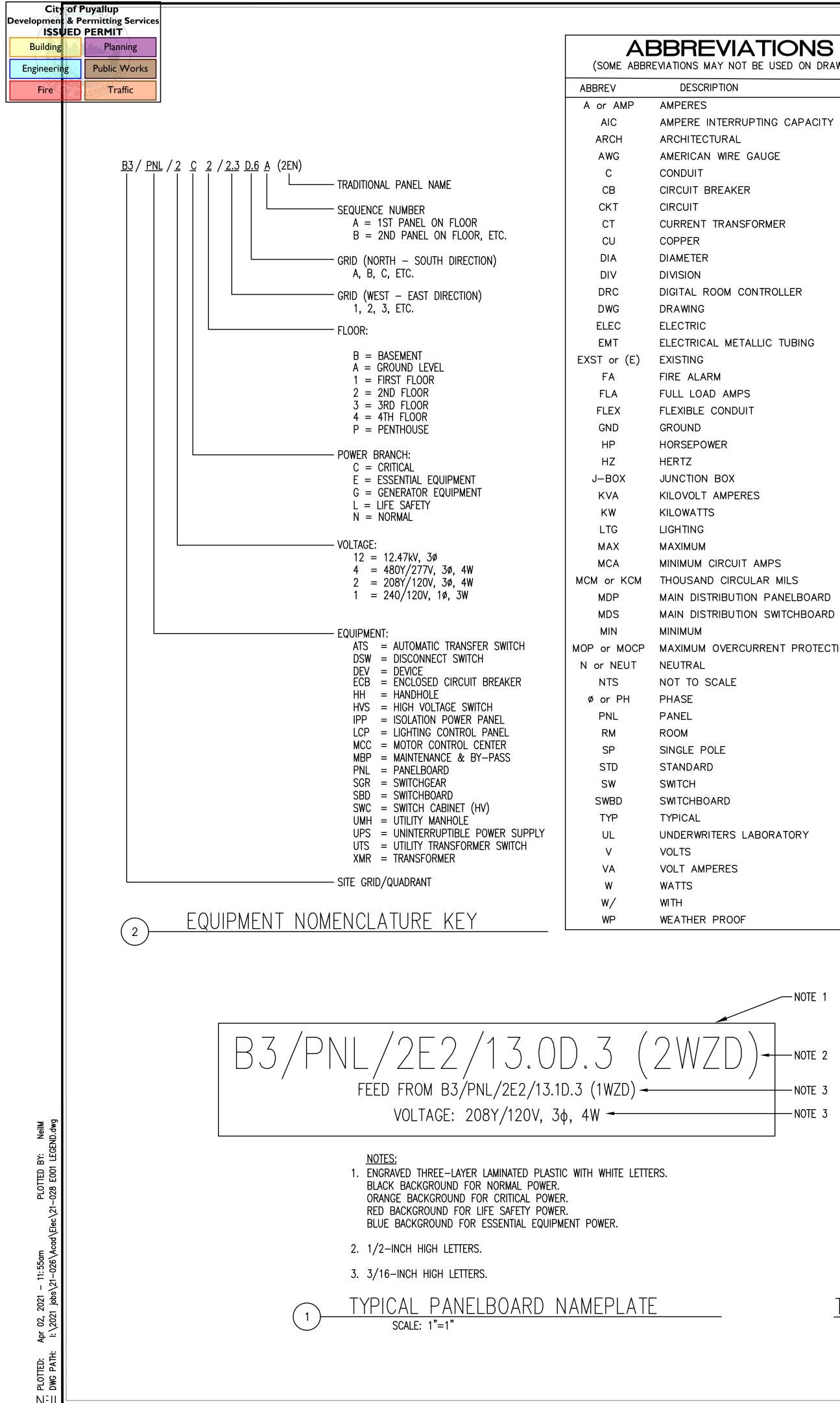




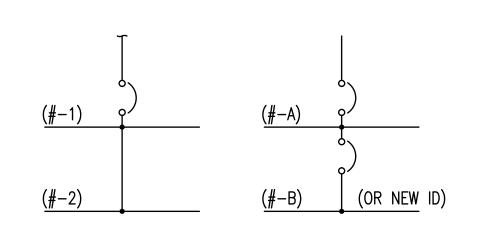








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T AMPS SULAR MILS ION PANELBOARD ION SWITCHBOARD		MAGNETIC MOTOR STARTER OR OTHER MOTOR CONTROL DEVICE AS SCHEDULED		CALLOUTS
T AMPS SULAR MILS ION PANELBOARD ION SWITCHBOARD	\square	DRY TYPE TRANSFORMER	200-4-G	FEEDER CALLOUT X-Y-Z. SEE SCHEDULE.
ULAR MILS ON PANELBOARD ON SWITCHBOARD	111/00	CROSS LINES INDICATE NUMBER OF CONDUCTORS IF MORE THAN TWO WIRE CIRCUIT. LONG DENOTES	200/150-3P	DEVICE SIZE / FUSE OR TRIP RATING - No. OF POLES
CULAR MILS ION PANELBOARD ION SWITCHBOARD		NEUTRAL. DOT DENOTES GROUND. DOTTED HASH	XXX	FIXTURE SYMBOL
CULAR MILS ION PANELBOARD ION SWITCHBOARD		MARK INDICATES ISOLATED GROUND. CONDUIT IS 1/2" AND CONDUCTOR IS #12 AWG UNLESS	Ŧ	BUBBLE NOTE TAG SYMBOL:
CULAR MILS ION PANELBOARD ION SWITCHBOARD		OTHERWISE NOTED OR SCHEDULED. ONLY BRANCH		 # – IDENTIFYING NUMBER CONDUIT OR FEEDER SYMBOL: (SEE RACEWAY SCH
ION PANELBOARD		CIRCUIT HOMERUNS ARE INDICATED WITH CONDUCTOR COUNT. SEE GENERAL ELECTRICAL	# >	# – IDENTIFYING NUMBER
ION SWITCHBOARD		NOTES.		DRAWING REVISION SYMBOL:
		WIRING CONCEALED IN CEILING OR WALL		# - IDENTIFYING NUMBER
CURRENT PROTECTION		WIRING CONCEALED UNDERGROUND OR BELOW FLOOR		SCHEDULED EQUIPMENT CONNECTION (INCLUD
	/ - ~	WIRING EXPOSED		ALL WIRING, DISCONNECTING MEANS, CONTRO AND OTHER REQUIREMENTS SCHEDULED)
		WIRING HOMERUN	#	DETAIL SYMBOL: (AS INDICATED ON DRA
		CONDUIT UP, DOWN	(#) B	# – IDENTIFYING NUMBER
	\sim	FLEXIBLE WIRING CONNECTION		B – SHEET WHERE DETAIL SHOWN
				DETAIL SYMBOL: (AS INDICATED ON DRA # — IDENTIFYING NUMBER B — SHEET WHERE DETAIL SHOWN
				REMODEL
				<u>REMODEL</u> HEAVY LINE WEIGHT = NEW WORK
				(2 X 4 LAY-IN SHOWN)
			Þ	STANDARD LINE WEIGHT = EXISTING TO REMA (RECEPTACLE SHOWN)
LABORATORY			· / / / /	CROSS HATCH LINE WORK = ELECTRICAL DEMOLITION (RECEPTACLE SHOWN)
			₩	BROKEN LINE WORK = ELECTRICAL DEMOLITIC (RECEPTACLE SHOWN)
			⊨ ⊖ (N)	STANDARD LINE WEIGHT WITH $(N) = EXISTING$ TO BE REPLACED OR MODIFIED



TYPICAL PANEL NUMBERING SEQUENCE

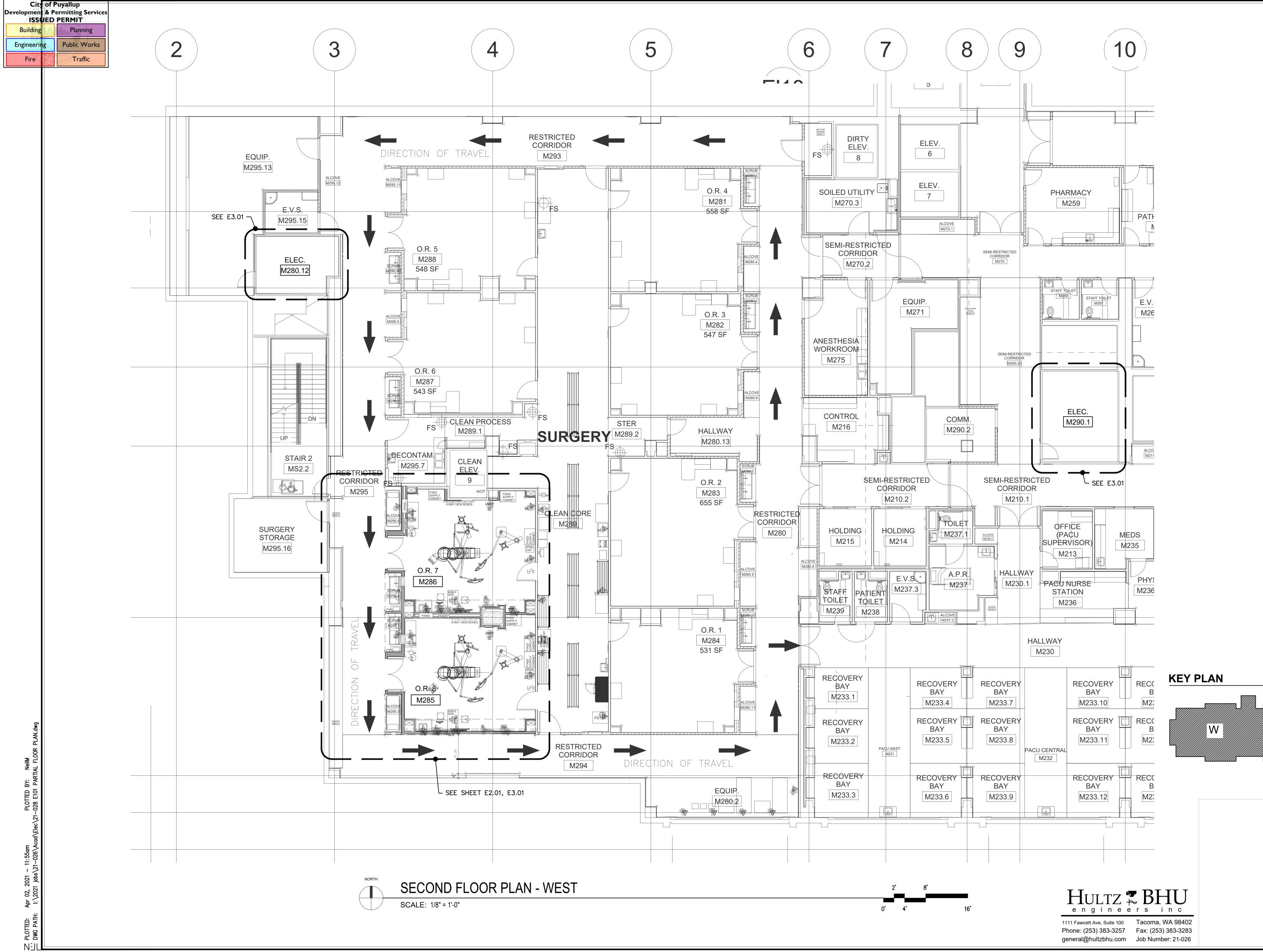
		·
	GENERAL ELECTRICAL NOTES:	$\nabla \nabla$
	1. BRANCH CIRCUIT NOTES:	
	A. VERIFY BRANCH CIRCUIT WIRE COUNT BEFORE PULLING CONDUCTORS. PROVIDE REQUIRED CONDUCTORS TO EACH	
	OUTLET AND DEVICE FOR PHASE, NEUTRAL AND EQUIPMENT GROUND BASED ON CIRCUIT DESIGNATIONS SHOWN AND AS OTHERWISE INDICATED ON PLANS OR NOTE BELOW.	InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz
TLET	B. PROVIDE SEPARATE NEUTRAL CONDUCTOR FOR BRANCH CIRCUITS SERVING RECEPTACLE OUTLETS UNLESS OTHERWISE INDICATED.	12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
VN)	2. POWER, AND MECHANICAL EQUIPMENT CONDUCTORS SHALL NOT BE COMBINED IN THE SAME RACEWAY UNLESS NOTED OTHERWISE.	STOLING OF WASHINGT
5-20R) ACLE IS ME SWITCH	3. VERIFY BACK BOX REQUIREMENTS OF EQUIPMENT FURNISHED UNDER OTHER THAN DIVISION 26 SECTIONS AND EQUIPMENT FURNISHED BY OWNER.	REGISTONAL ENGINEE
	ELECTRICAL SPECIFICATIONS:	SIGNED 02 APRIL 2021
	DIVISION 26	
	1. CONDUIT INDOOR: EMT CONDUIT FOR DRY AND DAMP LOCATIONS.	OWNER:
	 STEEL FLEXIBLE CONDUIT FOR FINAL CONNECTIONS TO RECESSED LIGHT FIXTURES AND EQUIPMENT SUBJECT TO VIBRATION OR MOVEMENT. 	MultiCare 🙃 Tacoma General Hospital
	3. EMT & FLEXIBLE CONDUIT FITTINGS: STEEL; COMPRESSION.	incontra ocherar nospital
	4. GRC & IMC FITTINGS: THREADED RIGID STEEL FITTINGS.	PROJECT NAME:
	5. CONDUCTORS: SHALL BE COPPER.	OR 7&8
SCHEDULE)	 NON-SPECIFIED ITEMS: NOT ALL ITEMS ARE SPECIFIED, BUT SHALL BE PROVIDED TO PROVIDE FULLY OPERATIONAL SYSTEMS. ALL NON-SPECIFIED ITEMS SHALL BE SUITABLE FOR HEALTHCARE AND COMMERCIAL APPLICATIONS. 	Buildout Good Samaritan
	 ALL OTHER WORK SHALL BE IN COMPLIANCE WITH EQUIPMENT SCHEDULES AND AS INDICATED AND SHALL BE PER THE MULTICARE MASTER SPECIFICATIONS FOR USE ON ALL HOSPITAL PROJECTS DATED 31 MARCH 2014. 	Hospital 401 15th Ave SE Puyallup, WA 98372
UDE ROL PRAWINGS)	8. AVOID HOT WORK WHEN POSSIBLE. IF UNAVOIDABLE USE FM GLOBAL HOT WORK PERMIT PROCESS AND USE ALL PRECAUTIONS REQUIRED TO PREVENT HOT WORK RELATED	MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT
	FIRES.	4/2/2021 PERMIT SET
RAWINGS)	DIVISION 27	
	1. COORDINATE WITH OWNER'S VENDOR TO OBTAIN PROPOSED ROUTING AND RECOMMENDED LOCATION AND SIZE OF CONDUIT SLEEVES FOR INSTALLING OPEN SIGNAL CABLES THRU FIRE RATED CONSTRUCTION, DRAFT STOPS, AND PARTITION WALLS IN ACCESSIBLE CEILING SPACES. SIZE SLEEVES WITH 25% MINIMUM	
	SPACE CAPACITY. INDICATE ON SHOP DRAWINGS FOR COORDINATION.	
EMAIN	2. REFER TO MULTICARE MASTER SPECIFICATIONS FOR USE ON ALL HOSPITAL PROJECTS.	
TION		
ING		
WN)		
		PROJECT NO. 31232 DRAWN BY:
		DATE: 2 APRIL 2021 COPYRIGHT TO:
		InSight Healthcare Architecture
		LEGEND, NOTES &
		ABBREVIATIONS
F	$\operatorname{IULTZ}_{n \text{ g i n e e r s}} \operatorname{BHU}_{i \text{ n c}}$	SHEET #:
-		

1111 Fawcett Ave, Suite 100 Tacoma, WA 98402

Phone: (253) 383-3257 Fax: (253) 383-3283

general@hultzbhu.com Job Number: 21-026

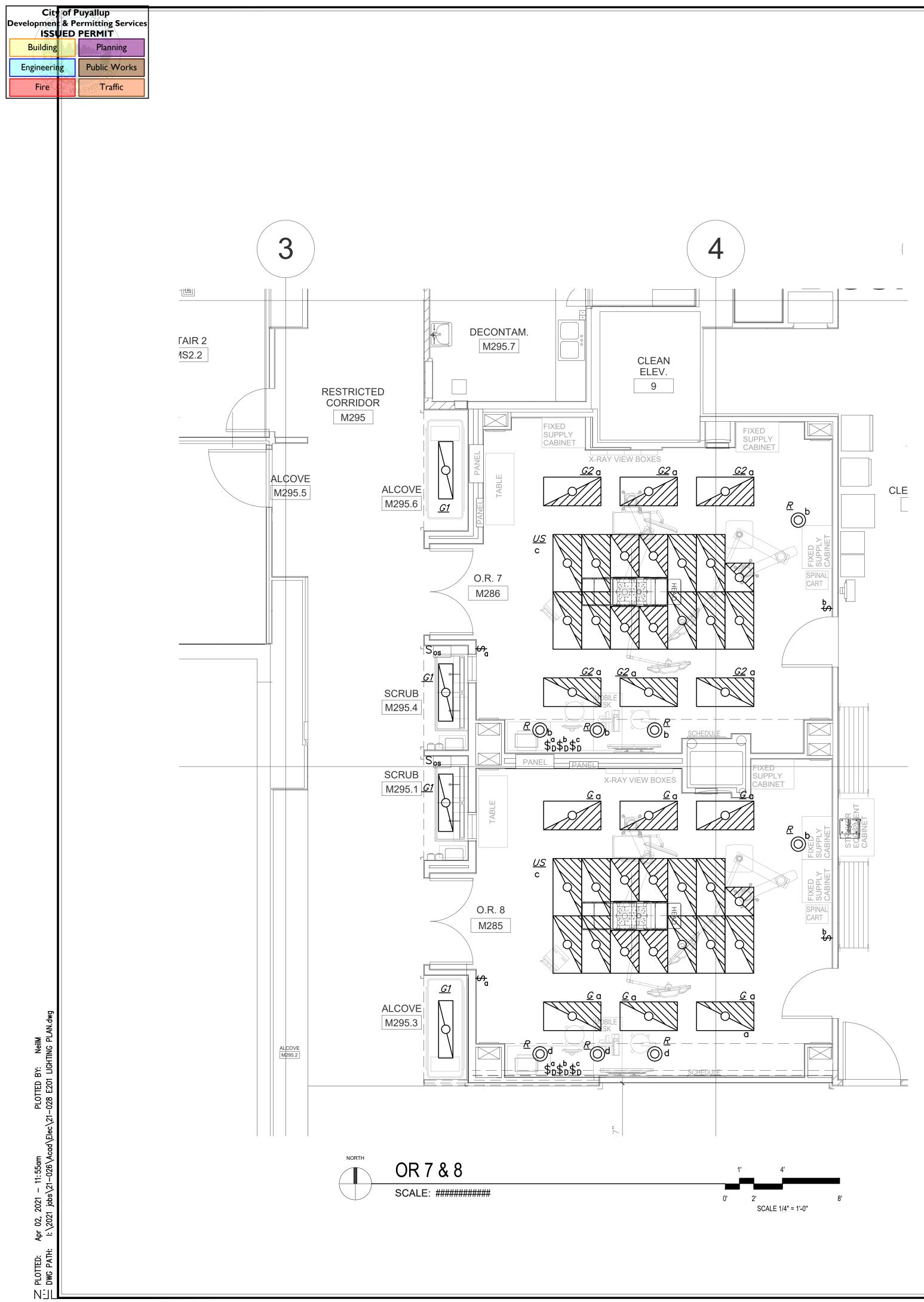
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KLan	rglois@Insi 945 Lake Cr Seattle, 206- 206- 206- 206- 206- 206- 206- 206-	InSight e Architecture ightDesignStudio.biz ity Way NE #2108 , WA 98125 601-6645
OWN		
Taco		neral Hospital
rk0΄	IECT NA	ME: 7&8
	Bui	ldout
_	Но	Samaritan spital
		th Ave SE , WA 98372
MARK	DATE 3/19/2021 4/2/2021	DESCRIPTION DESIGN DEVELOPMENT PERMIT SET
	CT NO.	31232
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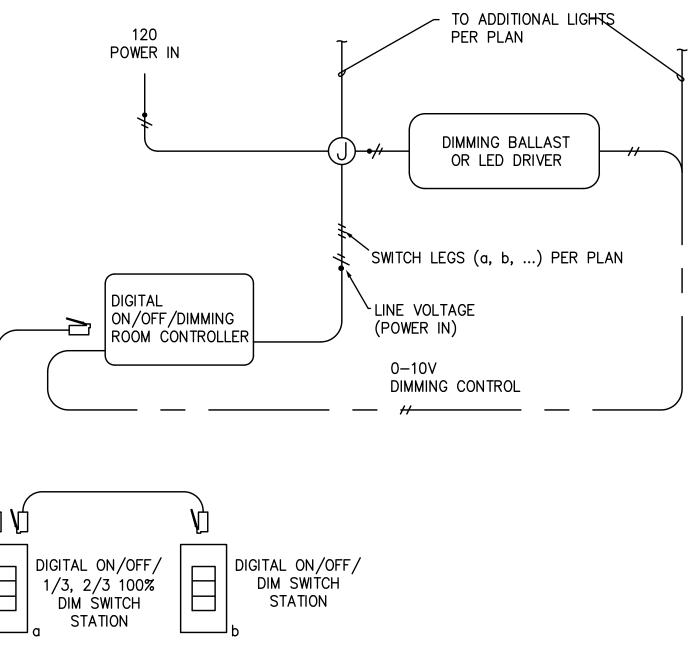
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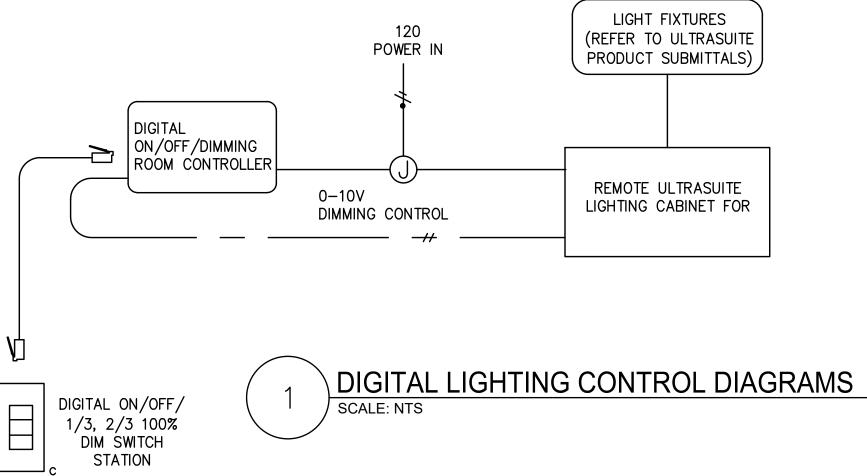
 \rightarrow



LUMINAIRE SCHEDULE							
TYPE	DESCRIPTION	MANUFACTURER	LAMP	VOLTAGE	INPUT WATTS	BALLAST/ DRIVER	REMARKS
G1	RECESSED, 1'X4', LED FIXTURE, ACRYLIC LENS, ANTIMICROBIAL FINISH, SYMMETRIC, DRYWALL KIT	HE WILLIAMS MDS	LED 4000K 7000 LUMEN	120	62	0–10V DIMMING	
G2	RECESSED, 2'X4', LED FIXTURE, ACRYLIC LENS, ANTIMICROBIAL FINISH, ASYMMETRIC, DRYWALL KIT	HE WILLIAMS MDS	LED 5000K 11600 LUMEN	120	98	0–10V DIMMING	
R	RECESSED LENS LED DOWNLIGHT, ROUND OVERLAP TRIM, REGRESSED LENS, WARM DIFFUSE REFLECTOR.		LED 4000K 1500 LUMEN	120	25	0–10V DIMMING	
US	ULTRASUITE LIGHTING/HVAC ASSEMBLY TASK LIGHTING.	ULTRASUITE	LED 5100K	120	2'-123 3'-156 4'-190 2457W	0–10V DIMMING	FIXTURE AND REMOTE DRIVER CABINET FURNISHED BY ULTRASUITE

1. LED LUMENS ARE BASED ON TOTAL ILLUMINATION OUTPUT OF THE LUMINAIRE UNLESS OTHERWISE INDICATED. 2. LED DRIVERS FOR LOW VOLTAGE DIMMING SHALL BE 0-10 VOLTS UNLESS OTHERWISE INDICATED.

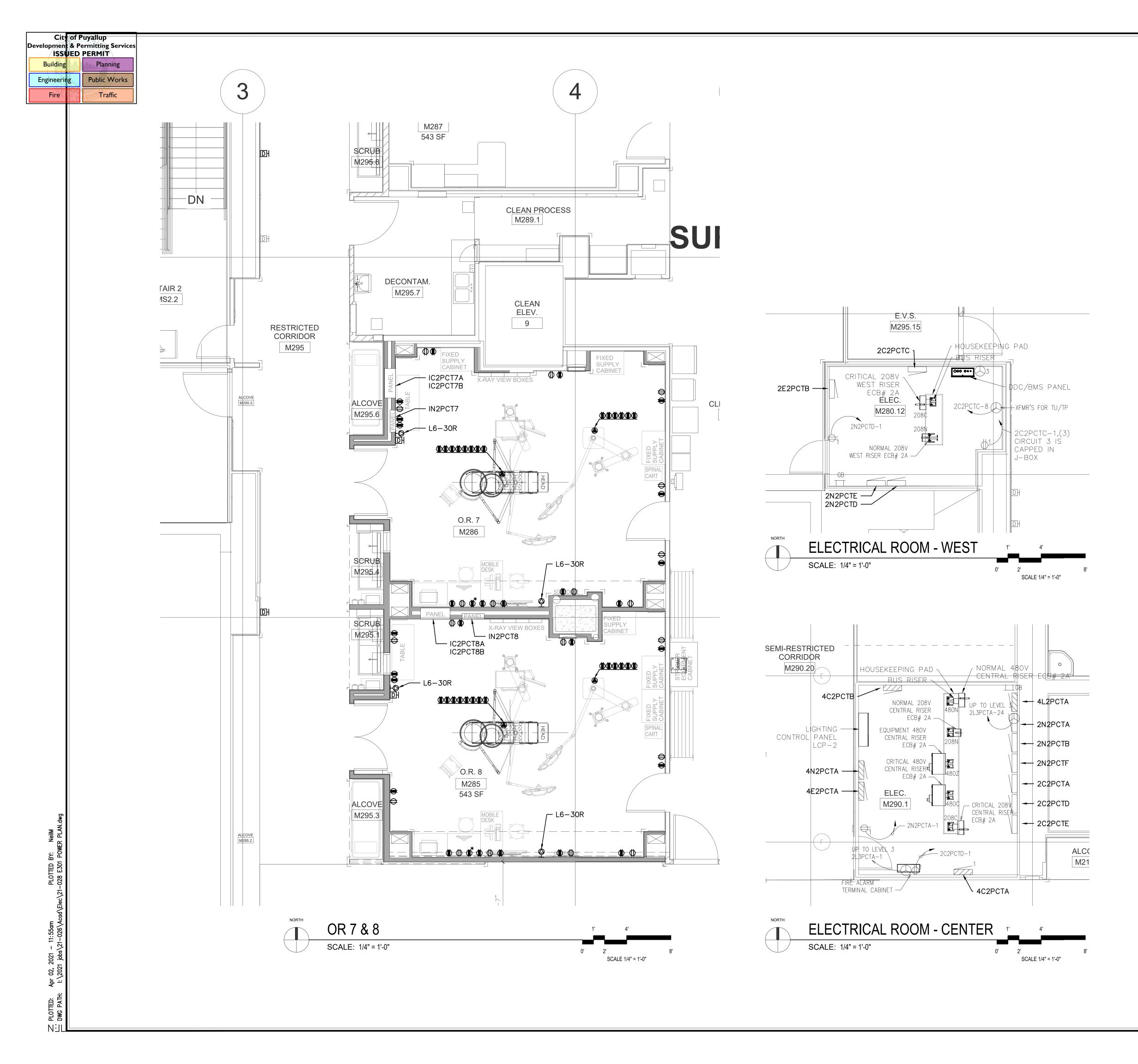




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InSight
HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
TOMAS URQUINE TOMAS OF WASHING OF THE SHORE TOMAS STONAL ENCINES SIGNED 02 APRIL 2021
OWNER:
MultiCare Care Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout
Good Samaritan Hospital 401 15th Ave SE
Puyallup, WA 98372
3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET
PROJECT NO. 31232 DRAWN BY:
DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE:
LIGHTING PLAN
SHEET #: E2.01

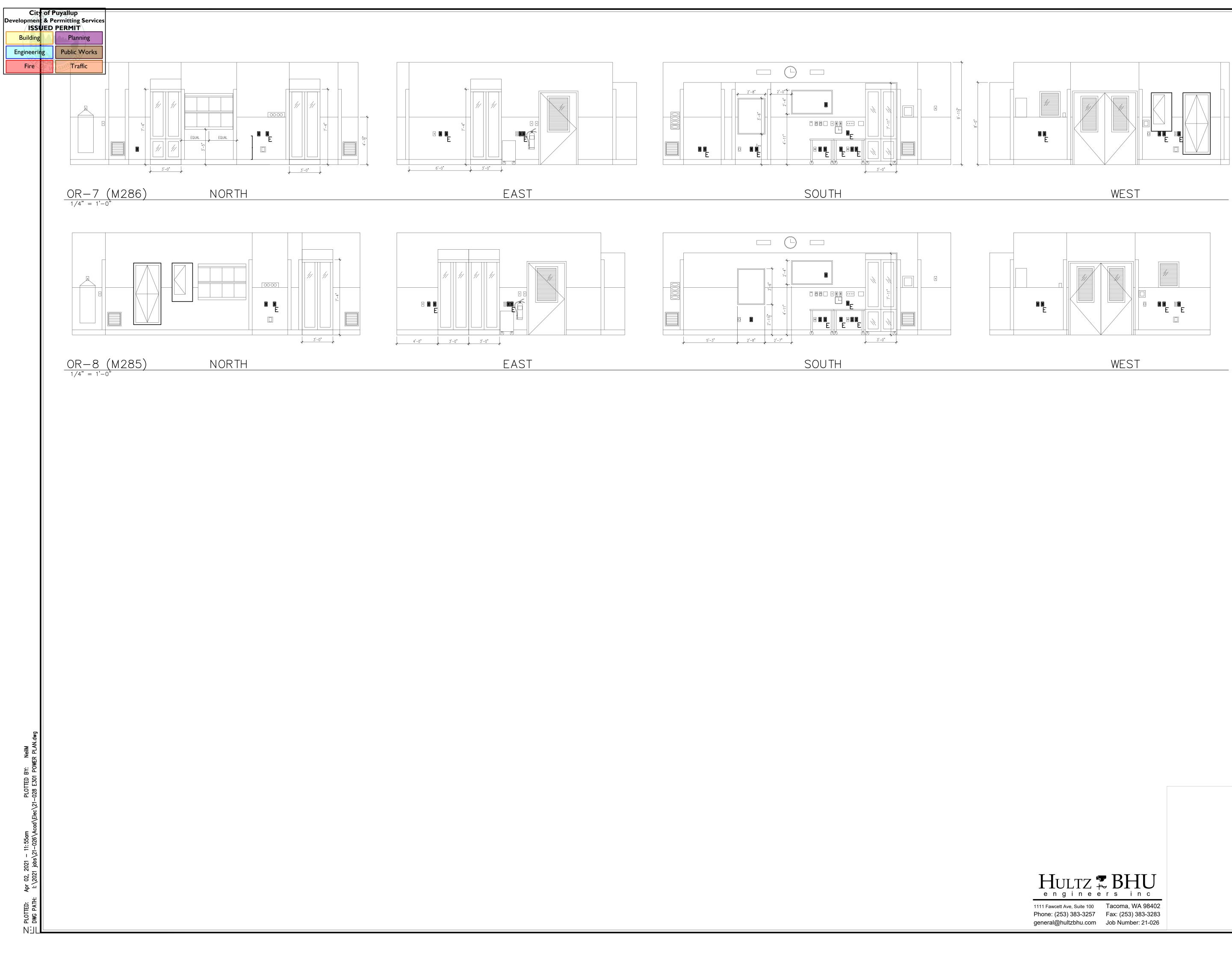




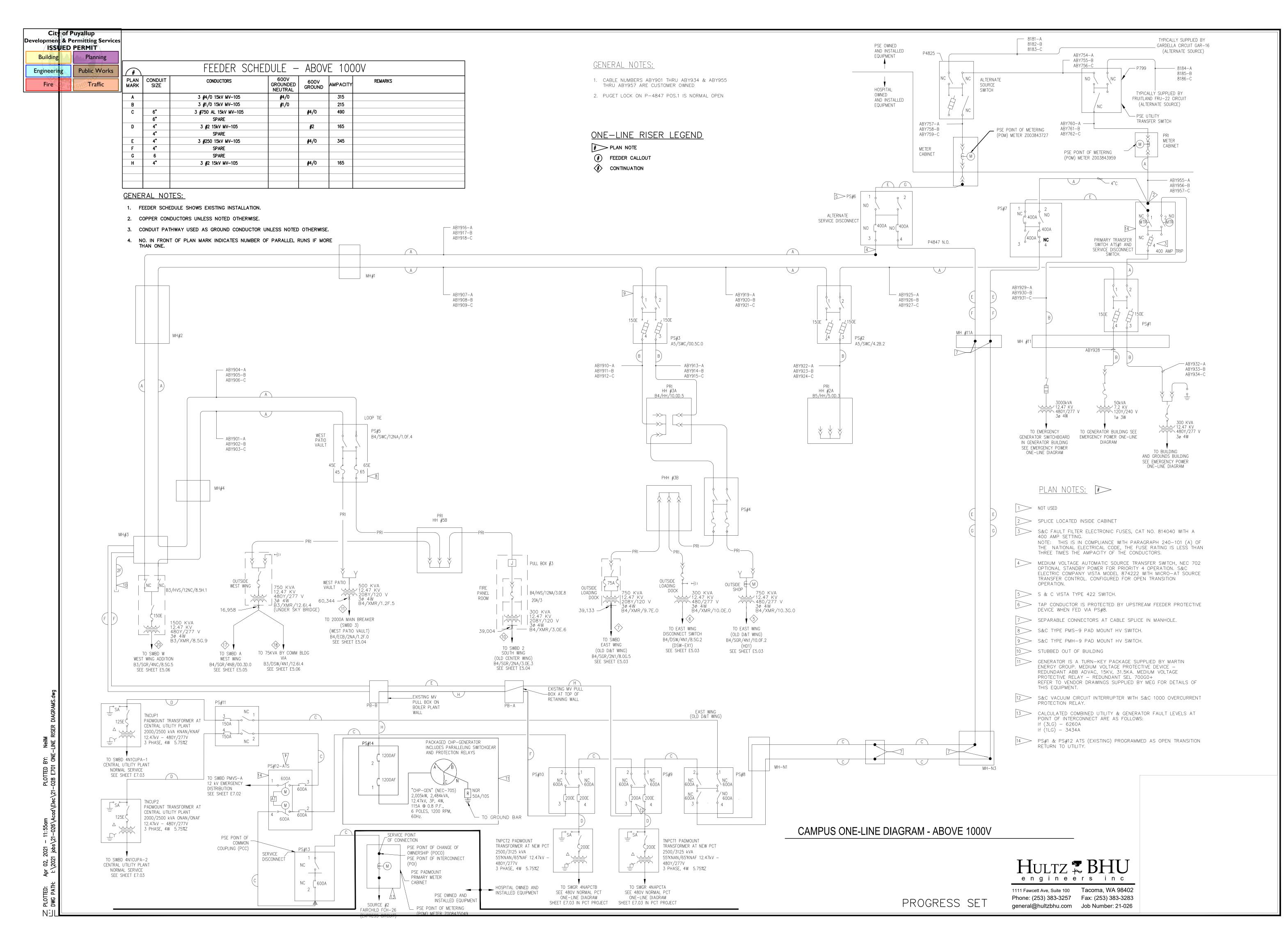
HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
THOMAS URQUITE THOMAS OF WASHINGTON THOMAS
OWNER:
MultiCare Care Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout
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MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT
4/2/2021 PERMIT SET
PROJECT NO. 31232 DRAWN BY:
DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture
SHEET TITLE:
POWER PLAN
SHEET #: E2 01
E3.01



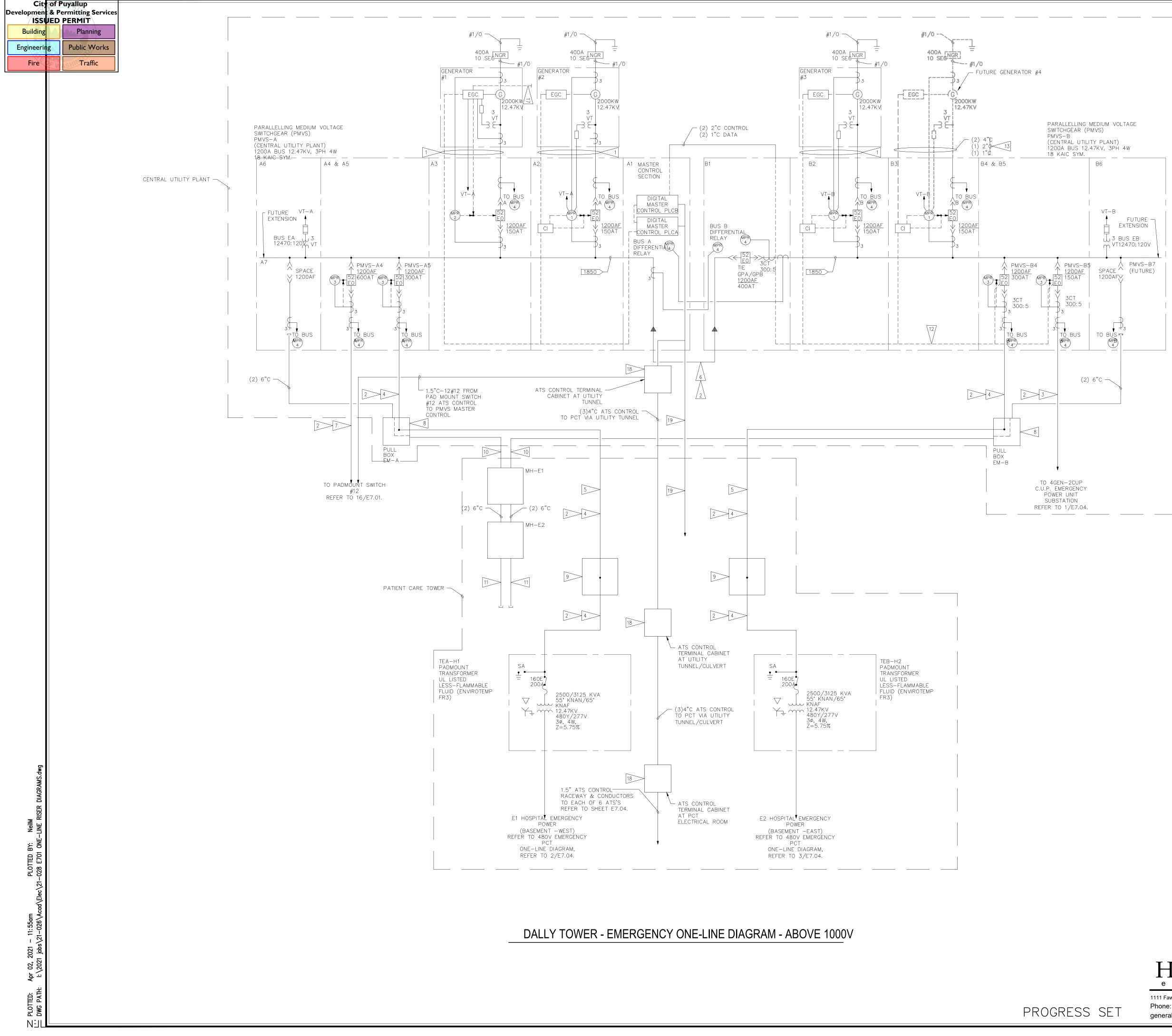
general@hultzbhu.com Job Number: 21-026



InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 SIGNED 02 APRIL 2021 OWNER: MultiCare 🔏 Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET 31232 PROJECT NO. DRAWN BY: 2 APRIL 2021 DATE: COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: POWER PLAN -**ELEVATIONS** SHEET #: **E3.02**



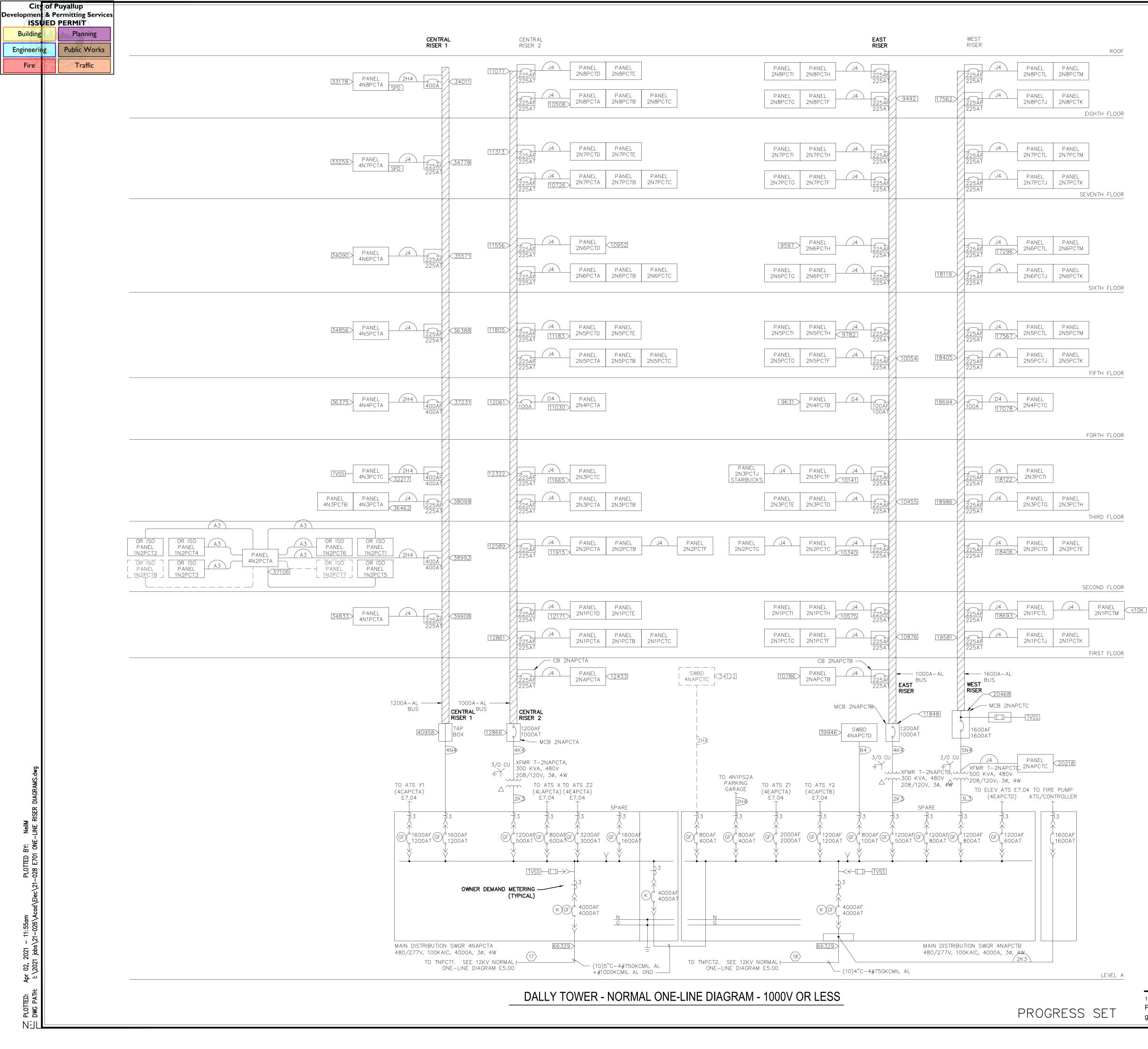
InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645
SIGNED 02 APRIL 2021
OWNER:
MultiCare Contend of C
MARK DATE DESCRIPTION 3/19/2021 DESIGN
4/2/2021 DEVELOPMENT 4/2/2021 PERMIT SET
PROJECT NO. 31232
DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture
SHEET TITLE: CAMPUS ONE-LINE DIAGRAM - ABOVE 1000V
SHEET #: E5.00



	PLAN NOTES #
1	(1) 4"C-3#2 CU 15KV MV-105, 1#2 CU 600V XHHW GROUND (POWER) (1) 4"C SPARE, (1) 2"C FOR CONTROL, (1) 1"C FOR DATA ROUTED WITH GENERATOR POWER FEEDER.
2	SPARE RACEWAY SAME SIZE AS FOR FEEDER, ROUTED WITH THE FEEDER RACEWAY.
3	(1) 4"C-3#2 CU 15KV MV-105, 1#2 CU 600V XHHW ground.
4	(1) 6"C-3#4/0 AL 15KV MV-105, 1#4/0 CU 600V XHHW ground.
5	FEEDER ROUTED FROM CUP SWITCHGEAR TO PATIENT CARE TOWER VIA UTILITY TUNNEL.
6	SWITCHGEAR TIE FEEDER, (1) 6"C-3#350 KCMIL AL 15KV MV-105, 1#350 KCMIL AL 600V XHHW GROUND, (1) 6"C SPARE.
7	EMERGENCY TO NORMAL FEEDER FOR OPTIONAL SERVICE TO SOUTH 12.47KV NORMAL POWER SYSTEM, (1) 6"C-3#750 KCMIL AL 15KV MV-105, 1#4/0 CU 600V XHHW GROUND.
8	PULL BOX 72"H X 80"W 18"D NEMA 3 WITH HINGED COVERS FOR FEEDER IN UTILITY TUNNEL AT CENTRAL PLANT. BARRIERS IN PULLBOX SEPARATE THE CIRCUITS.
9	PULL BOX FOR 12470 VOLT EMERGENCY FEEDERS TO PCT TRANSFORMERS. PULLBOX LOCATED IN UTILITY TUNNEL AT TUNNEL/CULVERT SWITCH VAULT AREA.
10	(2) 6"C TO SITE VIA UTILITY TUNNEL FOR FUTURE PHASES 12.47KV EMERGENCY POWER SERVICE.
11	(2) 6"C RUN EAST TO NEAR MH-N3 FOR EXTENSION TO FUTURE PHASES 12.47KV EMERGENCY POWER SERVICE.
12	GENERATOR SWITCHGEAR SECTION WITH INTERCONNECTING WIRING, TERMINALS AND CONNECTIONS READY FOR FUTURE GENERATOR OPERATION.
13	CONDUITS TO 5 FEET OUTSIDE NORTH BUILDING FOUNDATION AND CAPPED FOR FUTURE USE.
14	NOT USED.
15	NOT USED.
16	NOT USED.
17	PERMISSIVE PARALLELING EXTENDED TO EACH EGC.
18	TERMINAL CABINET 36"H X 48"W X 12"D NEMA 3 WITH HINGED COVER.
19	1" ATS CONTROL RACEWAY AND CONDUCTORS VIA UTILITY TUNNEL/CULVERT TO EACH OF 2 FIRE PUM ATS/CONTROLLERS. REFER TO SHEET 4E7.04.

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HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125
206-601-6645
OWNER:
MultiCare Care Tacoma General Hospital PROJECT NAME: OR 7&8 Buildout
Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372
MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET
PROJECT NO. 31232 DRAWN BY:
 DATE: 2 APRIL 2021 COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE:
DALLY TOWER - EMERGENCY ONE-LINE DIAGRAM - ABOVE 1000V
SHEET #: E7.02





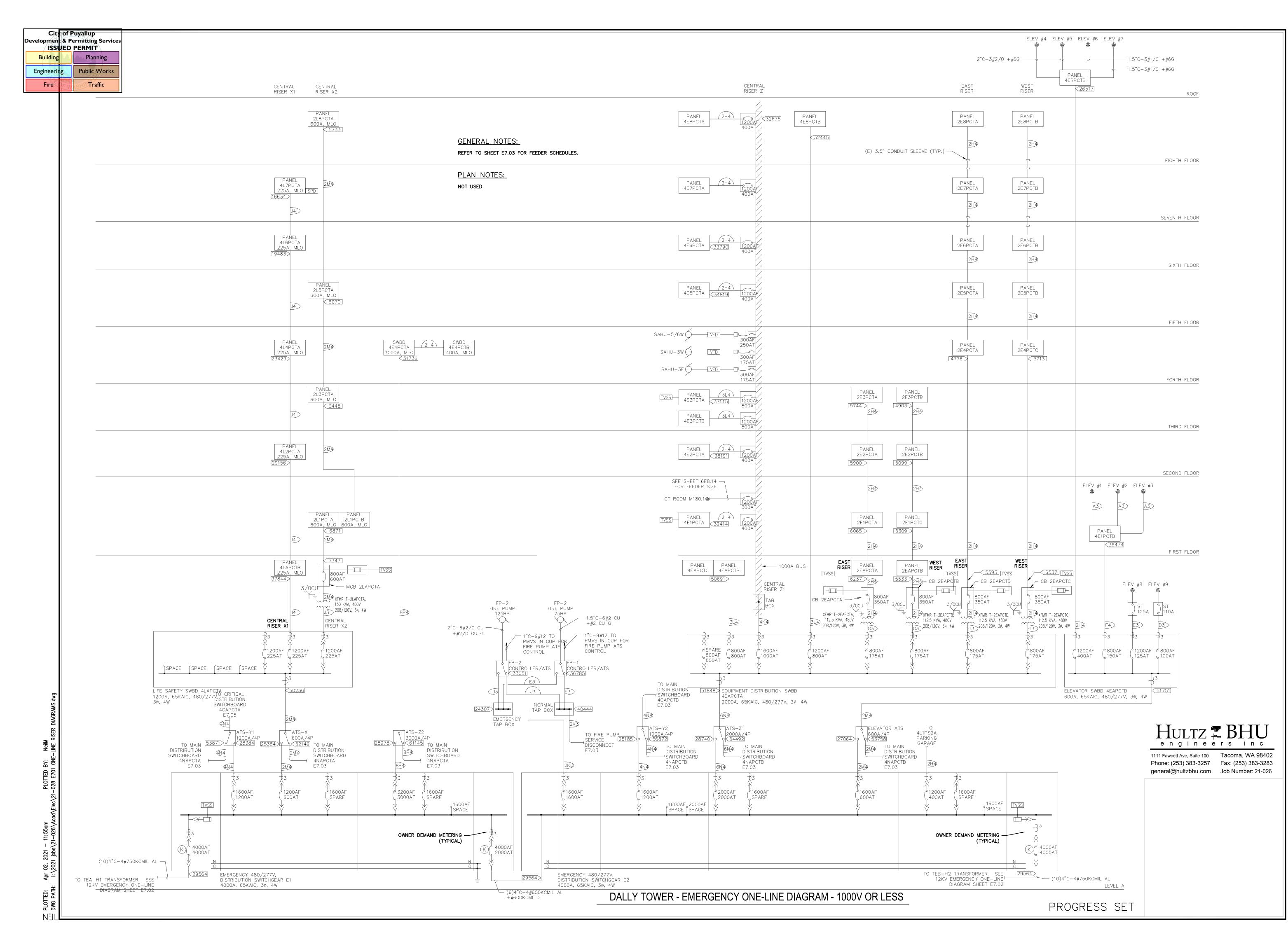
		FEEDER SCHEDULE	
FEEDER	COPPER	CONDUCTORS	AMAPCITY
NO.	CONDUIT	WIRE	
A3	1"	3#4 +#8 G	85
A4	1.25"	4#4 +#8 G	85
B3	1.25"	3#2 +#6 G	115
B4	1.25"	4#2 +#6 G	115
C3	1.5"	3#1 +#6 G	130
C4	1.5"	4#1 +#1 G	130
C5	2"	3#1 +2#1/0 N +#6 G	130
J5	2"	3#4/0 +#1/0 N +#4 G	230

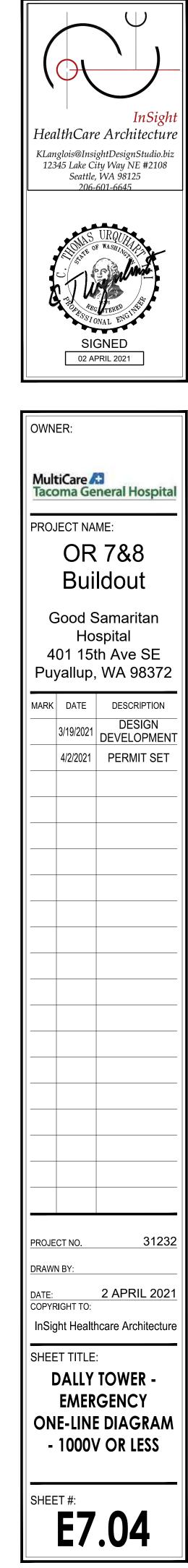
		_FEEDER SCHEDULE	
FEEDER	ALUMINU	JM CONDUCTORS	AMAPCITY
NO. [CONDUIT	WIRE	
D3	1.5 "	3#1/0 +#6 G	120
D4	1.5"	4#1/0 +#6 G	120
E3	1.5 "	3#2/0 +#4 G	135
F3	2"	3#3/0 +#4 G	155
F4	2"	4#3/0 +#4 G	155
G3	2"	3#4/0 +#4 G	180
J3	2.5"	3#300 +#2 G	230
J4	3"	4#300 +#2 G	230
K3	3"	3#350 +#2 G	250
K4	3"	4#350 +#2 G	250
N3	3.5"	3#600 +#1 G	340
2H4	(2) 3"	4#250 +#1 G EA.	410
2K3	(2) 3"	3#350 +#1/0 G EA.	500
2M4	(2) 3.5"	4#500 +#3/0 G EA.	620
3L3	(3) 3"	3#400 +#3/0 G EA.	810
3L4	(3) 3.5"	4#400 +#3/0 G EA.	810
4K4	(4) 3"	4#350 +#4/0 G EA.	1000
4N4	(4) 4"	4#600 +#350 G EA.	1360
5N4	(5) 4"	4#600 +#400 G EA.	1700
6N4	(6) 4"	4#600 +#600 G EA.	2040
8P4	(8) 4"	4#750 +#750 G EA.	3080

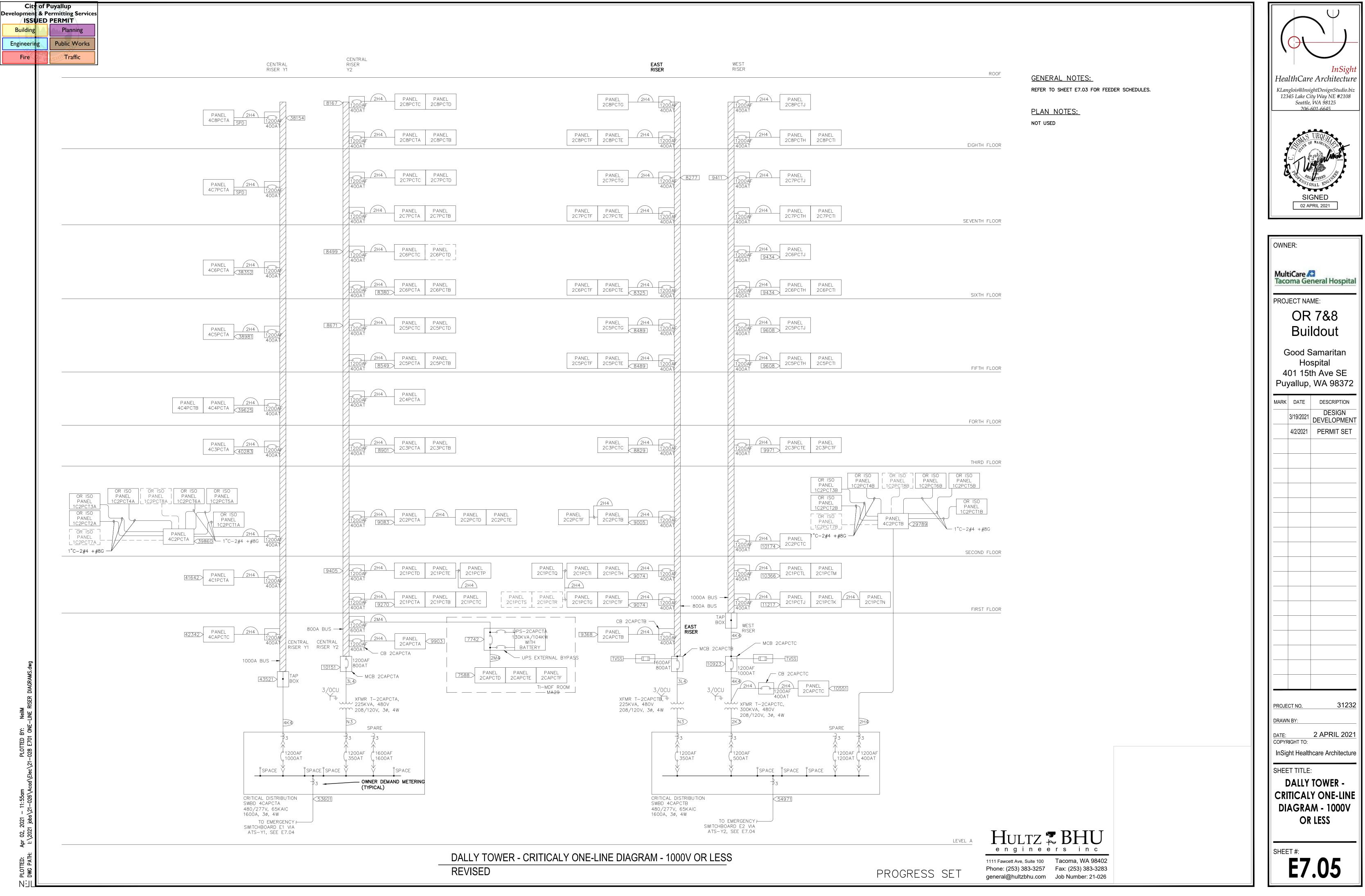
PLAN NOTES: NOT USED



InSight HealthCare Architecture KLanglois@InsightDesignStudio.biz 12345 Lake City Way NE #2108 Seattle, WA 98125 206-601-6645 SIGNED 02 APRIL 2021 OWNER: MultiCare 🙃 Tacoma General Hospital PROJECT NAME: OR 7&8 **Buildout** Good Samaritan Hospital 401 15th Ave SE Puyallup, WA 98372 MARK DATE DESCRIPTION 3/19/2021 DESIGN DEVELOPMENT 4/2/2021 PERMIT SET 31232 PROJECT NO. DRAWN BY 2 APRIL 2021 DATE: COPYRIGHT TO: InSight Healthcare Architecture SHEET TITLE: **DALLY TOWER -**NORMAL ONE-LINE DIAGRAM - 1000V OR LESS SHEET #: E7.03









1421 3RD ST SE PUYALLUP, WA 98372 DATE: 02MAR21

City of Puvallup

Building

DIRECTORY SALES REP: NATE BAKER NATHAN.BAKER@STRYKER.COM

PROJECT MANAGER: DAN MITCHELL DAN.MITCHELL@STRYKER.COM

ENGINEER: DALE HARDEE DALE.HARDEE@STRYKER.COM

TABLE OF CONTENTS

REVISION SUMMARY
EQUIPMENT LAYOUTS
PRE-INSTALL NOTES

ENGINEERING APPROVAL AUTHORIZED SIGNATURE: DRAWING#: WA-1386840_3 **APPROVED REVISION: 3** DISCLAIMER: THIS DOCUMENT CONTAINS CONFIDENTIAL AND PROPRIETARY 425.478.4290 INFORMATION OF STRYKER. NEITHER THIS DOCUMENT NOR THE INFORMATION HEREIN MAY BE REPRODUCED, USED, OR DISCLOSED TO OR FOR THE BENEFIT OF ANY THIRD PARTY WITHOUT THE PRIOR WRITTEN CONSENT OF STRYKER. 214.422.2216 843-727-5389 .(C) SHEET SECTION (R) SHEET SECTION (P) SHEET SECTION PRELIMINARY DISCLAIMER: THIS DRAWING IS IN A PRELIMINARY STATUS AND ENDING FINAL APPROVAL. ALL DRAWINGS IN A PRELIMINARY STATUS SHALL NOT BE USED FOR CONSTRUCTION.

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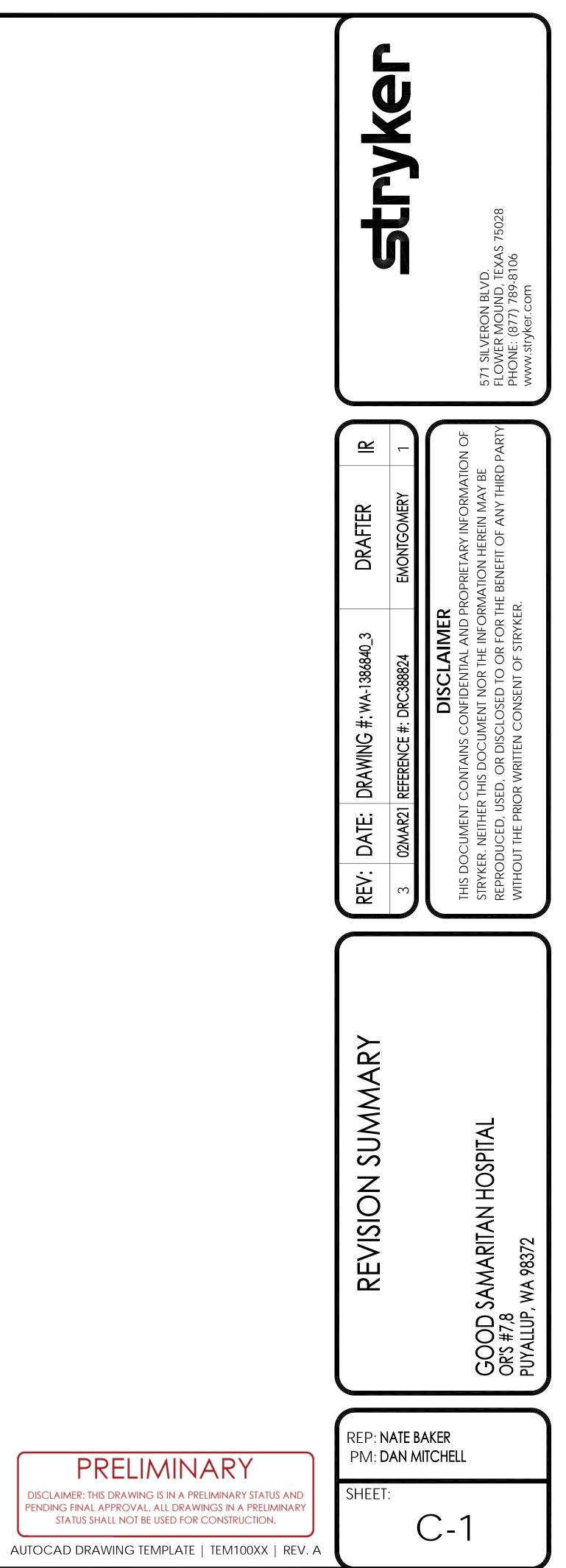
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2/04				
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Building	Planning			
Engineering	Public Works			
Fire	Traffic	╞		
	Development & F ISSUED Building Engineering	Engineering Public Works		

SUMMARY LIST OF CHANGES

REV	KEY #	DESCRIPTION OF CHANGE
3	1	ADDED NEW BACKGROUND

ROOM #
OR'S 7,8



Development & Permitting Services OTPSSUED PERMIESS OTHERWISE SPECIFIED) Building Planning

City of Puvallup

Public Works

Traffic

Engineering

Fire

EQUIPMENT SCHEDULE

KEY ITEM	NAME	QTY
E	S-SERIES SPS-2-C ANESTHESIA BOOM 1000mm TOP ARM 1400mm UDM ARM	1
F	TANDEM TOP S-SERIES SPS-3-T EQUIPMENT BOOM 1300mm TOP ARM BOTTOM UDM/F528/F628 1400mm, 1300mm & 1200mm ARMS	1
H1	CUSTOM CABINET (MOUNTED 6' OFF FLOOR)	1
H2	NURSE DESK	1
J	SWITCHPOINT INFINITY 3	1
K	CHROMOPHARE SK BOX	1
К9	TC UDM JUNCTION BOX	1
K10	UDM JUNCTION BOX	1
L	CHROMOPHARE ® SURGICAL LIGHT WALL CONTROL PANEL (RECESSED MOUNT) (LOCATION TBD)	1
Μ	FLUSH RECTANGULAR CEILING SPEAKER	4
Р	55" WALL MONITOR	1
P2	CONNECTED OR TOUCHPANEL	1

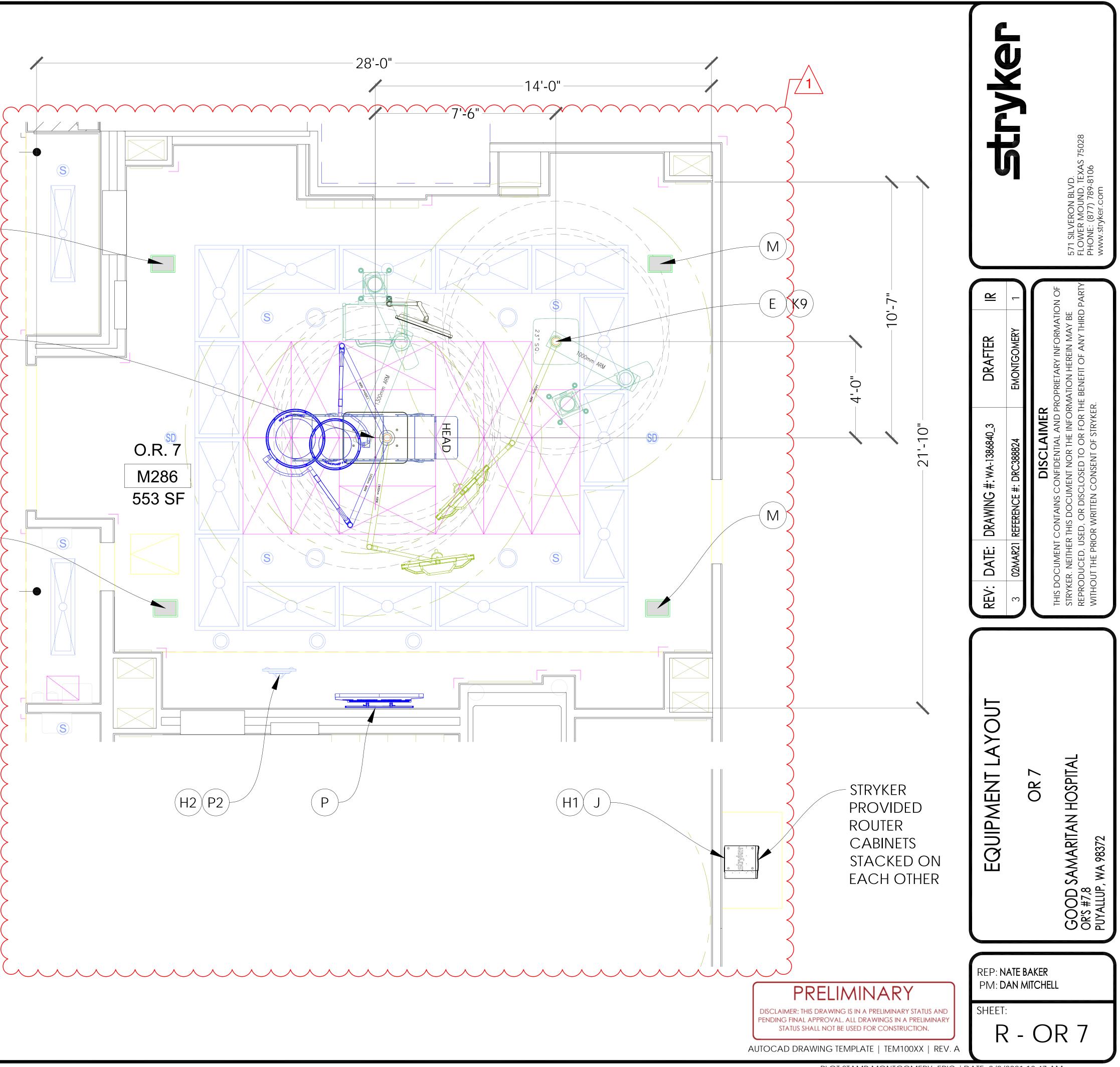
M

F K10

 (M)

CONDUIT SCHEDULE			
CONDUIT RUN	CONDUIT	CONDUIT	
ITEM - ITEM	QTY	SIZE	
E - J	1	2"	
E - J	1	$1 \frac{1}{4}$ "	
F - J	2	2"	
F - J	2	$1 \frac{1}{4}$ "	
K - L	1	1"	
K - *	1	1"	
K10 - K	2	1"	
M - J	1	1 1/4"	
P - J	1	$1 \frac{1}{4}$ "	
P2 - J	1	$1 \frac{1}{4}$ "	
	IATE AT CLO RICAL PANI		

SCALE: 1/2" = 1'-0"



Development & Permitting Services IOT**ISSUED PERMIT** SS OTHERWISE SPECIFIED) Building Planning

City of Puyallup

Public Works

Traffic

Engineering

Fire

EQUIPMENT SCHEDULE

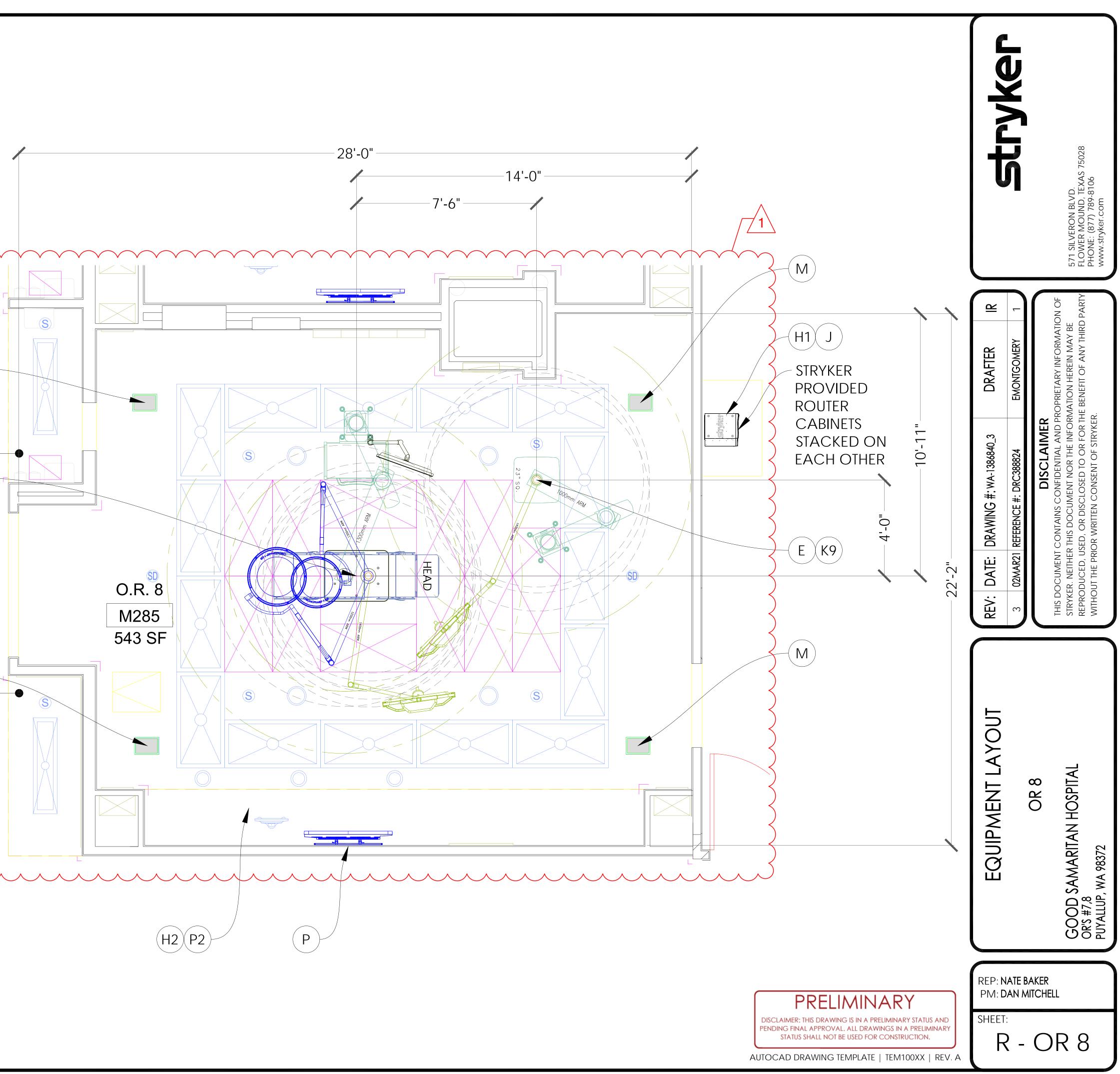
KEY	NAME	OTY
ITEM		<u> </u>
E	S-SERIES SPS-2-C ANESTHESIA BOOM 1000mm TOP ARM	1
	1400mm UDM ARM	I
	TANDEM TOP S-SERIES SPS-3-T EQUIPMENT BOOM	
F	1300mm TOP ARM	1
	BOTTOM UDM/F528/F628	I
	1400mm, 1300mm & 1200mm ARMS	
111	CUSTOM CABINET	1
H1	(MOUNTED 6' OFF FLOOR)	l
H2	NURSE DESK	1
J	SWITCHPOINT INFINITY 3	1
K	CHROMOPHARE SK BOX	1
К9	TC UDM JUNCTION BOX	1
K10	UDM JUNCTION BOX	1
	CHROMOPHARE ® SURGICAL LIGHT WALL CONTROL	1
L	PANEL (RECESSED MOUNT) (LOCATION TBD)	l
Μ	FLUSH RECTANGULAR CEILING SPEAKER	4
Р	55" WALL MONITOR	1
P2	CONNECTED OR TOUCHPANEL	1

CONDUIT SCHEDULE				
CONDUIT RUN	CONDUIT	CONDUIT		
ITEM - ITEM	QTY	SIZE		
E - J	1	2"		
E - J	1	$1 \frac{1}{4}$ "		
F - J	2	2"		
F - J	2	1 1/4"		
K - L	1	1"		
K - *	1	1"		
K10 - K	2	1"		
M - J	1	1 1/4"		
P - J	1	$1 \frac{1}{4}$ "		
P2 - J	1	1 1/4"		
* - TERMIN	JATE AT CLO	DSEST		
ELECT	ELECTRICAL PANEL			

F K10

M

M



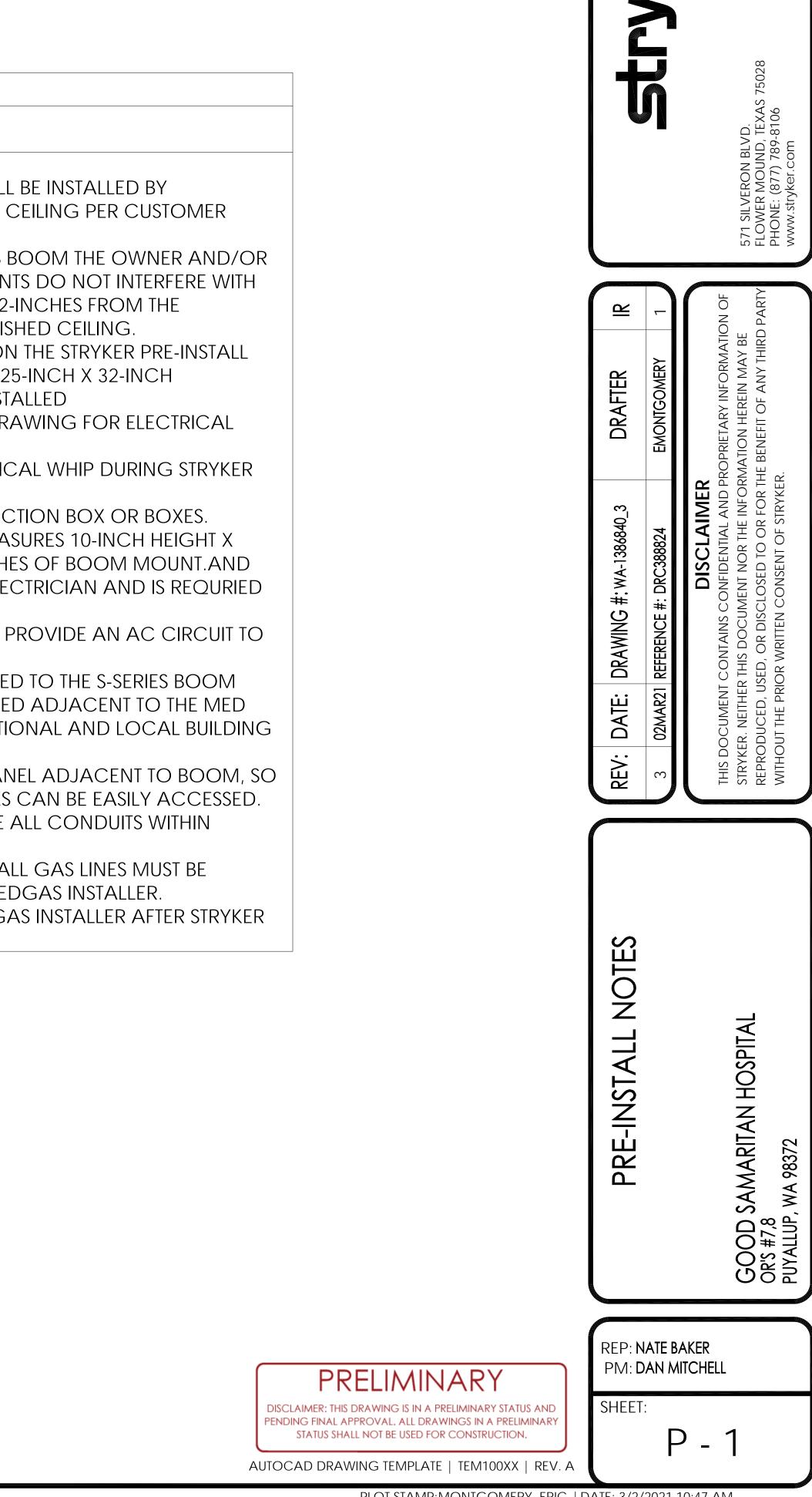
City of Puvallup **Development & Permitting Services**

NOTE USE PERMIT OTHERWISE SPECIFIED)

CONDUIT RUNS CANNOT EXCEED 45' FROM END-TO-END. DO NOT EXCEED FOUR (4) 90 DEGREE BENDS. CABLES BETWEEN ITEMS OVER 45 FEET IN LENGTH ARE PROVIDED BY THE CUSTOMER / CONTRACTOR. PLEASE **REFER TO EQUIPMENT LIST FOR CABLE SPECIFICATIONS.**

THE PRE-INSTALL MANUAL REQUIREMENTS SUPERSEDE ALL PRE-INSTALL NOTES IN THIS DRAWING PACKAGE. 4. 5. EQUIPMENT LIST:

	PRE-INSTALL NOTES SCHEDULE	PRE-INSTALL NOTES SCHE	DULE
KEY ITEM	NAME	KEY ITEM	
E	S-SERIES TC BOOM WITH UDM	F TANDEM S-SERIES BOOM WITH UDM/LIGHT/LIGHT	
	STRUCTURAL: STRYKER COMMON PRE-INSTALL PLATE SHALL BE INSTALLED BY	STRUCTURAL: STRYKER TANDEM COMMON PRE-INSTALL PLA	ATE SHALL B
	CUSTOMER/CONTRACTOR AT 3-INCH, ± .25-INCH ABOVE FINISHED CEILING PER CUSTOMER	CUSTOMER/CONTRACTOR AT 3-INCH, ± .25-INCH ABOVE F	INISHED CE
	PROVIDED STRUCTURAL ENGINEER SPECS.	PROVIDED STRUCTURAL ENGINEER SPECS.	
	- TO ENSURE ADEQUATE ROOM FOR INSTALLATION OF THE S-SERIES BOOM THE OWNER AND/OR	- TO ENSURE ADEQUATE ROOM FOR INSTALLATION OF THE	S-SERIES BC
	CONTRACTOR MUST ENSURE THAT STRUCTURAL/UTILITY COMPONENTS DO NOT INTERFERE WITH	CONTRACTOR MUST ENSURE THAT STRUCTURAL/UTILITY CO	MPONENTS
	ANY PART OF THE S-SERIES BOOM. THIS "NO-FLY" ZONE EXTENDS 12-INCHES FROM THE	ANY PART OF THE S-SERIES BOOM. THIS "NO-FLY" ZONE EX	TENDS 12-IN
	MOUNTING PLATE ON ALL SIDES, AND 16-INCHES UP FROM THE FINISHED CEILING.	MOUNTING PLATE ON ALL SIDES, AND 16-INCHES UP FROM	I THE FINISHE
	- REQUIRED: A 21-INCH SQUARE HOLE CENTERED ON STRYKER PRE-INSTALL PLATE IN THE FINISHED	- REQUIRED: A 23-INCH x 27-INCH RECTANGLER HOLE CEN	TERED ON T
	CEILING IS REQUIRED FOR INSTALLATION. A 23-INCH SQUARE CEILING COVER CONCEALS HOLE	PLATE IN THE FINISHED CEILING IS REQUIRED FOR INSTALLAT	ON. A 25-I
	AFTER BOOM IS INSTALLED	RECTANGLE CEILING COVER CONCEALS HOLE AFTER BOC	om is instal
	POWER: REFER TO S-SERIES MANUFACTURING SERVICE MODULE DRAWING FOR ELECTRICAL	POWER: REFER TO S-SERIES MANUFACTURING SERVICE MC	DULE DRAV
	CIRCUIT COUNT.	CIRCUIT COUNT.	
	- THE CONTRACTOR / ELECTRICIAN TO HARDWIRE STRYKER ELECTRICAL WHIP DURING STRYKER	- THE CONTRACTOR / ELECTRICIAN TO HARDWIRE STRYKER	ELECTRICA
	INSTALLATION.	INSTALLATION.	
	- ALL ELECTRICAL CIRCUITS SHALL BE CONNECTED TO S-SERIES JUNCTION BOX OR BOXES.	- ALL ELECTRICAL CIRCUITS SHALL BE CONNECTED TO S-SEE	RIES JUNCTI
	- TWO SEPARATE JUNCTION BOXES: A TC JUNCTION BOX AND UDM JUNCTION BOX (BOTH	- A SEPARATE UDM JUNCTION BOX (SUPPLIED BY STRYKER A	AND MEASL'
	SUPPLIED BY STRYKER AND MEASURE 10-INCH HEIGHT X 8-INCH WIDTH X 4-INCH DEPTH) MUST BE	8-INCH WIDTH X 4-INCH DEPTH) MUST BE MOUNTED WITHIN	18-INCHES
	MOUNTED WITHIN 18-INCHES OF BOOM MOUNT AND ACCESSIBLE FROM THE ACCESS PANEL.	ACCESSIBLE FROM THE ACCESS PANEL. THIS IS MOUNTED B	BY AN ELECT
	THESE ARE MOUNTED BY AN ELECTRICIAN AND IS REQURIED FOR POWER AND CABLING.	FOR MONITOR POWER.	
	-IF UDM MONITOR IS POWERED VIA AC POWER, CONTRACTOR TO PROVIDE AN AC CIRCUIT TO	-IF UDM MONITOR IS POWERED VIA AC POWER, CONTRAC	CTOR TO PRO
	THE AC TERMINAL BLOCK IN THE TC JUNCTION BOX.	THE AC TERMINAL BLOCK ON THE FLANGE TUBE.	
	- THE S-SERIES JUNCTION BOX (7.4" x 3.5" x 3.74") ARRIVES ATTACHED TO THE S-SERIES BOOM	- THE S-SERIES JUNCTION BOX (7.4" x 3.5" x 3.74") ARRIVES	ATTACHED ⁻
	FLANGE BY A GROUND WIRE. THE JUNCTION BOX MUST BE MOUNTED ADJACENT TO THE MED	FLANGE BY A GROUND WIRE. THE JUNCTION BOX MUST BE	MOUNTED
	GAS LINES BY THE CUSTOMER/CONTRACTOR ACCORDING TO NATIONAL AND LOCAL BUILDING	GAS LINES BY THE CUSTOMER/CONTRACTOR ACCORDING	G TO NATION
	CODES.	CODES.	
	REQUIRED ACCESS PANEL: ONE (1) 24-INCH X 24-INCH ACCESS PANEL ADJACENT TO BOOM, SO	REQUIRED ACCESS PANEL: ONE (1) 24-INCH X 24-INCH AC	CESS PANEI
	JUNCTION BOX(ES), UDM JB AND MED GAS LINES CAN BE EASILY ACCESSED.	JUNCTION BOXES, TC JUNCTION BOX, UDM JB AND MED C	GAS LINES C
	CONDUIT: REFER TO ROOM LAYOUT FOR CONDUIT SIZE. TERMINATE ALL CONDUITS WITHIN	CONDUIT: REFER TO ROOM LAYOUT FOR CONDUIT SIZE. TEI	rminate al
	18-INCHES OF THE CENTER OF THE CEILING MOUNT.	18-INCHES OF THE CENTER OF THE CEILING MOUNT.	
	PLUMBING: INSTALL VALVE BRIDGE TO TOP OF PRE-INSTALL PLATE. ALL GAS LINES MUST BE	PLUMBING: INSTALL VALVE BRIDGE TO TOP OF PRE-INSTALL	PLATE. ALL
	TERMINATED WITH STRYKER SUPPLIED GAS RISERS BY CUSTOMER/MEDGAS INSTALLER.	TERMINATED WITH STRYKER SUPPLIED GAS RISERS BY CUSTC	MER/MEDC
	- ALL FINAL DISS CONNECTIONS TO BE MADE BY CUSTOMER/MEDGAS INSTALLER AFTER STRYKER	- ALL FINAL DISS CONNECTIONS TO BE MADE BY CUSTOME	R/MEDGAS
	INSTALLATION.	INSTALLATION.	



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City of Puvallup Development & Permitting Services

NOTES (UNLESS OTHERWISE SPECIFIED) 1 ALL CONDUIT RUNS INCLUDE INSULATED BUSHINGS AND PULL STRINGS.

- UT RUNS CANNOT EXCEED 45' FROM END-TO-END. DO NOT EXCEED FOUR (4) 90 DEGREE BENDS. CABLES BETWEEN ITEMS OVER 45 FEET IN LENGTH ARE PROVIDED BY THE CUSTOMER / CONTRACTOR. PLEASE **REFER TO EQUIPMENT LIST FOR CABLE SPECIFICATIONS.**
- 4. THE PRE-INSTALL MANUAL REQUIREMENTS SUPERSEDE ALL PRE-INSTALL NOTES IN THIS DRAWING PACKAGE.

5. EQUIPMENT LIST:

PRE-INSTALL NOTES SCHEDULE	PRE-INSTALL NOTES SCHEDUL
KEY ITEM NAME H PRINTER DIMENSIONS: 12.5" W X 8.2" H X 16.7" D DATA: NONE BACKBOX: NONE HUB	KEY ITEM NAME K9 UDM TC JUNCTION BOX IS TO BE MOUNTED WITHIN 3FT OF BOOM MOUNT AND ACCESS UPON EQUIPMENT INSTALLTION AN ELECTRONICS MODULE WIL INSTALLATION TEAM AND THE LOW VOLTAGE CAN BE TERMINA ELECTRICIAN. UDM:
DIMENSIONS: 13" W × 6" H × 17" D TOTAL SPACE REQUIRED: 21" W x 14" H X 28" D POWER: ONE (1) STANDARD OUTLET WITHIN 18" OF HUB LOCATION. DATA: ONE (1) ETHERNET CONNECTION	- AC TERMINAL BLOCK IS PROVIDED IN THE TC JUNCTION BOX F ONLY BE USED IF AC POWER IS USED FOR THE UDM MONITOR. - THIS TC JUNCTION BOX WILL HOUSE TERMINAL BLOCKS FOR SU POWER.
J SWITHCPOINT INFINITY 3 DIMENSIONS: - MEDIA ROUTER: 20.6""W X 24""H X 17" D - TOTAL SPACE REQUIRED: 27.5"W X 31"H X 29" D POWER: SIXTEEN (16) ELECTRICAL RECEPTACLES AT THE MEDIA ROUTER LOCATION ALL RECEPTACLES REQUIRE CRITICAL POWER ALL ELECTRICAL CIRCUITS SHALL BE INSTALLED IN ACCORDANCE WITH THE LOCAL BUILDING CODE OR WHAT IS SPECIFIED IN THE IBC. DATA: ONE (1) ETHERNET CONNECTION	K10 UDM JUNCTION BOX (SUPPLIED BY STRYKER AND MEASURES 10-INCH HEIGHT X 8-INC MOUNTED WITHIN 18-INCHES OF SUSPENSION MOUNT AND AC PANEL. THIS IS MOUNTED BY AN ELECTRICIAN AND IS REQURIED L CHROMOPHARE WALL CONTROL (RECESSED) CONDUIT: ONE (1) 1" CONDUIT WITH FINISH GROMMETS TO SK ELECTRONICS. BACK BOX: NONE. WALL CONTROL RECEIVES CONDUIT. POWER: NONE
 BACK DNE (1) THEINENT CONNECTION BACKBOX: ONE (1) 18" W X 18"H X 4"D (OR LARGER) JUNCTION BOX FLUSH MOUNTED. SET BOTTOM OF BOX 9" ABOVE FINISHED FLOOR. NOTE: TERMINATE ALL INTEGRATION CONDUITS TO THIS JUNCTION BOX. K SK BOX FOR CHROMOPHARE LIGHTING (IN CELLING) ENCLOSURE DIMENSIONS/MOUNTING: SINGLE ENCLOSURE 19.69"" X 15.75"" X 7.87"" (1-2 LIGHTHEADS), WEIGHT = 64LBS DOUBLE ENLCOSURE 19.69"" X 31.5"" X 7.87"" (3-4 LIGHTHEADS), WEIGHT = 128 LBS MUST REMAIN ACCESSIBLE AFTER INSTALLATION (THROUGH NEARBY ACCESS PANEL). HINGED DOORS MUST HAVE COMPLETE FREEDOM OF MOVEMENT IN CELLING AND MUST NOT EVER BE OBSTRUCTED CONDUIT: MAXIMUM LENGTH OF 45 FEET (15M) OF CONDUIT RUN TO BOTH THE MOUNTING PLATE AND TH TO WALL CONTROL BOX TWO (2) 1"" FROM SK ENCLOSURE TO EACH LIGHT MOUNTING LOCATION, ONE (1) 1"" BETWEEN LIGHT MOUNTING LOCATIONS, ONE (1) 1"" FOR MAINS 120VAC TO SK ENCLOSURE (UP TO TWO(2)) LIGHTS PER CIRCUIT). POWER: MAINS AC POWER SHOULD BE 120 VAC, 50/60 HZ CONNECTED WITH 3 WIRE, 12 AWG MIN., 60 V TERMINATED TO FUSED TERMINAL BLOCK INSIDE THE SK ENCLOSURE DC WIRING FROM SK ENCLOSURE TO MOUNTING PLATE SHOULD BE 12 AWG, 600 VOLT, 1 WIRI PAIR PER LIGHT HEAD AND 1 GROUND WIRE PER MOUNTING PLATE. WIRES TERMINAT AT NON-FUSED TERMINAL BLOCK INSIDE THE SK ENCLOSURE AND FALL A MINIMUM OF 18 INCHES BELOW THE CELIUNG AT THE MOUNTING PLATE CONTRACTOR IS RESPONSIBLE FOR RUNNING POWER FROM AN AC MAINS SUPPLY TO THE SK 	M FLUSH MOUNTED RECTANGULAR CEILING SPEAKER CONDUIT: - REFER TO ROOM LAYOUT FOR CONDUIT QUANTITY AND SIZE STRUCTURAL: CUSTOMER/CONTRACTOR TO CUT ONE 7 ¼"W X SPEAKER) IN THE WALL AT EACH SPEAKER MOUNTING LOCATIO CLEARANCE. P 55" WALL LCD CONDUIT: REFER TO ROOM LAYOUT FOR CONDUIT QUANTITY A BACK BOX: ONE (1) 4" W X 4"H JUNCTION BOX WITH SINGLE-GA - MOUNTED DIRECTLY ABOVE THE TOP OF THE MOUNTING BRAC POWER: ONE (1) STANDARD DUPLEX OUTLET MOUNTED ADJAC STRUCTURAL: CUSTOMER/CONTRACTOR TO MOUNT STRYKER P THE DESIRED LOCATION WITH PROPER REINFORCEMENT TO SUP STRYKER INSTALLATION. DIMENSIONS: 51.9"" x 30.5"" x 4.7"" NOTE: STRYKER PROJECT MANAGER WILL PROVIDE MOUNTING P2 0 P2 10 FERE TO ROOM LAYOUT FOR CONDUIT QUANTITY AND SIZE BACK BOX: ONE (1) 4" W X 4" H JUNCTION BOX WITH SINGLE-GA - MOUNT J-BOX WITHIN 18" OF TOUCH PANEL LOCATION GCX TRACK: CONTRACTOR TO MOUNT 4"" X 7"" (W X H) TRACK CUSTOMER SPECIFIED HEIGHT ABOVE FINISHED FLOOR

