

ABBREVIATIONS

|   |  |
|---|--|
| <b>A</b><br>@<br>A<br>A/C<br>ACC<br>ACT<br>ADA<br>ADJ<br>ADO<br>ADU<br>AFF<br>AFG<br>AHU<br>AIC<br>AL<br>ALUM<br>ANN<br>ARCH<br>ASI<br>AT<br>AT(SP)<br>ATS<br>AV<br>AWC<br><br><b>B</b><br>B<br>BATH<br>BCS<br>BD<br>BEJ<br>BFE<br>BITUM<br>BKPL<br>BLDG<br>BLK<br>BLKG<br>BM<br>BM<br>BOT<br>BR<br>BRG<br>BSMT<br>BSP<br>BTU<br>BV<br><br><b>C</b><br>C<br>C<br>C/L<br>CA<br>CAB<br>CAM<br>CATV<br>CB<br>CB<br>CCT<br>CFM<br>CF<br>CG<br>CJ<br>CLG<br>CLR<br>CM<br>CM<br>CO<br>CO<br>COL<br>CONC<br>CONF<br>CONT<br>CORR<br>CP<br>CPT<br>CR<br>CSR<br>CT<br>CT<br>CTP<br>CU<br>CUH<br>CWT<br><br><b>D</b><br>D<br>DBL<br>DC<br>DET<br>DE<br>DIA<br>DIFF<br>DIM<br>DISC<br>DIST<br>DISTR<br>DR<br>DRP<br>DRWG<br>DT<br><br><b>E</b><br>E<br>E<br>EA<br>EC<br>EIFS<br>ELEC<br>ELEV<br>EMT<br>EQ<br>EP<br>EPF<br>EQ<br>EQUIP<br>ER<br>ES<br>EWIC<br>EXIST<br>EXP<br>EXT<br><br><b>F</b><br>F<br>FAAP<br>FACP<br>FBO<br>FCIC<br>FCU<br>FD<br>FDMPR<br>FDR<br>FE<br>FFE<br>FGP<br>FIN FLR<br>FLA<br>FLUORO<br>FMA<br>FOIC<br>FOIO<br>FP<br>FP<br>FRS<br>FS<br>FS<br>FURN<br>FY<br><br><b>G</b><br>G<br>GA<br>GB<br>GC<br>GEN<br>GFI<br>GND<br>GPH<br>GPM<br>GRB<br>GWB<br>GYF BD<br><br><b>H</b><br>HD<br>HDB<br>HDWE<br>HK<br>HM<br>HP<br>HR<br>HS<br>HSPK<br>HT<br>HTR<br>HUMD<br>HV<br>HVC<br>HW<br>HW HR<br>HW HS<br>HWH<br>HWS<br>HWS<br>HZ<br><br><b>I</b><br>ICB<br>ICU<br>IE<br>IG<br>IMC<br>INFO<br>INSUL<br>INT<br>INV<br><br><b>J</b><br>JAN<br>JB<br>JT<br><br><b>K</b><br>KIT<br>KO<br>KCMIL<br>KP<br>KV<br>KVA<br>KW<br>KWH<br>L<br><br><b>L</b><br>L<br>LAV<br>LDR<br>LDRP<br>LN<br>LNDRY<br>LS<br>LT<br>LV<br><br><b>M</b><br>M<br>MAMMO<br>MAS<br>MATL<br>MAX<br>MB<br>MCB<br>MCC<br>MFR<br>MH<br>MIN<br>MISC<br>MLDG<br>MLO<br>MOD<br>MOT<br>MSB<br>MTG<br>MTS<br>MTL<br><br><b>N</b><br>N<br>NEC<br>NIC<br>NL<br>NO<br>NOM<br>NS<br>NTS<br><br><b>O</b><br>O/C<br>O.C.<br>OB<br>OD<br>OD<br>OT<br>OUT<br>OUTPAT<br><br><b>P</b><br>P<br>P<br>P/C<br>PAR<br>PAT RM<br>PB<br>PB<br>PERP<br>PF<br>PH<br>PHARM<br>PLYWD<br>PR<br>PR<br>PRB<br>PRI<br>PREFIN<br>PRV<br>PRV<br>PSI<br>PT<br>PT<br>PTD<br>PWR<br>PVC<br><br><b>Q</b><br>QT<br>QTY<br><br><b>R</b><br>R<br>R<br>R<br>RA<br>RB<br>RADI<br>REC<br>RCP<br>RD<br>RECP<br>RECPN<br>REF<br>RF<br>RFS<br>RJ<br>RL<br>RM<br>RPM<br>RSP<br>RPZ<br>RS<br>RSF<br>RT<br>RWL<br><br><b>S</b><br>S<br>S<br>SAF<br>SC<br>SCHD<br>SD<br>SEAL CONC<br>SEC<br>SHR<br>SP<br>SP<br>SPEC<br>SQ<br>SQ FT<br>SQ IN<br>SS<br>STL<br>ST<br>STL<br>SURG<br>SUSP<br>SW<br>SWBD<br>SYM<br><br><b>T</b><br>T<br>T<br>TBD<br>TBE<br>TC<br>TDE<br>TER<br>TERM<br>TFE<br>TP<br>TPH<br>TREAT<br>TSE<br>TWE<br>TYP<br><br><b>U</b><br>U<br>UC<br>UG<br>UH<br>UL<br>UN<br>UNO<br>UV<br><br><b>V</b><br>V<br>V<br>VAC<br>VB<br>VCT<br>VCW<br>VOL<br>VT<br><br><b>W</b><br>W<br>W/O<br>WAGD<br>WC<br>WCH<br>WD<br>WDW<br>WF or W<br>WG<br>WP<br>WR<br>WS<br>WST<br>WSC<br>WSP<br>WT<br>WTR<br>WWF<br><br><b>X</b><br>XFMR<br>XP<br><br><b>Z</b><br>Z<br><br><b>Ground</b><br>Ground<br>Gauge<br>Gypsum Board<br>General Contractor<br>General<br>Ground Fault Circuit Interrupter<br>Gallons Per Hour<br>Gallons Per Minute<br>Grab Bar<br>Gypsum Wallboard Systems<br>Gypsum Board<br><br><b>Heavy Duty</b><br>Heavy Duty<br>Hardware<br>Hook<br>Hollow Metal<br>Horsepower<br>Handrail<br>Housekeeping<br>Height<br>Heater<br>Humidifier<br>High Voltage<br>Heating Ventilating Air Conditioning<br>Hot Water<br>Hot Water Heating Return<br>Hot Water Heating Supply<br>Hot Water Heater<br>Hot Water Return<br>Hot Water Supply<br>Hertz<br><br><b>Integrally Covered Base</b><br>Integrally Covered Base<br>Invert Elevation<br>Isolated Ground<br>Intermediate Metal Conduit<br>Information<br>Insulation<br>Interior<br>Invert<br><br><b>Janitor</b><br>Janitor<br>Junction Box<br>Joint<br><br><b>Kitchen</b><br>Kitchen<br>Knock Out<br>Thousand Circular Miles<br>Kilopascal<br>Kilovolts<br>Kilovolt Amperes<br>Kilowatt<br>Kilowatt Hour<br><br><b>Lined</b><br>Lined<br>Lavatory<br>Labor/Delivery/Recovery<br>Labor/Delivery/Recovery/Post-Partum<br>Linoleum<br>Laundry<br>Light Switch<br>Light<br>Low Voltage<br><br><b>Mat (Floor)</b><br>Mat (Floor)<br>Mammography<br>Masonry<br>Material<br>Maximum<br>Marker Board<br>Main Circuit Branch<br>Motor Control Center<br>Manufacturer<br>Manhole<br>Minimum<br>Mirror<br>Miscellaneous<br>Molding<br>Main Lug Only<br>Masonry Opening<br>Modular<br>Motor<br>Main Switch Board<br>Mounting<br>Manual Transfer Switch<br>Metal<br><br><b>North</b><br>North<br>Normally Closed<br>National Electric Code<br>Not In Contract<br>Night Light<br>Normally Open<br>Nominal<br>Nurse Station<br>Not To Scale<br><br><b>On Center</b><br>On Center<br>On Center<br>Obstructions<br>Outside Diameter<br>Overflow Drain<br>Operating Room<br>Occupational Therapy<br>Outlet<br>Outpatient<br><br><b>Pole</b><br>Pole<br>Paint<br>Precast Concrete<br>Post-Anesthesia Recovery<br>Patient Room<br>Pull Box<br>Push Button<br>Perpendicular<br>Power Factor<br>Phase<br>Pharmacy<br>Plywood<br>Pail<br>Proposal Request<br>Profile Base<br>Primary<br>Prefinished<br>Power Roof Ventilator<br>Pressure Reducing Valve<br>Pounds per Square Inch<br>Paint<br>Physical Therapy<br>Paper Towel Dispenser<br>Power<br>Porcelain Paver<br>Polyvinyl Chloride<br><br><b>Quarry Tile</b><br>Quarry Tile<br>Quantity | <b>R</b><br>Resistance<br>Radius<br>Rubber<br>Return Air<br>Resilient Base<br>Radiology<br>Recessed<br>Recessed Ceiling Plan<br>Roof Drain<br>Receptacle<br>Reception<br>Refrigerator<br>Resilient Floor<br>Rubber Floor<br>Room Finish Schedule<br>Roof Jack<br>Relocate<br>Room<br>Revolutions Per Minute<br>Schedule<br>Reduced Pressure Zone Backflow Device<br>Rubber Stair Tread<br>Resilient Sheet Flooring<br>Rain Tight<br>Rubber Tile<br>Rain Water Leader<br><br><b>South</b><br>South<br>Solid Surface<br>Safety Floor<br>High Build Glazed Coating (Special Coating)<br>Soap Dispenser<br>Sealed Concrete<br>Secondary<br>Shower<br>Solid Polymer<br>Spare<br>Specifications<br>Square<br>Square Foot<br>Square Inch<br>Stainless Steel<br>Stain<br>Steel<br>Soiled Utility<br>Surgery<br>Suspended<br>Switch<br>Switchboard<br>Symmetrical<br><br><b>Toilet</b><br>Toilet<br>Thermostat<br>Tackboard<br>Top of Beam Elevation<br>Telecommunications Cabinet<br>Top of Deck Elevation<br>Terrazzo<br>Terminal<br>Top of Footing Elevation<br>Tampor Resistant<br>Toilet Paper Holder<br>Treatment<br>Top of Slab Elevation<br>Top of Wall Elevation<br>Typical<br><br><b>Urinal</b><br>Urinal<br>Under Counter or Under Cabinet<br>Underground<br>UG<br>Unit Heater<br>Underwriters' Laboratory<br>Unless Noted<br>UNO<br>Unit Ventilator<br><br><b>Vinyl</b><br>Vinyl<br>Volt<br>Volt-Amperes<br>Vacuum<br>Vertical Blind<br>Vinyl Composite Tile<br>Vinyl Clad Wood<br>Vapor<br>Vapor Tight<br><br><b>West</b><br>West<br>Without<br>Waste Anesthetic Gas Disposal<br>Water Closet<br>Wallcovering<br>Wheelchair<br>Wood<br>Window<br>Wide Flange Steel Beam<br>Wall Guard<br>Wall Protection<br>Water Resistant<br>Weatherstripping<br>Working Soupper<br>Wainscot<br>Welded Seam Sheet Flooring<br>Watertight<br>Weight<br>WTR<br>Welded Wire Fabric<br><br><b>Transformer</b><br>Transformer<br>Explosion Proof<br><br><b>Impedance</b><br>Impedance |
|---|--|

SYMBOLS

TAGS

|       |   |
|-------|---|
| 1A101 | Indicates door number; see door schedule.   |
| 4C    | Indicates wall type. The wall type number is described in the wall type legend found on all floor plan sheets |
| 1     | Indicates note described elsewhere on documents   |
| 2     | Indicates demolition note described elsewhere on documents  |
| 1     | Indicates revision's to issued documents  |
| 202   | Indicates equipment item; see equipment schedule  |
| W1    | Indicates window number; see window types   |
| F1    | Indicates interior window number; see window types  |
| L1    | Indicates lower frame number; see lower types   |
| CW1   | Indicates curtain wall frame number; see curtain wall frame types   |
| S1    | Indicates storefront frame number; see storefront frame types   |

|               |                                       |
|---------------|---------------------------------------|
| detail number |                                       |
| A501          | Indicates building exterior elevation |
| detail number |                                       |
| A401          | Indicates building interior elevation |
| sheet number  |                                       |

GRID LINES

Grid lines are traces of imaginary vertical planes, identified by number and/or letter, used to facilitate the location of materials. Where no dimensions are shown and the materials are shown to occur with some definite relationship to the grid lines, then these materials shall be installed in this relationship.

ROOM AND DOOR NUMBERS

Rooms are numbered in the following manner:  
Vis: 2R17 or 2R174  
The first digit refers to the level on which the room occurs in a multi-level building. In a one-level building, this digit may be omitted.  
The second digit refers to the area of that particular level where the room occurs when the campus is divided into different areas or buildings. If only one area or building exist, this digit may be omitted.  
The last two or three digits identify the room.

WALL GRAPHICS

|  |   |
|--|---|
|  | Existing Walls to Remain (shown dashed) |
|  | Walls to be Removed (shown dotted)      |
|  | New Walls (shown solid)                 |

ARCHITECTURAL SYMBOLS

|  |   |
|--|---|
|  | Accordion Door  |
|  | Cubicle Curtain Track   |
|  | Drapery   |
|  | Corner Guard  |
|  | (Existing Spot Elevation) XXX.XX                                  |
|  | Elevation of Building Component(s) Relative to the Base Elevation |

WALL RATING LINES

|     |  |
|-----|--|
| --- | SMOKE PARTITION  |
| --- | SMOKE BARRIER  |
| --- | FIRE PARTITION (1 HR RATED)                            |
| --- | FIRE BARRIER (1 HR, 2HR RATED x INDICATES HOUR RATING) |
| --- | FIRE WALL (1 HR, 2HR RATED x INDICATES HOUR RATING)    |
| --- | LEAD LINED WALL  |

EXPLANATION OF DOCUMENT NOMENCLATURE

In order to avoid an unnecessary amount of lettering and a confusing number of lines on the Contract Documents, the Architect/Engineer has used certain devices, abbreviations, conventions, symbols, diagrams and schedules, the meaning and use of which are herein illustrated and explained. The Contract Documents cannot be fully and correctly interpreted without reference to these explanatory sheets and to the specifications contained in the Project Manual.

Combinations of abbreviations consistent with the following abbreviations list may occur. When any feature of the building occurs more than once, it is drawn in full only once, and repetitions of the same feature are indicated in outline; it is the intention that all of such features indicated in outline shall be complete in every detail as shown in the typical instance. Features which are shown in detail at a larger scale will be indicated in outline only on the smaller scale drawings. Where plans or elevations are symmetrical, one-half will be drawn in full, and the other indicated in outline only; and when any feature is continuous, a portion only will be shown in full and the remainder in outline.

Information shown on plans will not be repeated on elevations and sections and vice versa. Where notes are indefinite, reference must be made to the specifications. When practical, notes upon the plans are eliminated, and information is condensed in the form of schedules which appear in the Project Manual.

DETAIL AND SECTION REFERENCING

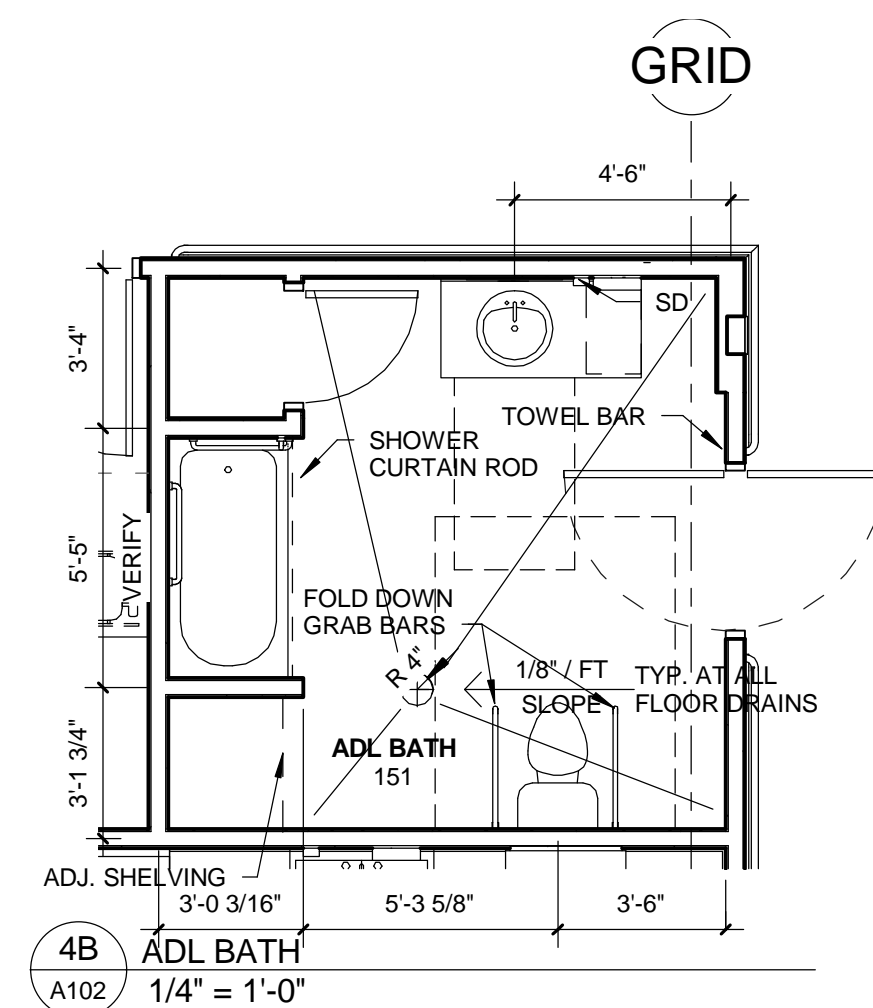
Where double numbers appear in a circle on scale drawings or elevations, the upper number is the number of the section or elevation on the sheet so numbered... the lower number indicates the sheet on which a section or elevation of the part in question may be found;

|      |   |
|------|---|
| Vis: | Indicates detail number on that sheet                                 |
|      | Indicates number of sheet where section, elevation, or detail appears |
| ...  | ...and shall be referred to in correspondence as elevation 12/ 6-2.   |
|      | Indicates detail referenced   |
|      | Indicates detail section cut location                                 |
|      | Indicates building & wall section cut location                        |
|      | Indicates a plan details and enlarged plans                           |







EQUIPMENT LIST -  
(EXISTING & NEW)

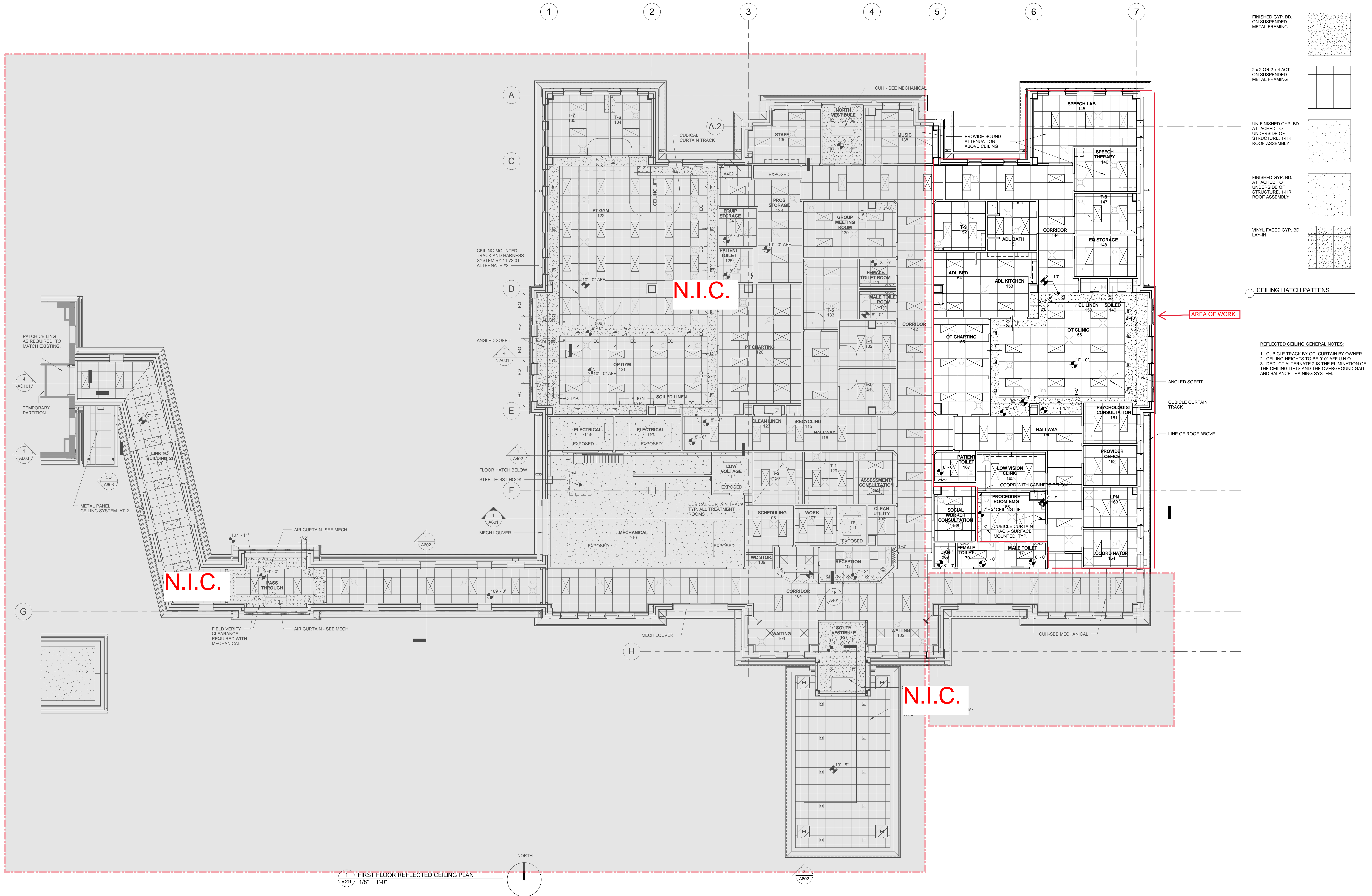
| Eq. # | Type of Equipment     | General | Brand       | Model     | Dimensions (H x W x D) | Specification Section | By | Location           | General Comments |
|-------|-----------------------|---------|-------------|-----------|------------------------|-----------------------|----|--------------------|------------------|
|       | Existing Equipment    |         |             |           |                        |                       |    |                    |                  |
| E-1   | Treatment Table (1)   |         |             | GE Møller | 4x5'                   | EXISTING              |    | OT Gym             |                  |
| E-1   | Treatment Table (2)   |         |             | GE Møller | 4x5'                   | EXISTING              |    | OT Gym             |                  |
| E-1   | Treatment Table (3)   |         |             | GE Møller | 4x5'                   | EXISTING              |    | OT Gym             |                  |
| E-2   | Treatment mat (brown) |         |             |           | 48"x84"                | EXISTING              |    | OT Gym, Tx room 10 |                  |
| E-2   | Treatment mat (gray)  |         |             |           | 48"x84"                | EXISTING              |    | OT Gym             |                  |
| E-3   | Wa 42" TV             |         |             |           | Wall mounted           | EXISTING              |    | OT Gym             |                  |
| E-4   | Mirror on wheels      |         |             |           |                        | EXISTING              |    | OT Gym             |                  |
| E-5   | Paraffin bath         |         |             |           | 11"x27"                | EXISTING              |    | Tx room 10         |                  |
| E-6   | Hydrocollator         |         | Chattanooga |           | 21"x31"                | EXISTING              |    | Tx room 9          |                  |
| E-7   | Dowel weight cart     |         |             |           | 22"x31"                | EXISTING              |    | OT Gym             |                  |
| E-8   | Ultrasound cart       |         |             |           | 20"x34"                | EXISTING              |    | Tx room 10         |                  |
| E-9   | Not used              |         |             |           |                        |                       |    |                    |                  |
| E-10  | Hospital bed          |         |             |           | 86"x37"                | EXISTING              |    | OT ADL Bedroom     |                  |
| E-11  | Ultrasound unit       |         |             |           | 20"x16"                | EXISTING              |    | Tx room 10         |                  |
| E-12  | Phiotherapy           |         |             |           | 30"x11"                | EXISTING              |    | Tx room 10         |                  |
| E-13  | Ice pack freezer      |         | Whitell     |           | 28"x24"                | EXISTING              |    | Tx room 9          |                  |
| E-14  | Vital signs monitor   |         | CAS 740     |           | 24"x24"                | EXISTING              |    | OT Gym             |                  |
| E-16  | Weight holder/mirror  |         |             |           | 23"x32"                | EXISTING              |    | OT Gym             |                  |

|      |                               |  |             |          |  |                    |                                    |
|------|-------------------------------|--|-------------|----------|--|--------------------|------------------------------------|
| E-38 | TABLE                         |  | 4'x4'       |          |  | Tx room 10         |                                    |
| E-39 | Blanket Warmer                |  | 21"x16"x25" | EXISTING |  | Procedure Room EMG |                                    |
|      |                               |  |             |          |  |                    |                                    |
|      | New Equipment                 |  |             |          |  |                    |                                    |
| 1    | Computer table with Vsi-patch |  | 3'x3'       |          |  | Speech Lab         |                                    |
| 2    | Laryngoscope table            |  | 24"x30"     |          |  | Speech Lab         |                                    |
| 3    | FEES Equipment/ Cart          |  | 27"x45"     |          |  | Speech Lab         | located next to laryngoscope table |
| 4    | Hamper                        |  |             |          |  |                    |                                    |
| 5    | Treatment Mat                 |  | 30"x84" (?) |          |  |                    |                                    |

|    |                  |  |  |           |  |  |                    |  |
|----|------------------|--|--|-----------|--|--|--------------------|--|
| 10 | EMG Unit on Cart |  |  | 28" x 31" |  |  | Procedure Room EMG |  |
|----|------------------|--|--|-----------|--|--|--------------------|--|

|    |                                |        |        |                    |                       |  |
|----|--------------------------------|--------|--------|--------------------|-----------------------|--|
| 14 | V-Tel (Video Teleconferencing) |        |        |                    | As Shown on Drawings  | Provide Data, Electrical, and Blocking for future TV Monitor |
| 15 | Ceiling Mounted Projector      |        |        |                    | Group Meeting Rm 139  |  |
| 16 | Adjustable Table               |        |        | 23" x 34"          | Low Vision Clinic 165 |  |
| 17 | Table on Wheels                |        |        | 40" x 24"          | Low Vision Clinic 165 |  |
| 18 | Split Pan                      | Rolyan | 56285X | 25 1/2" x 28" x 9" | OT Clinic 156         |  |





| No | REVISION | DATE |
|----|----------|------|
|    |          |      |

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1  
A201

FIRST FLOOR REFLECTED CEILING PLAN  
1/8" = 1'-0"

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Architect under the laws of the State of Minnesota.  
*Sarah M. Mohr*  
Sarah Mohr License No. 40060

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|                                    |      |                                   |      |
|------------------------------------|------|-----------------------------------|------|
| APPROVED: SERVICE LINE DIRECTOR    | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GEMS COORDINATOR         | DATE | APPROVED: PATIENT SAFETY          | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE         | DATE |
| APPROVED: DIRECTOR FMS             | DATE | APPROVED: SAFETY MANAGER          | DATE |

DRAWING TITLE  
**REFLECTED CEILING  
PLAN - FIRST FLOOR**

APPROVED: CHIEF OF STAFF  
DATE

APPROVED: MEDICAL CENTER DIRECTOR  
DATE

PROJECT TITLE  
**RELOCATE REHAB  
SERVICES 656-16-277**  
St. Cloud VA Health Care System

BUILDING No. CHECKED BY DRAWN

DATE  
12/03/2018  
PLOT SCALE

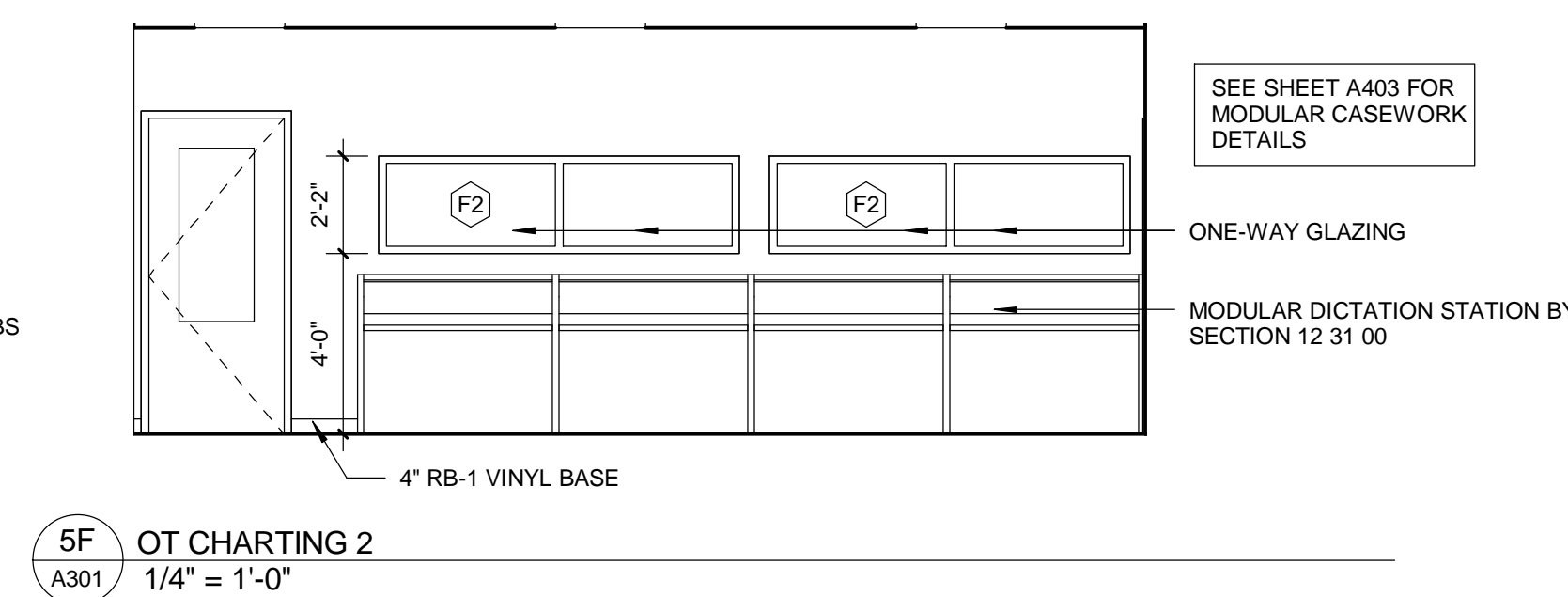
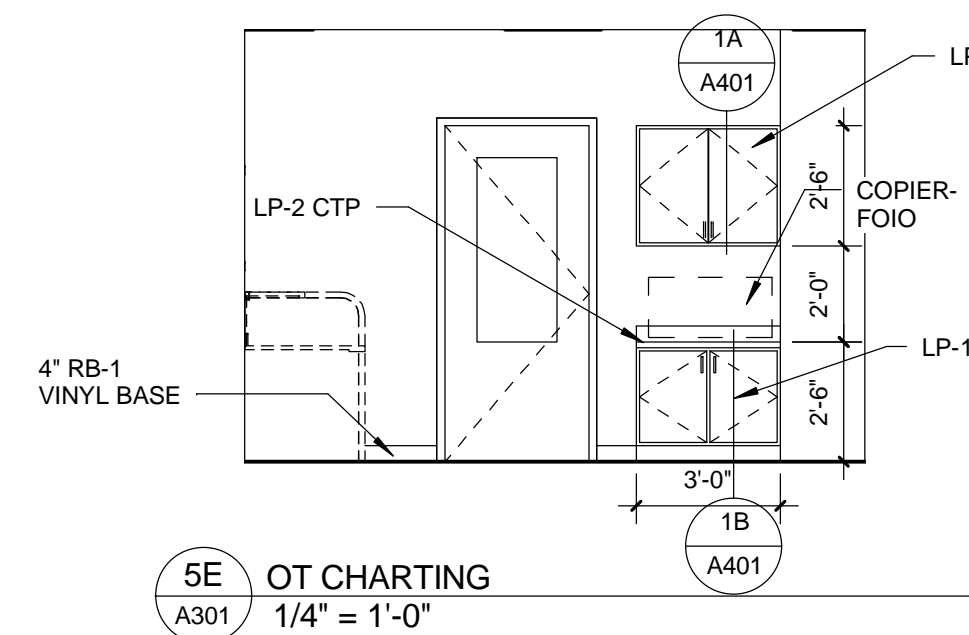
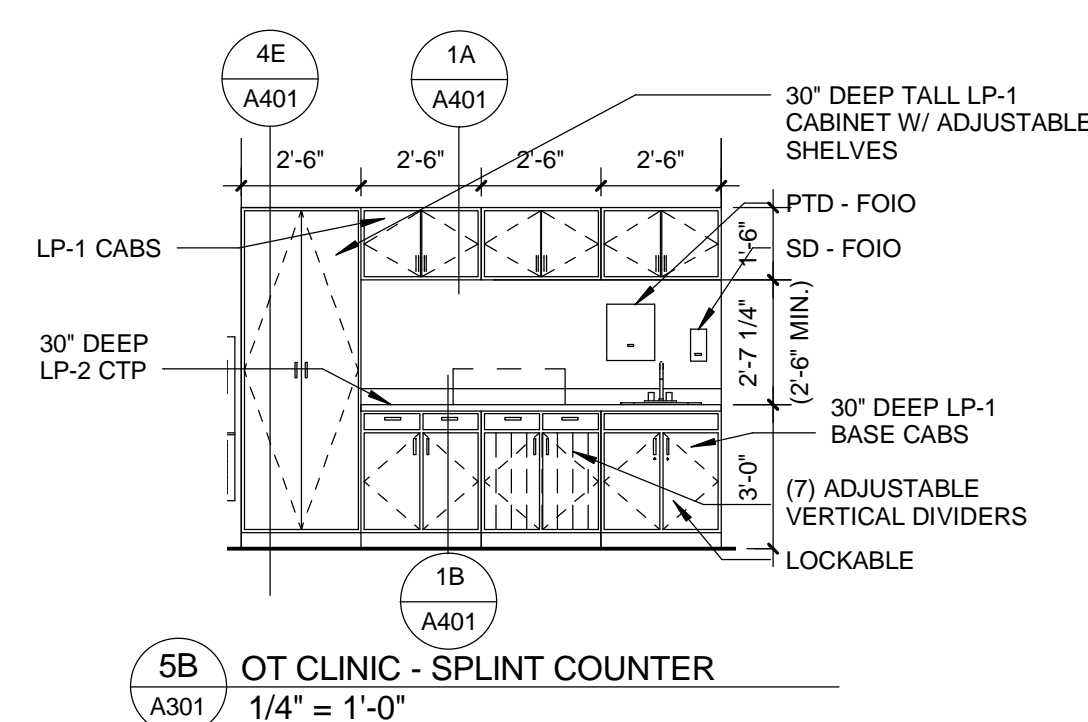
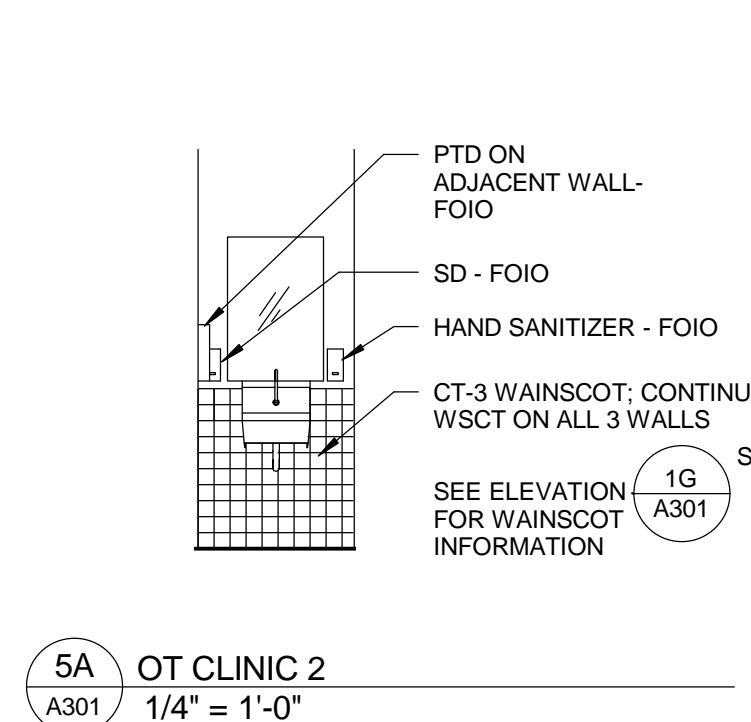
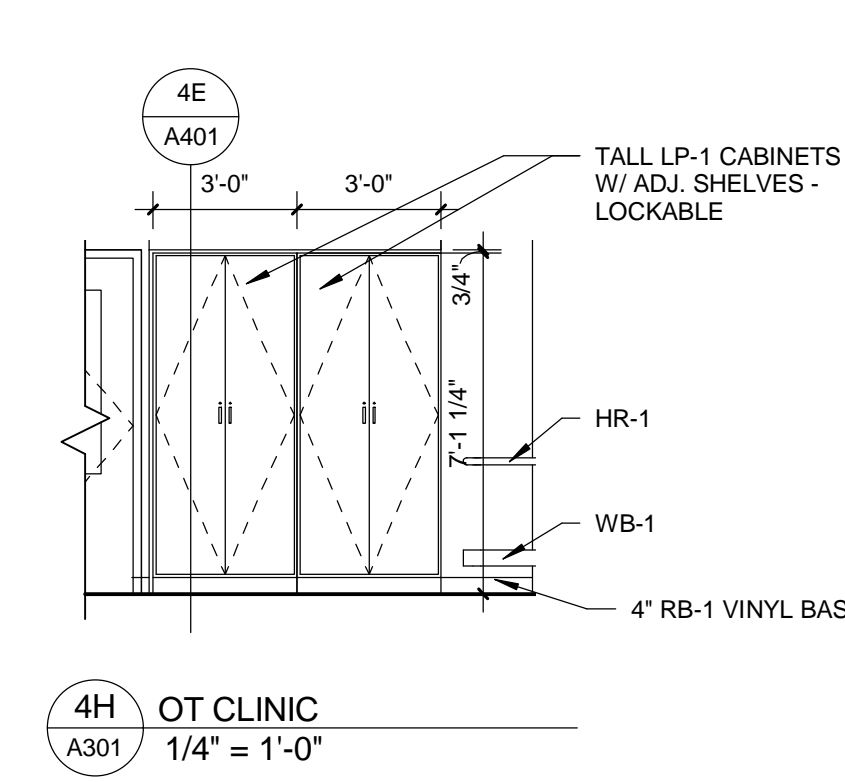
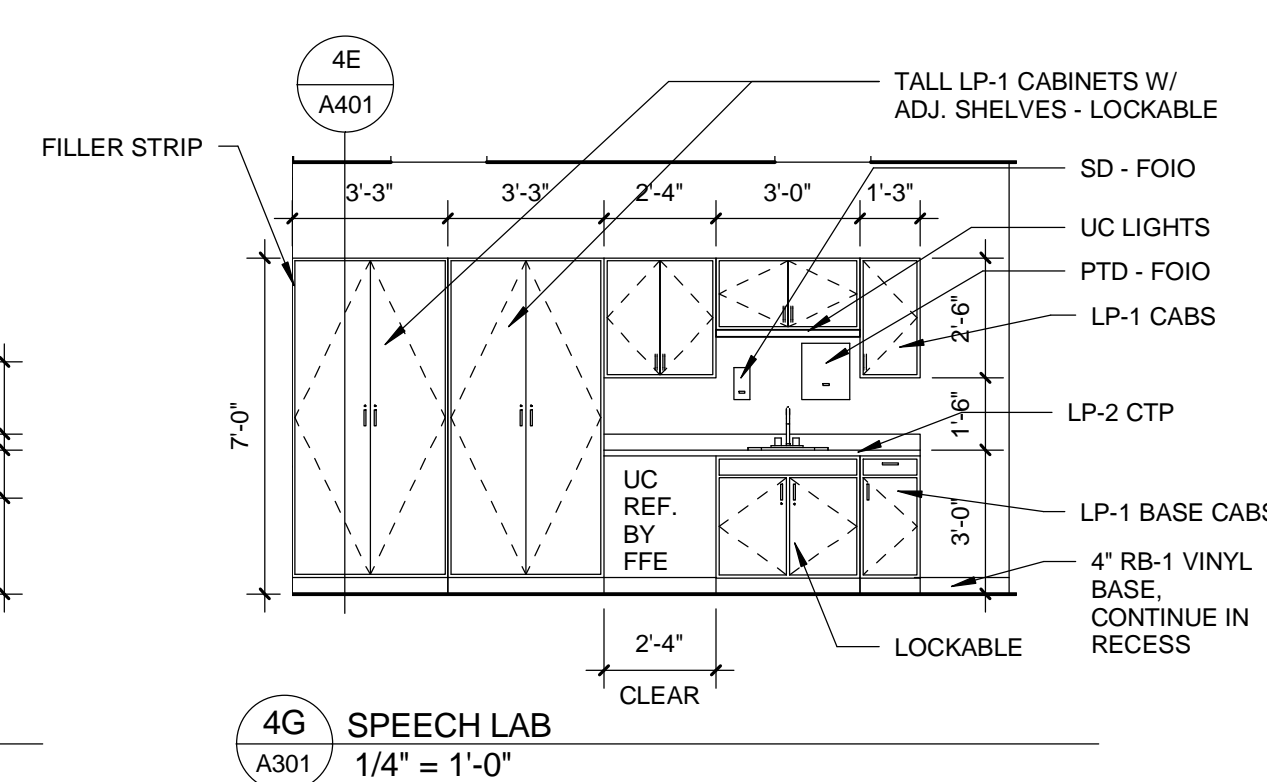
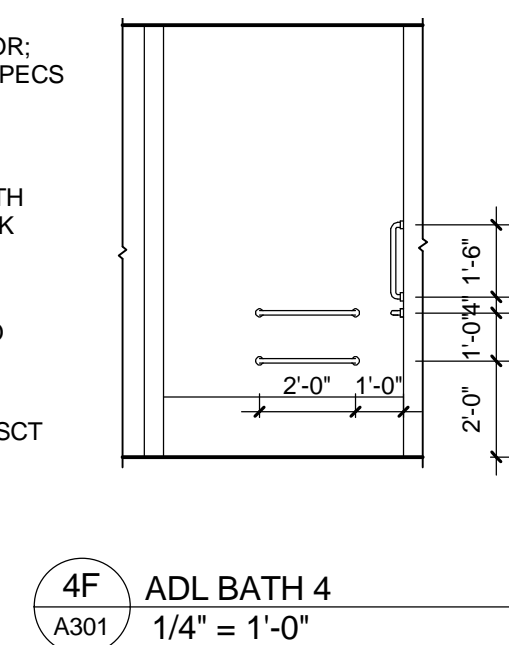
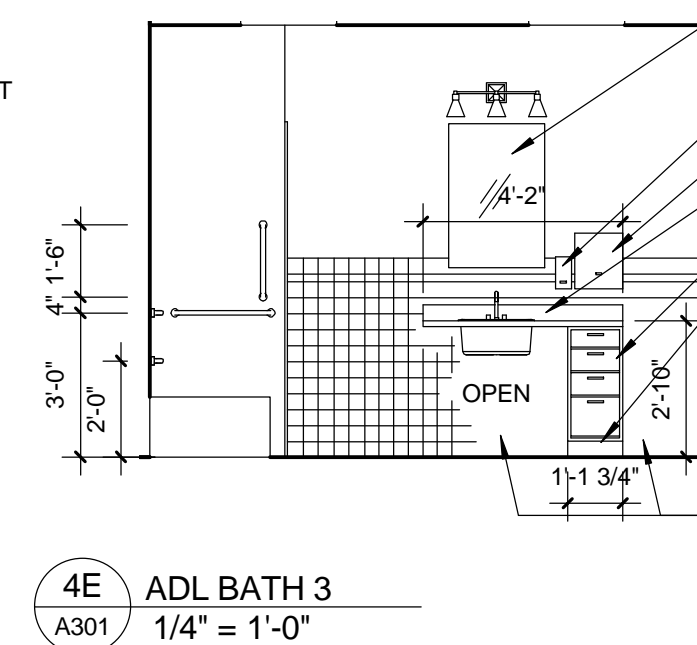
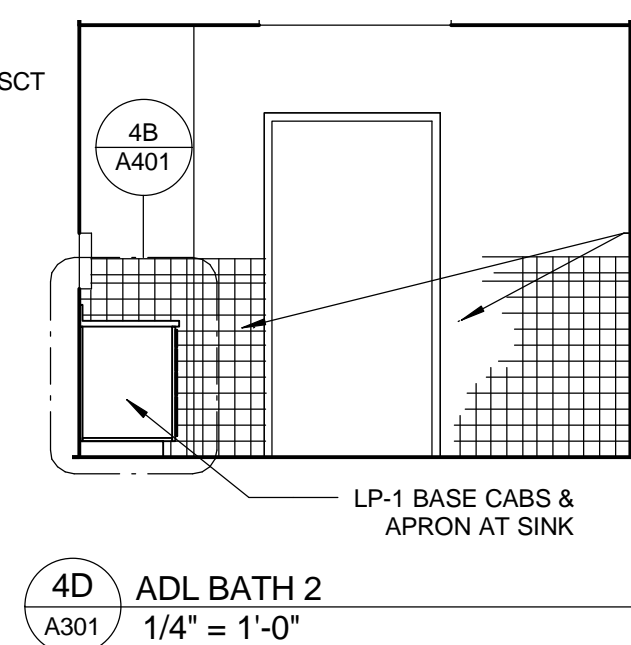
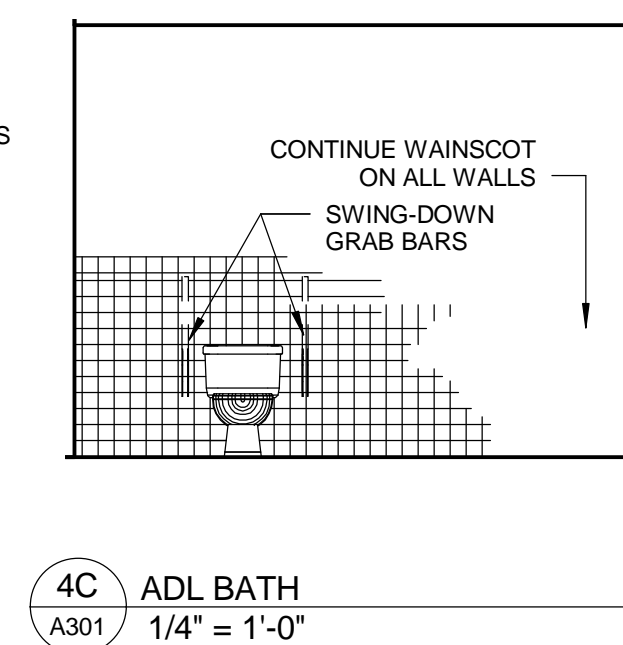
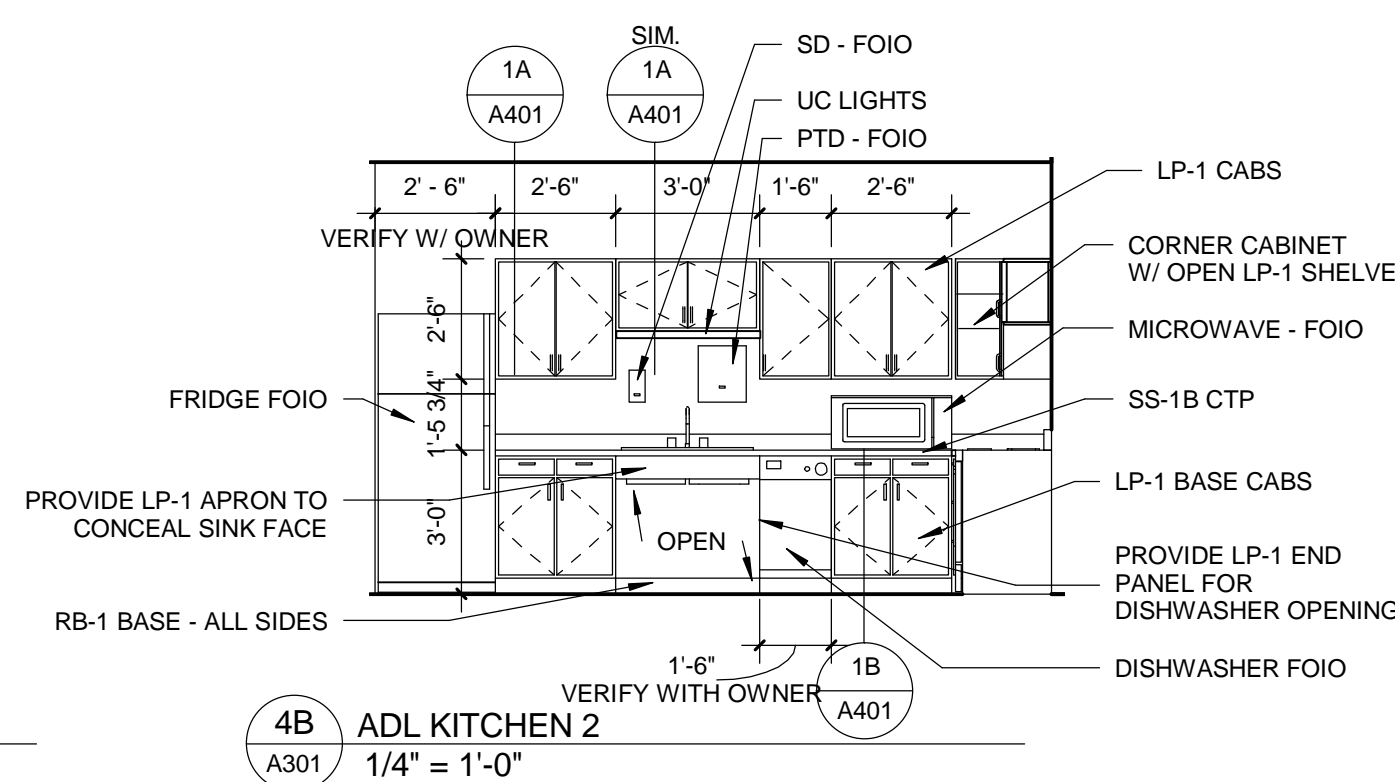
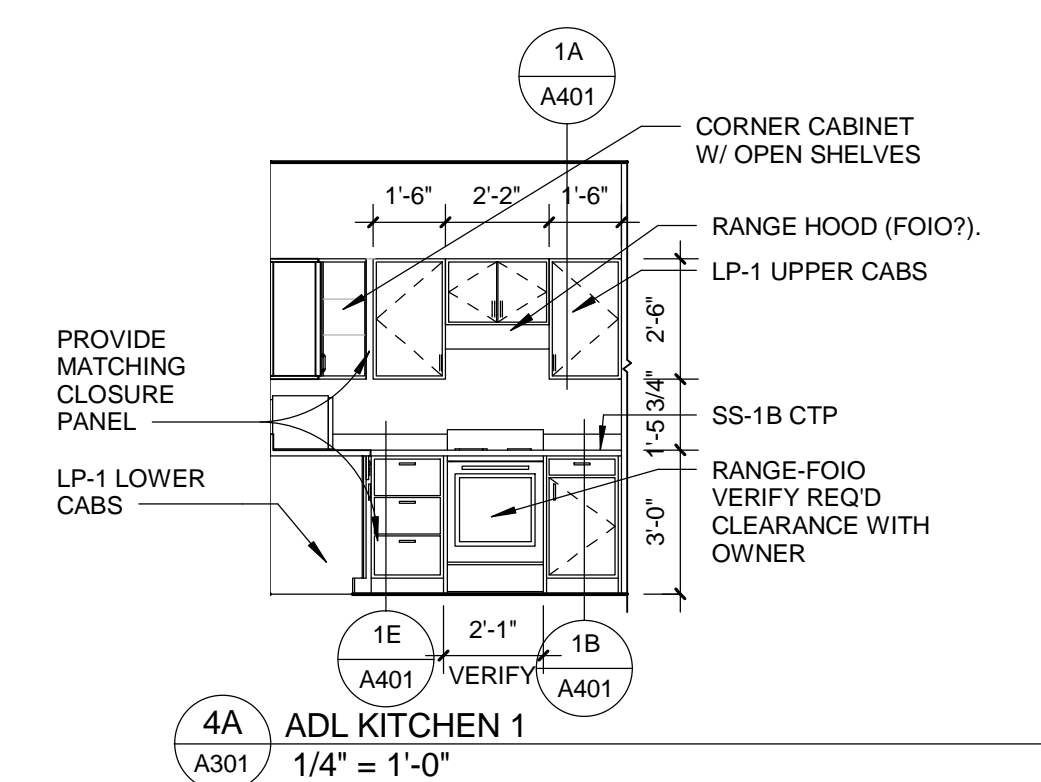
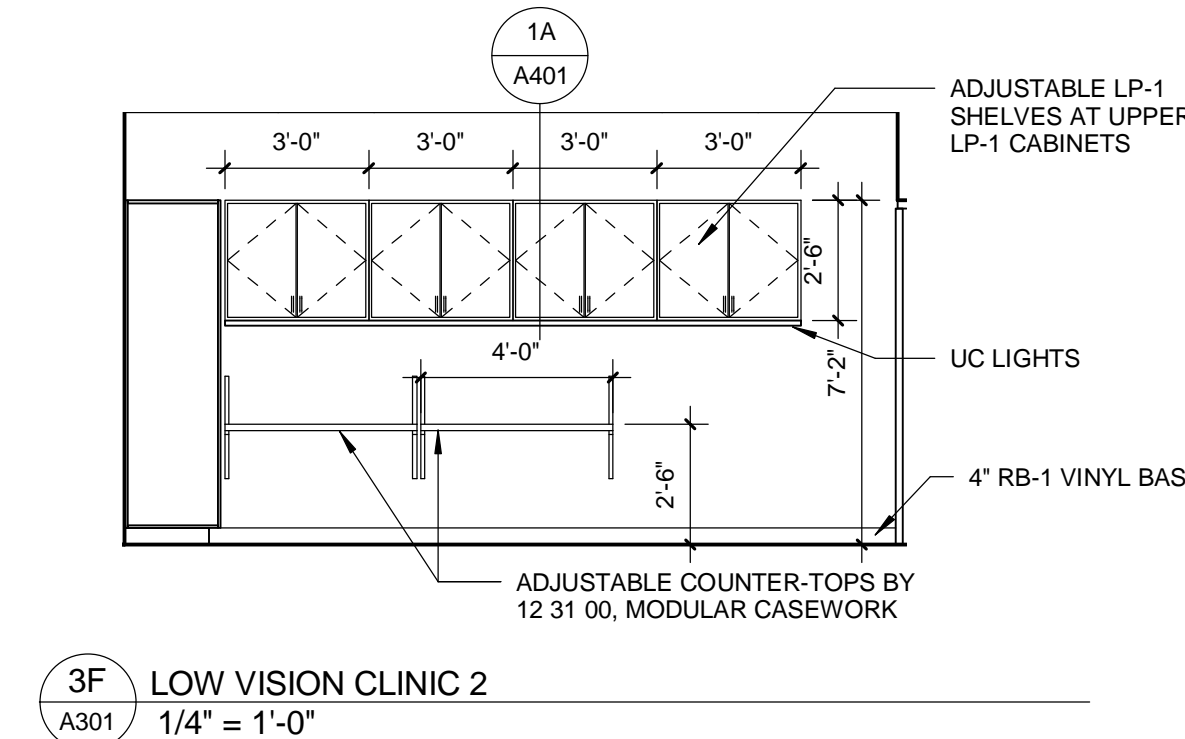
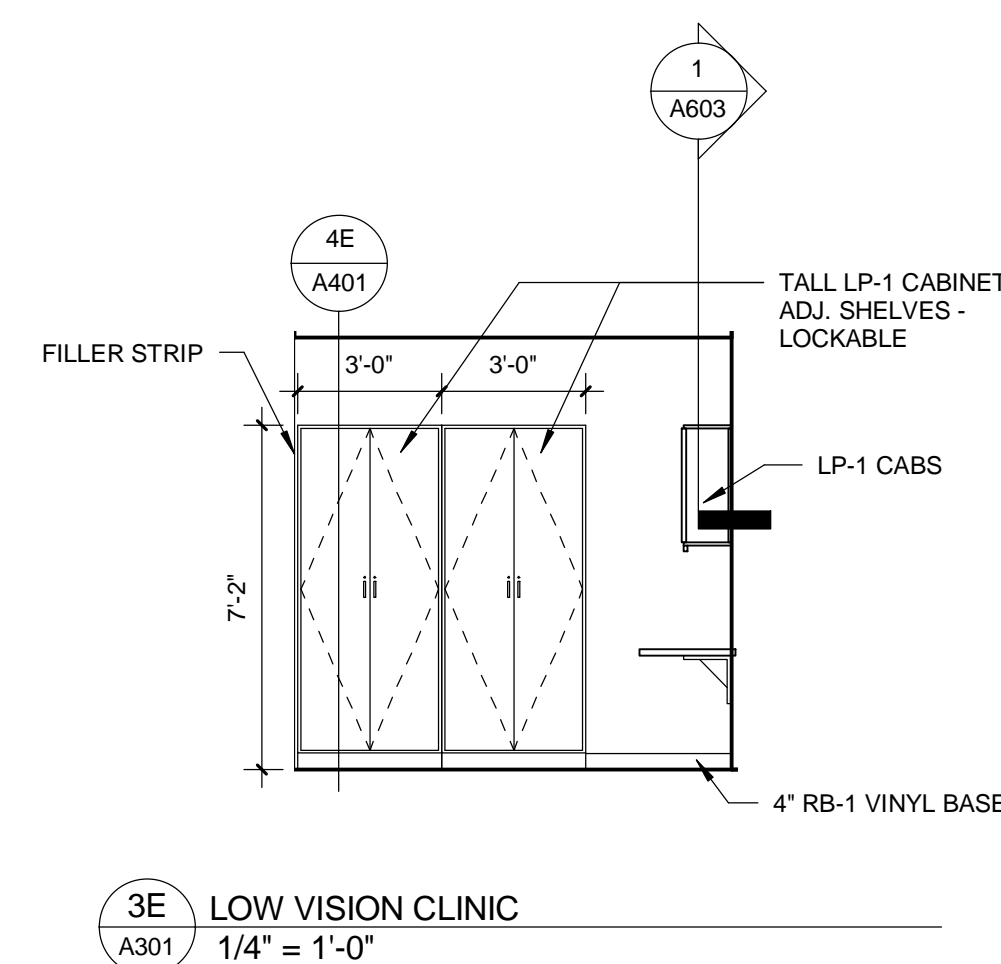
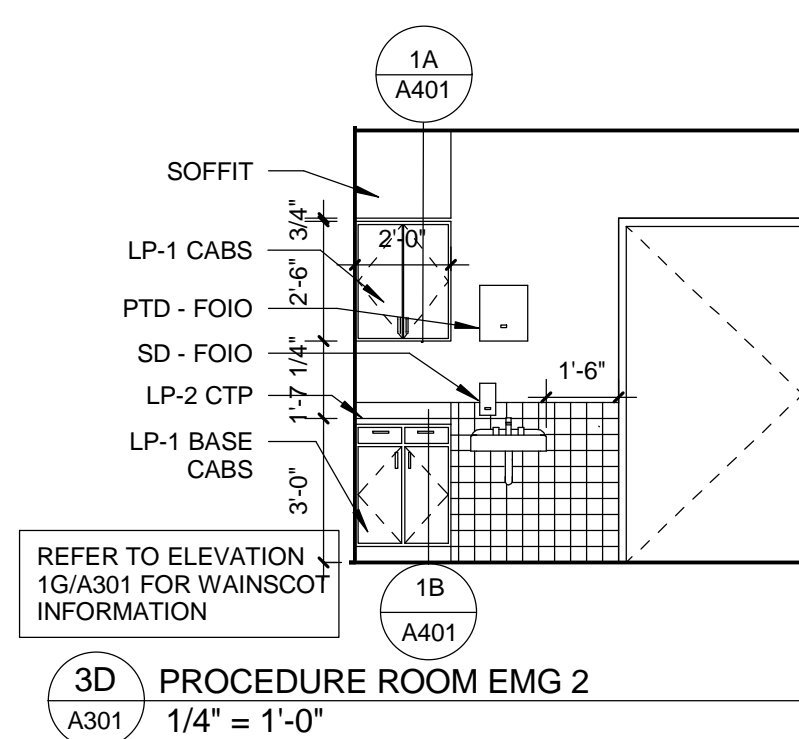
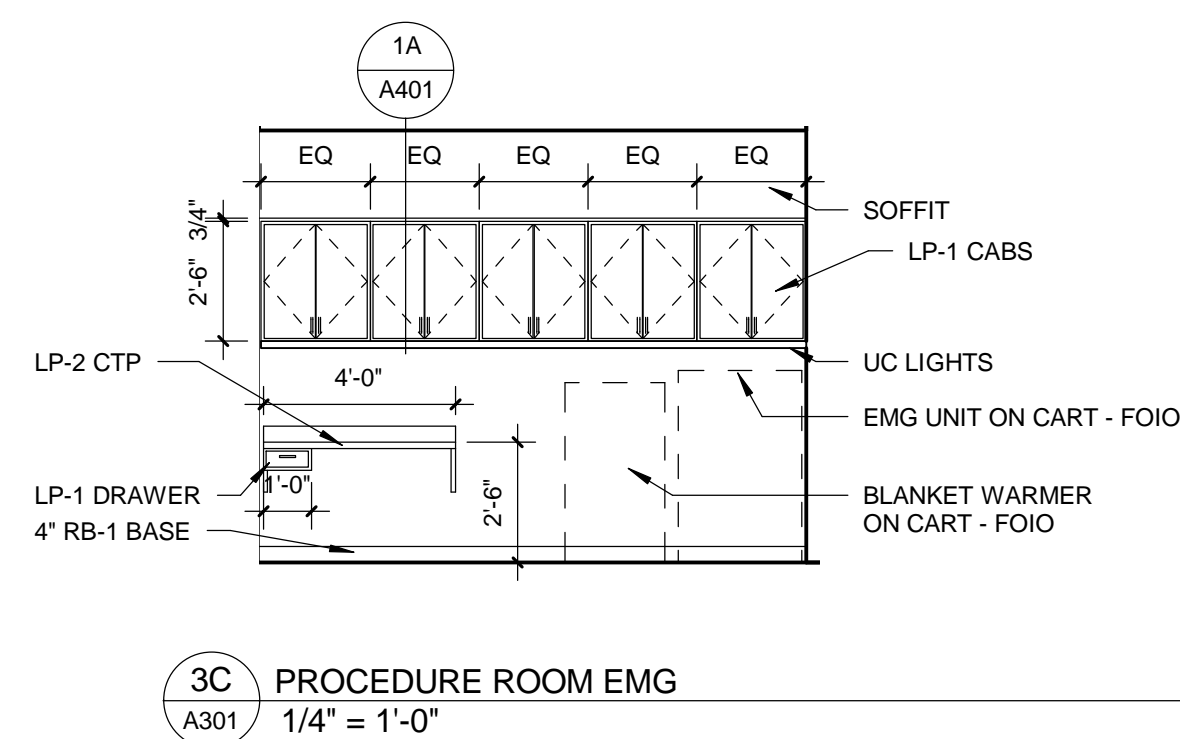
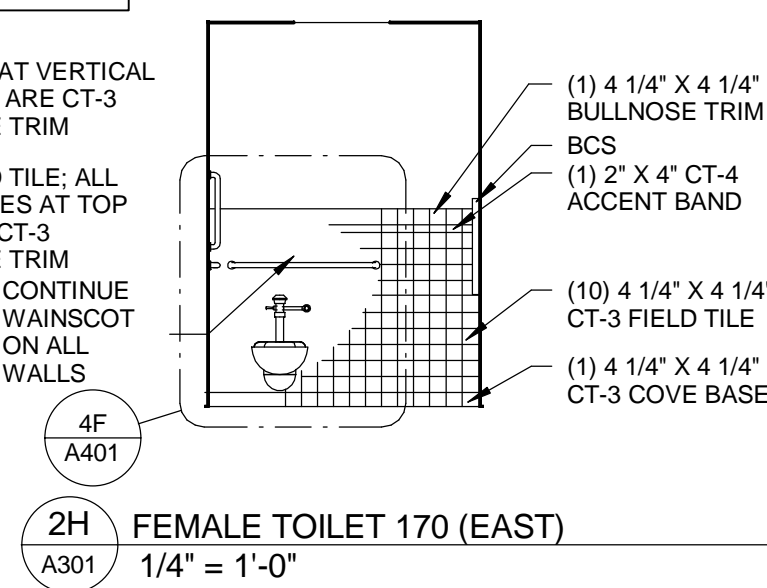
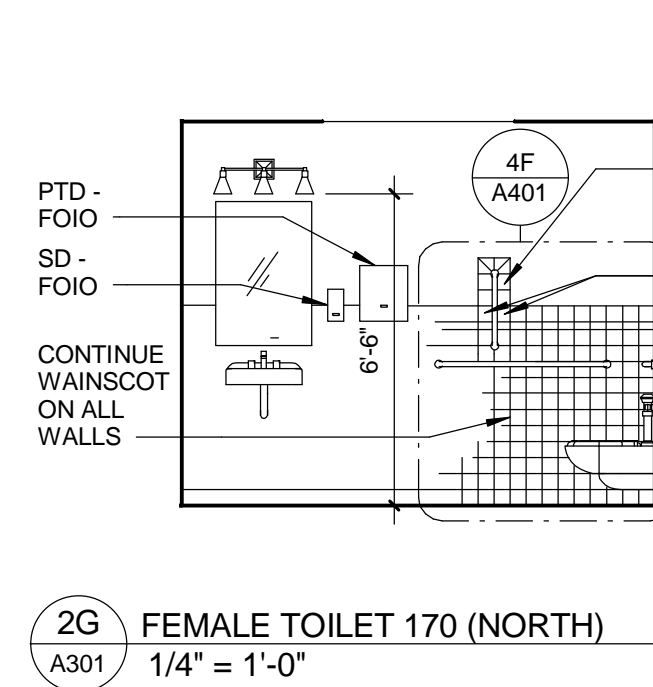
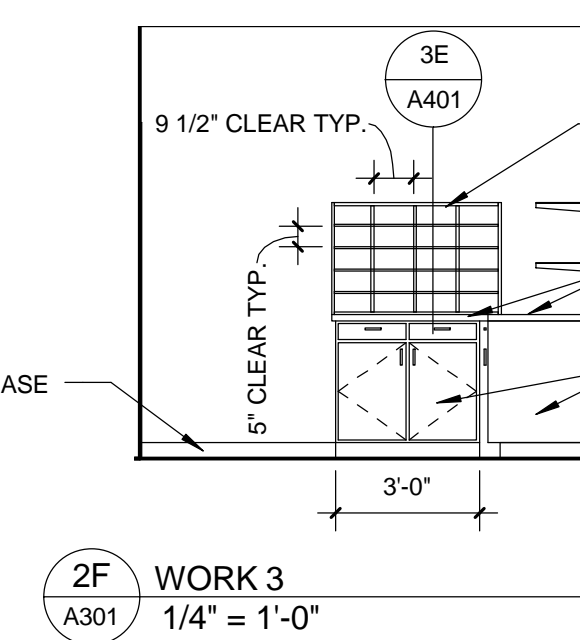
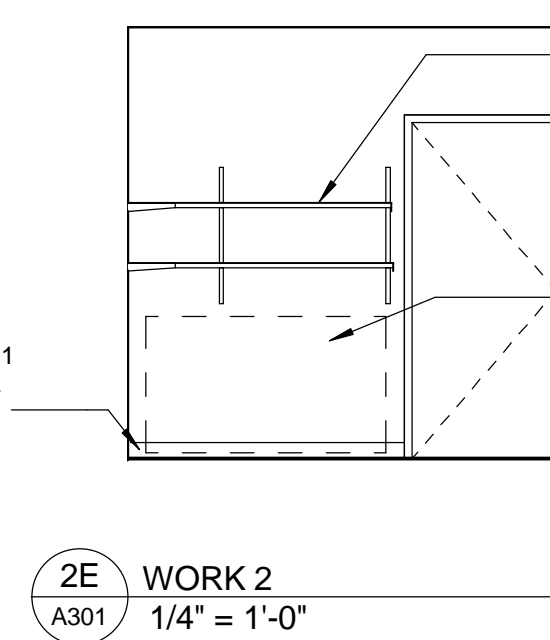
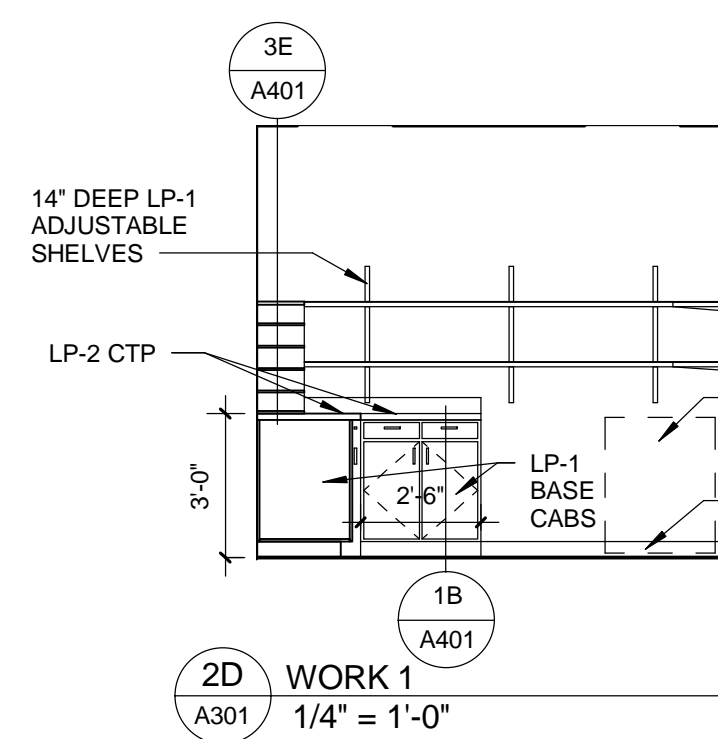
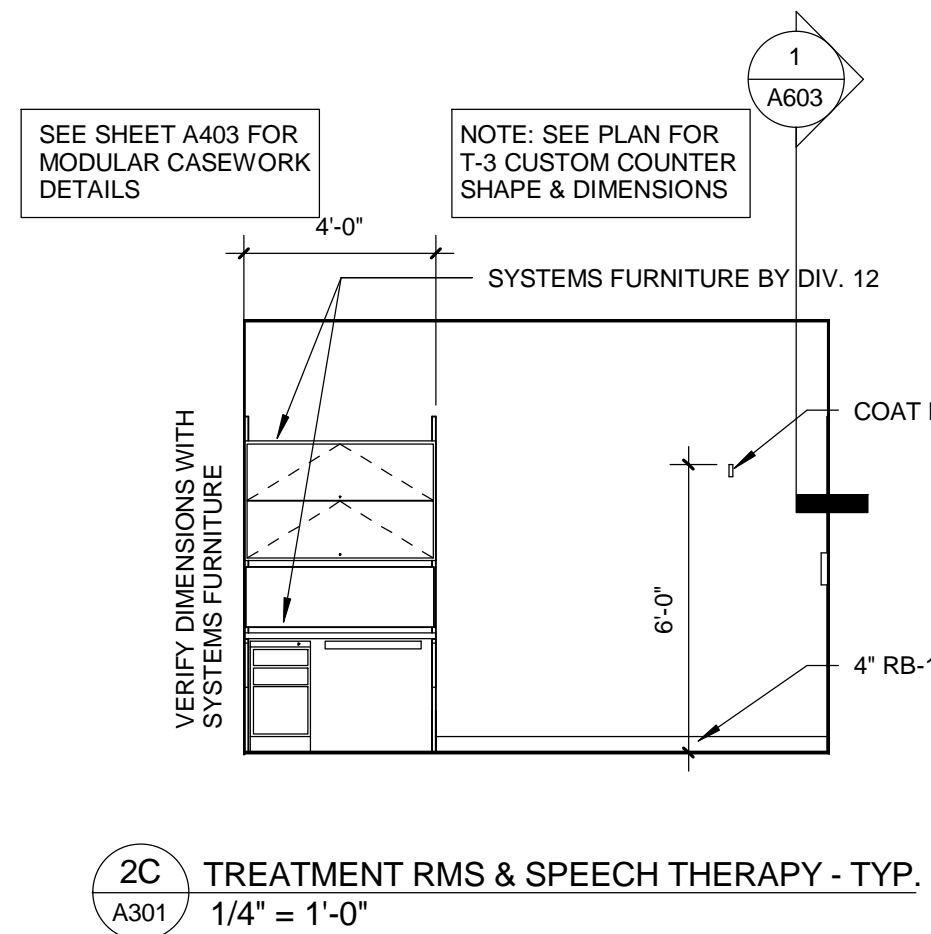
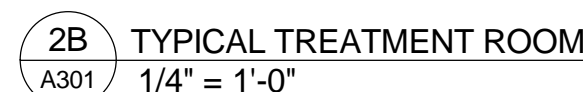
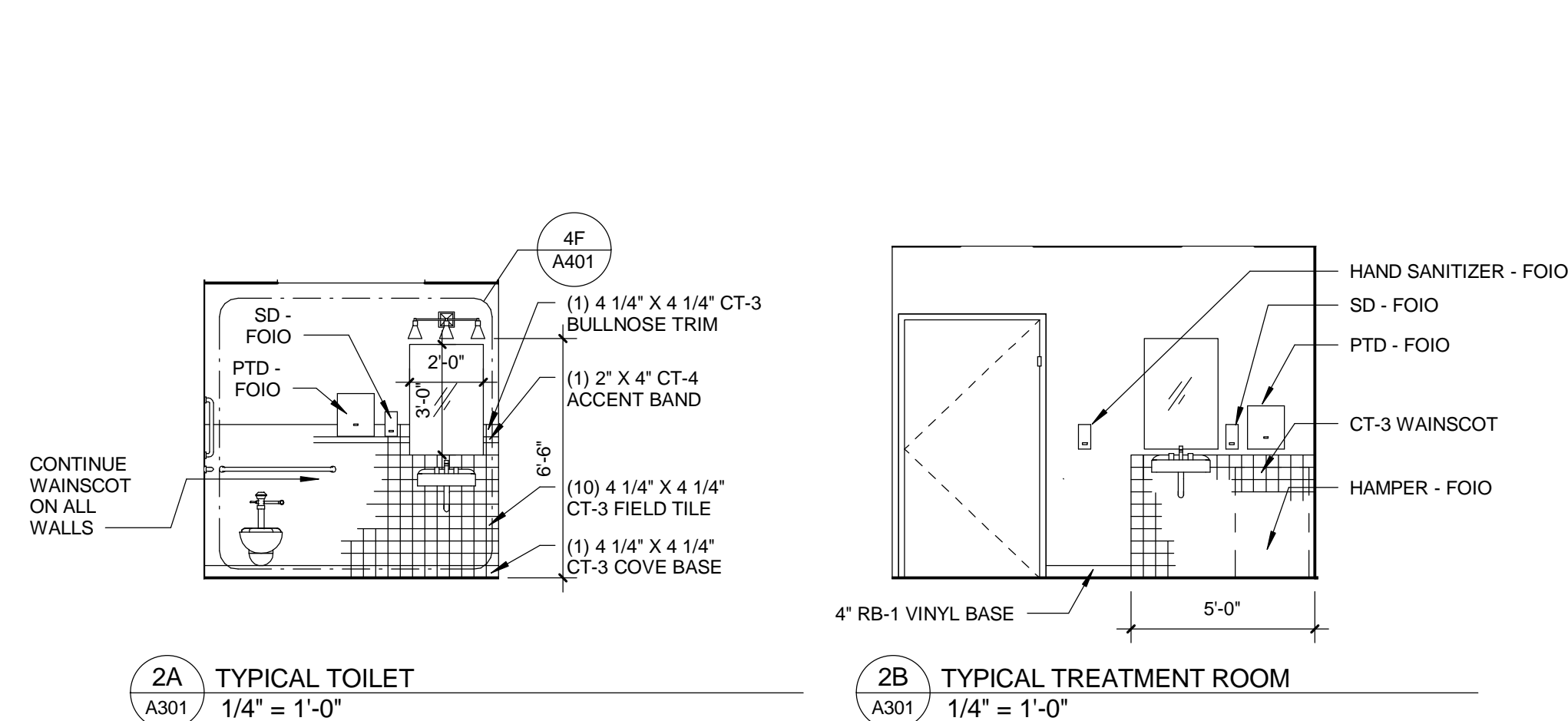
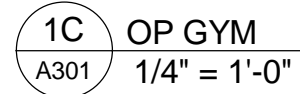
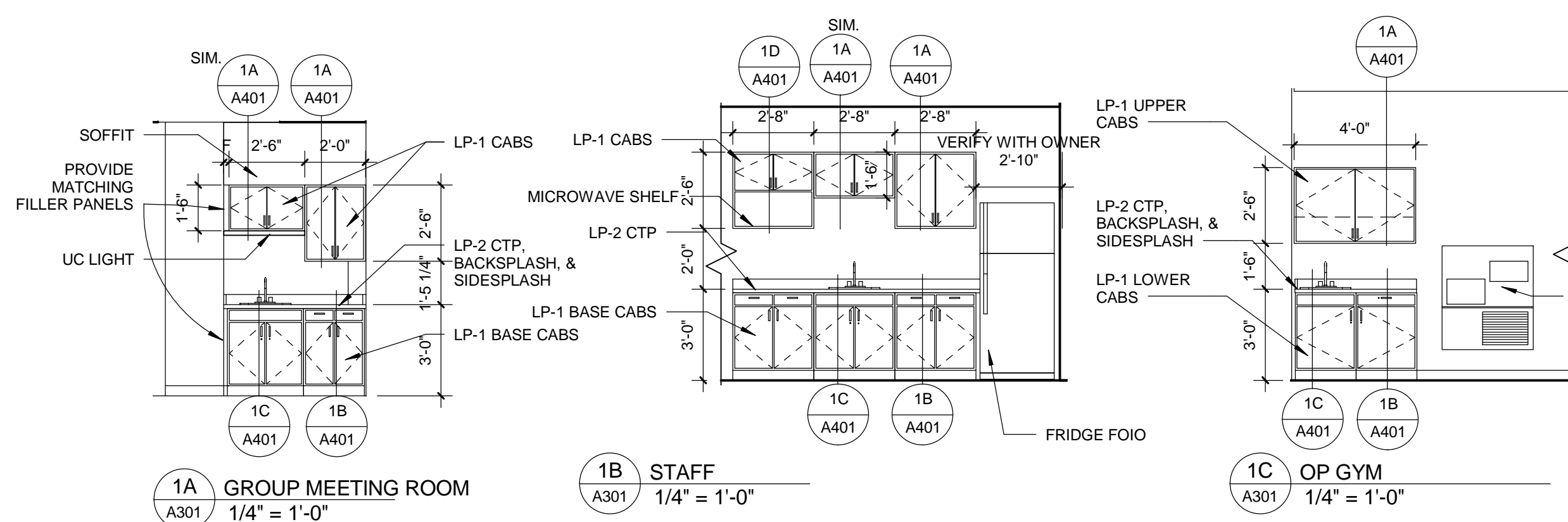
PROJECT NO.

DATE  
12/03/2018  
PLOT SCALE

DRAWING NO.  
**A201**

**St. Cloud VA  
Health Care System**  
Brainerd | Montevideo | Alexandria





### GENERAL NOTES

1. REFER TO ELEVATION 1G/A301 FOR TREATMENT ROOM, PROCEDURE ROOM, SPEECH THERAPY, & LPN TILE WAINSCOT DETAILS
2. REFER TO ELEVATION 2A/A301 FOR TYPICAL TOILET ROOM & ADL BATH TILE WAINSCOT DETAILS. TILE WAINSCOT TO CONTINUE ALL WALLS, U.N.O.
3. PROVIDE LOCKS ON ALL SINK BASE CABINETS
4. REFER TO ELEVATION 2G/A301 FOR TYPICAL TILE DETAIL AT VERTICAL GRAB BARS

|     |          |      |
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|                                    |       |                                   |       |
| APPROVED: GEMS COORDINATOR         | DATE: | APPROVED: PATIENT SAFETY          | DATE: |
|                                    |       |                                   |       |
| APPROVED: PROJECTS SECTION MANAGER | DATE: | APPROVED: CHIEF OF POLICE         | DATE: |
|                                    |       |                                   |       |
| APPROVED: DIRECTOR FMS             | DATE: | APPROVED: SAFETY MANAGER          | DATE: |
|                                    |       |                                   |       |

|                                   |             |
|-----------------------------------|-------------|
| DRAWING TITLE                     |             |
| <b>INTERIOR<br/>ELEVATIONS</b>    |             |
| APPROVED: CHIEF OF STAFF          | DATE: _____ |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE: _____ |

DATE  
12/03/2018

PLOT SCALE

PROJECT NO. \_\_\_\_\_

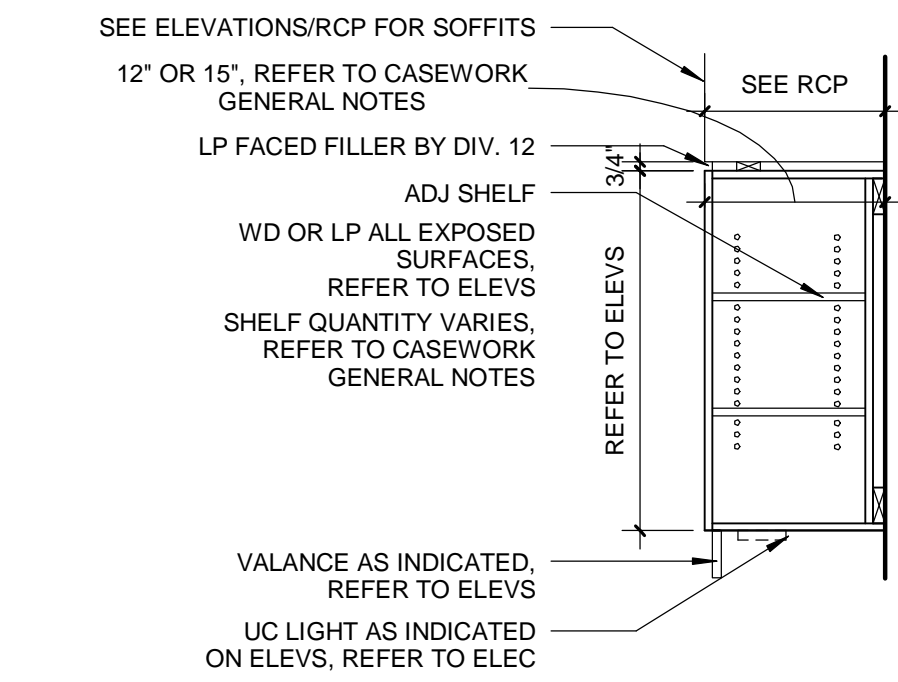
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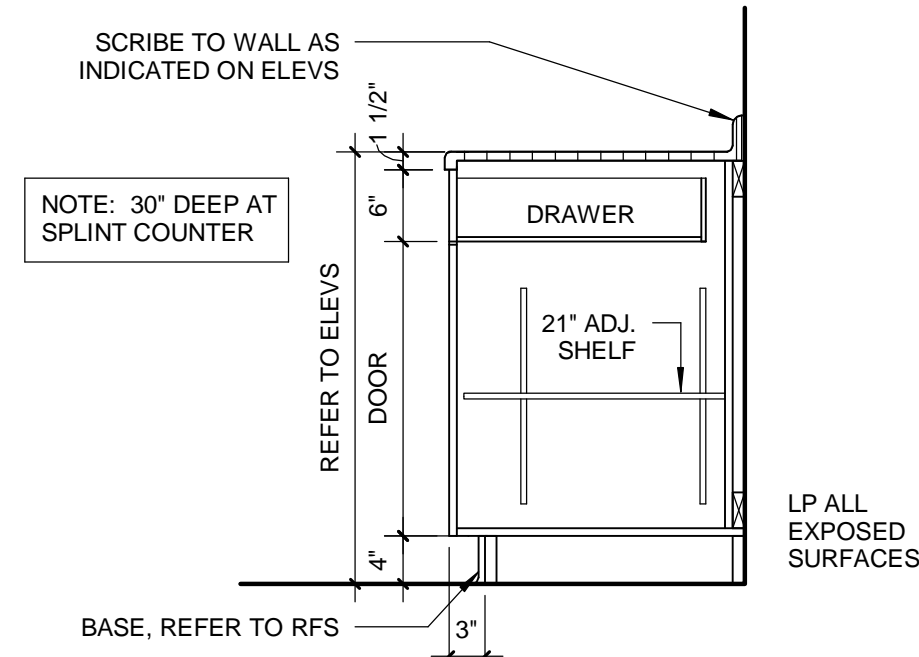
**St. Cloud VA**  
Health Care System  
Brainerd | Montevideo | Alexandria



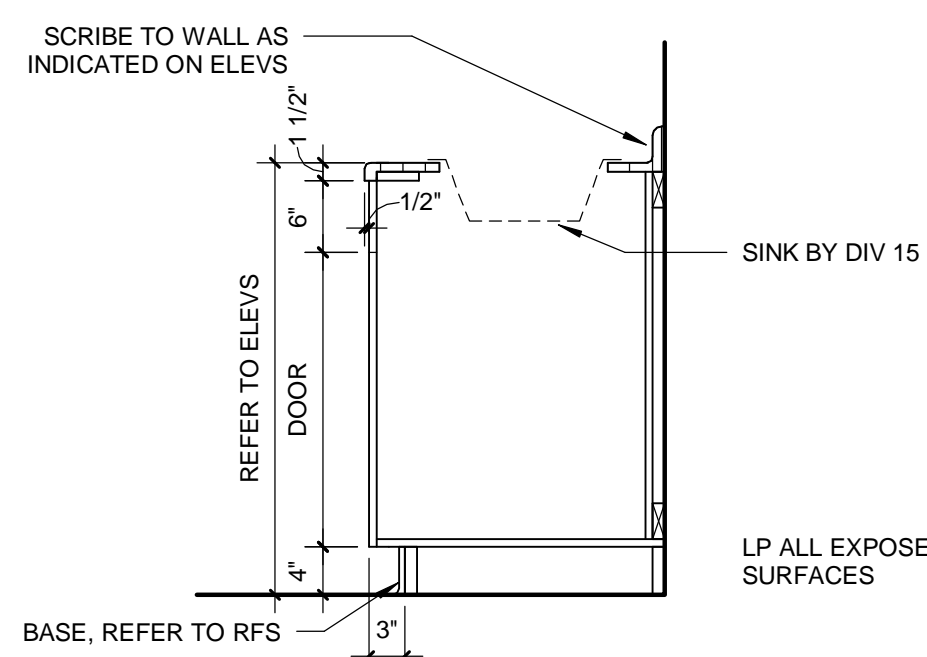




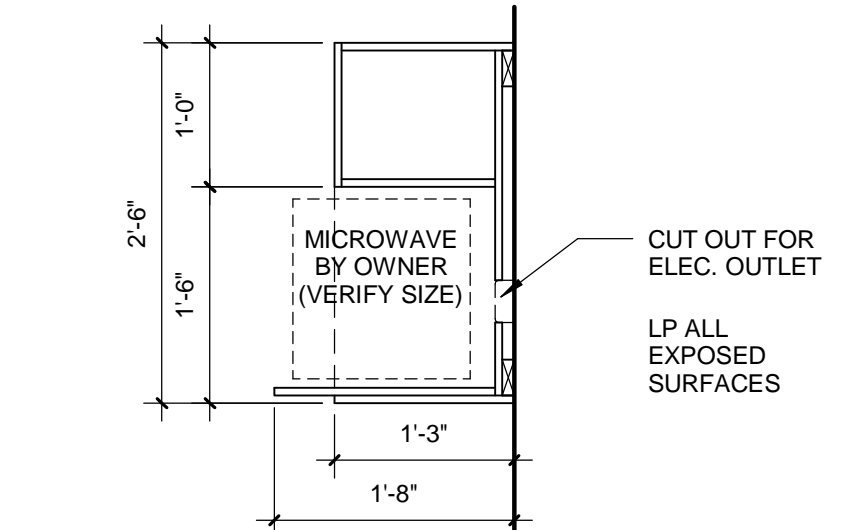
1A TYP. WALL CABINET  
A401 3/4" = 1'-0"



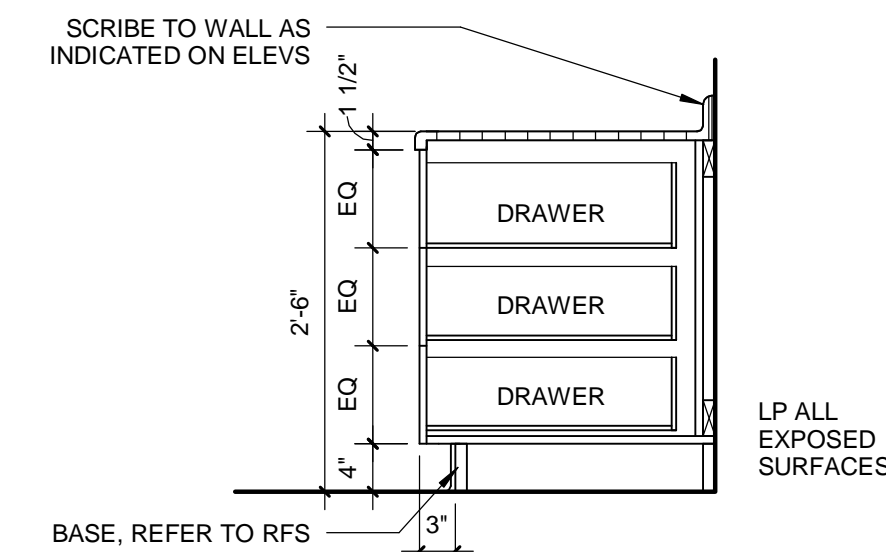
1B 24"D BASE CAB - DOOR/DRAWER  
A401 3/4" = 1'-0"



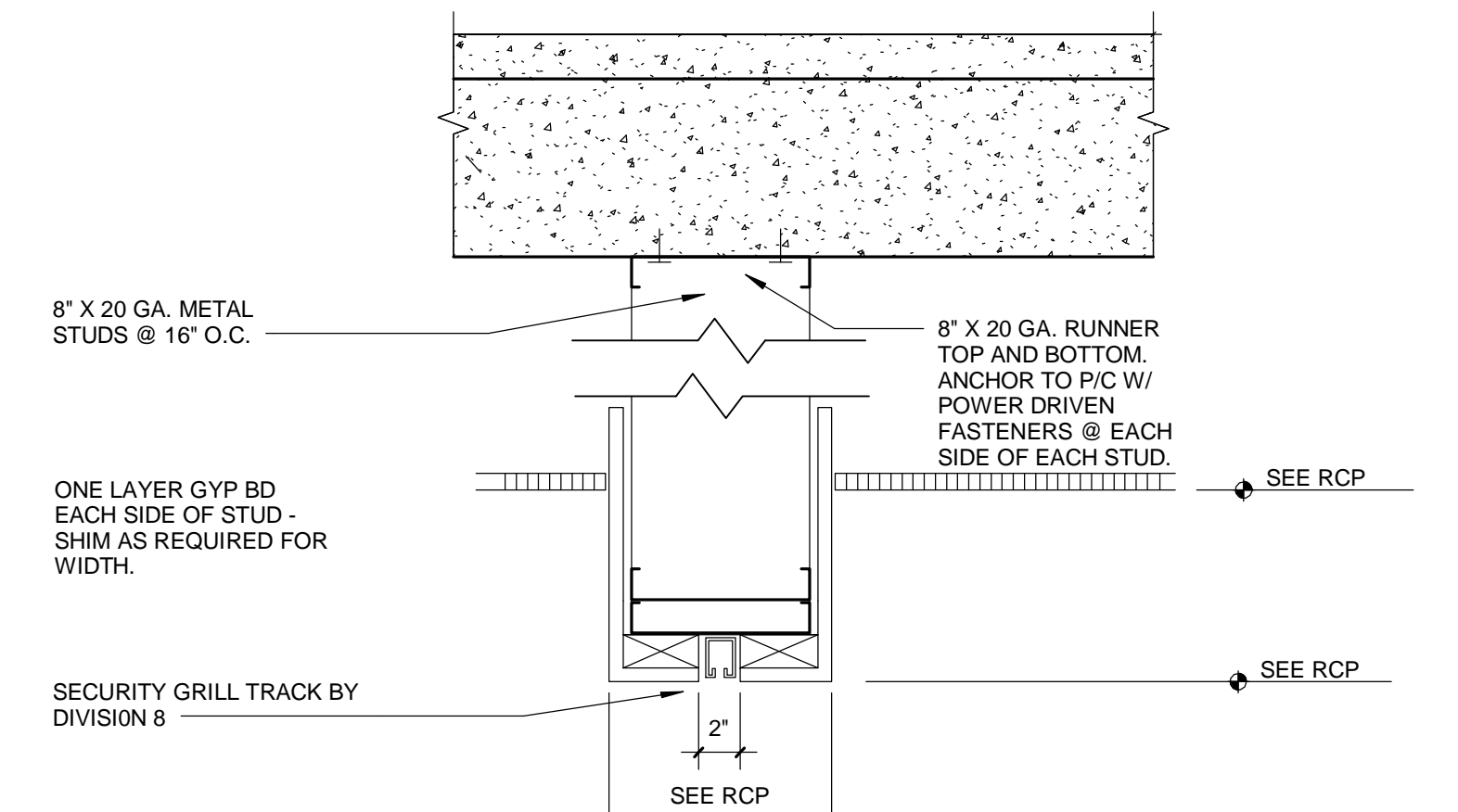
1C 24"D SINK BASE  
A401 3/4" = 1'-0"



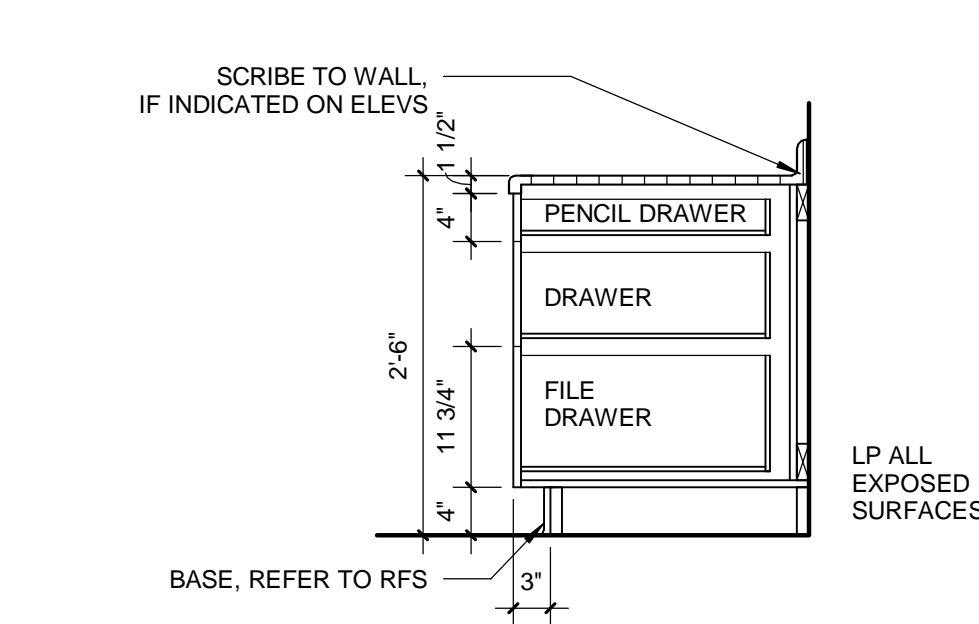
1D MICROWAVE CAB  
A401 3/4" = 1'-0"



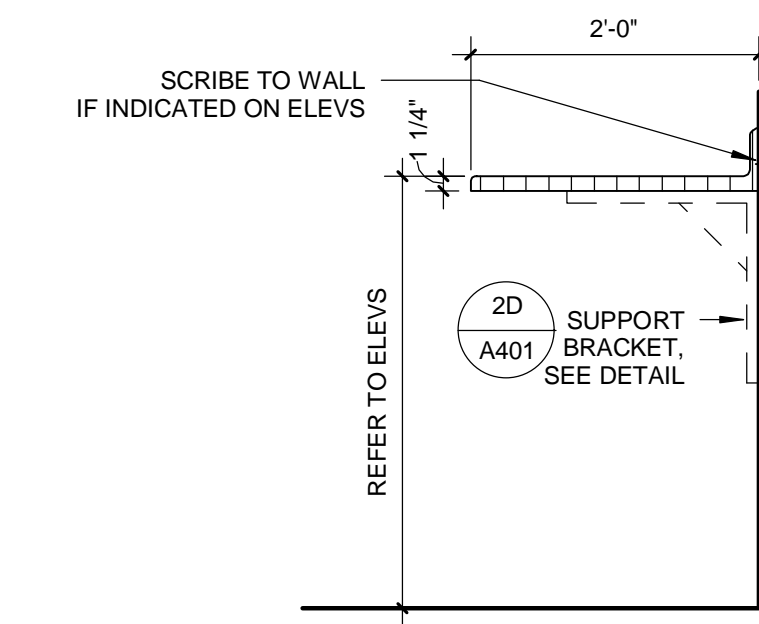
1E 24" BASE CAB./3 DRAWERS  
A401 3/4" = 1'-0"



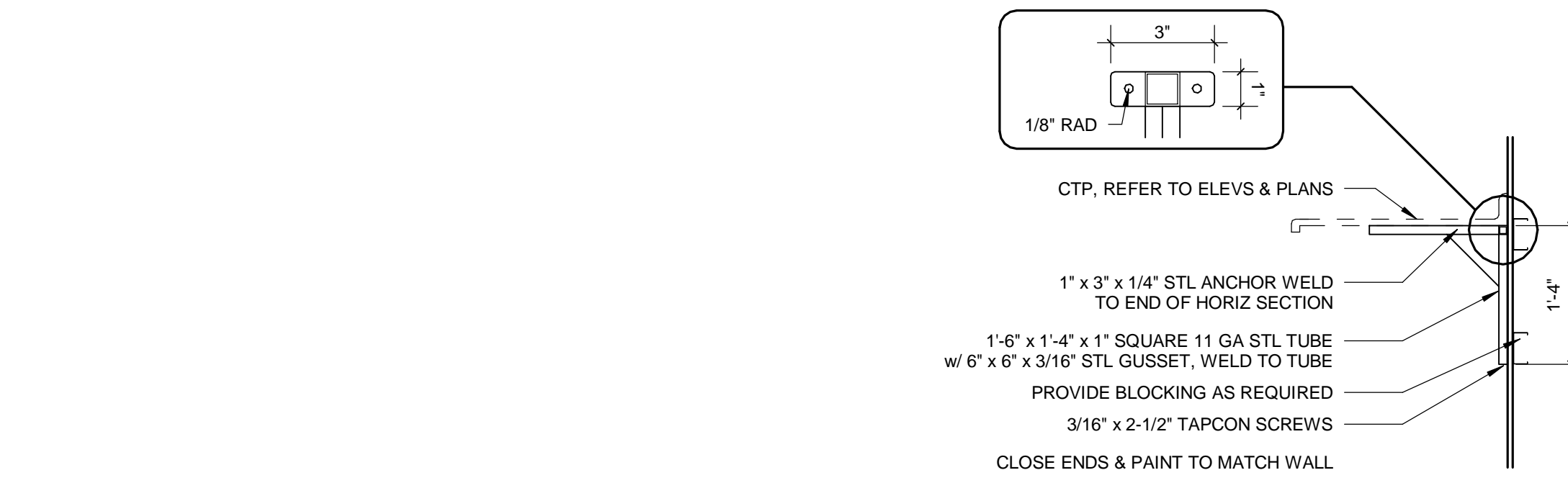
1F SECURITY GRILL SUPPORT  
A401 1 1/2" = 1'-0"



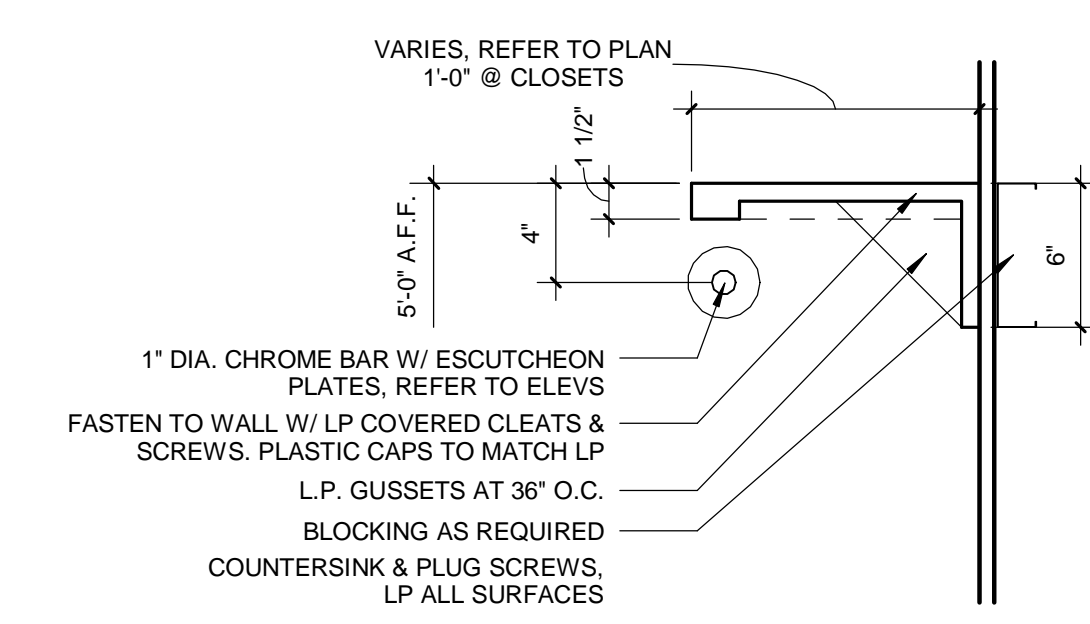
2A 24"D BASE CAB - FILE/DRAWER/PENCIL  
A401 3/4" = 1'-0"



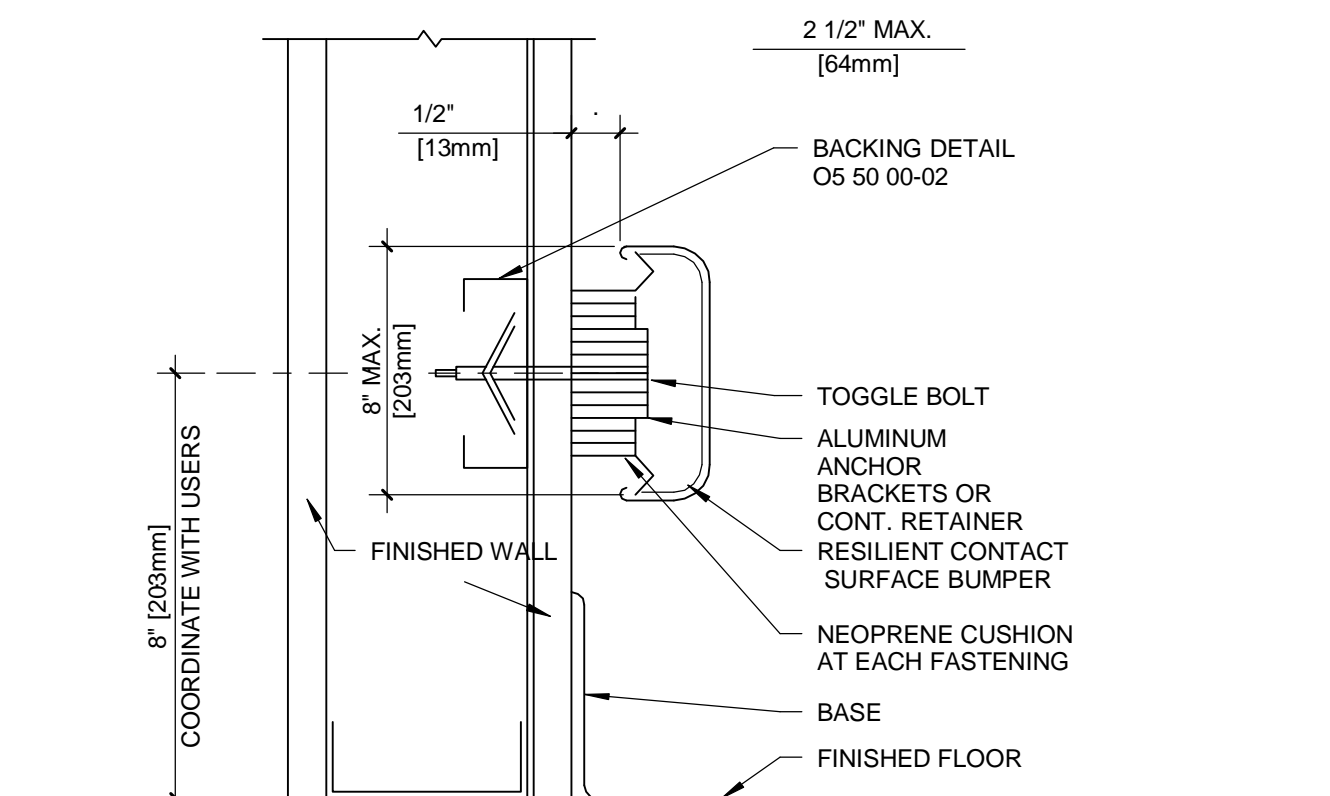
2B 24"D COUNTER  
A401 3/4" = 1'-0"



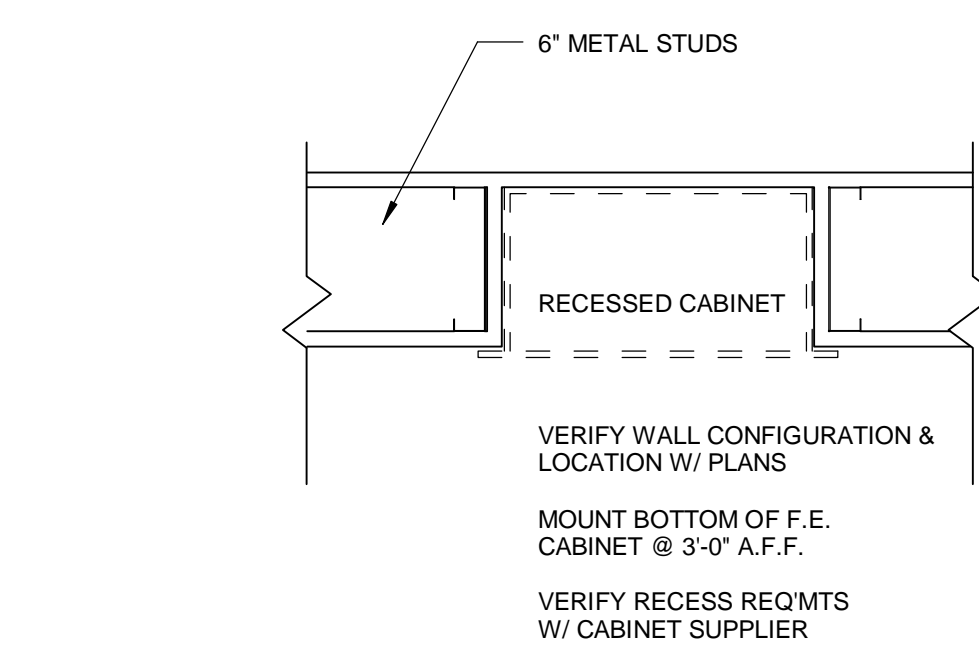
2D SUPPORT BRACKET  
A401 3/4" = 1'-0"



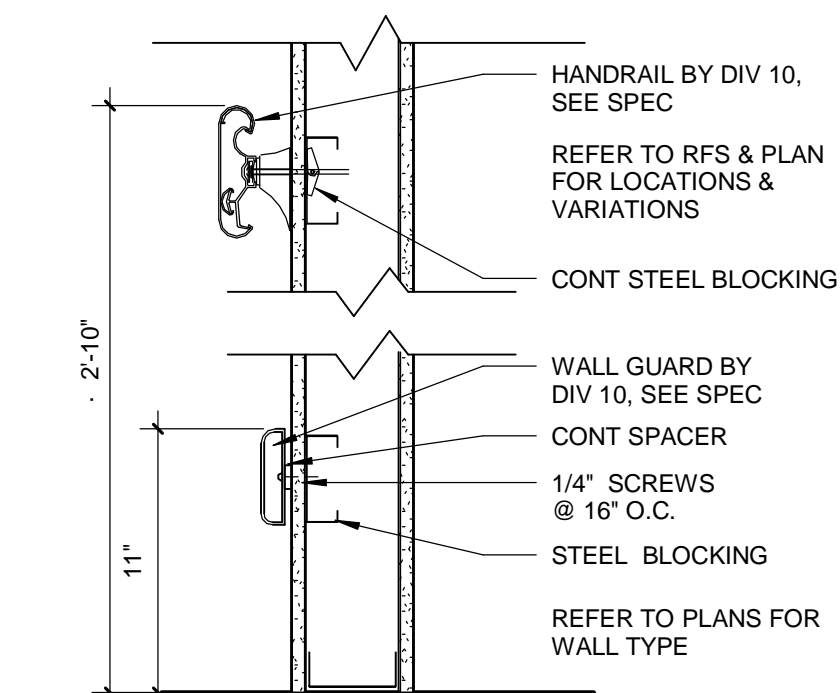
2E SHELF  
A401 1 1/2" = 1'-0"



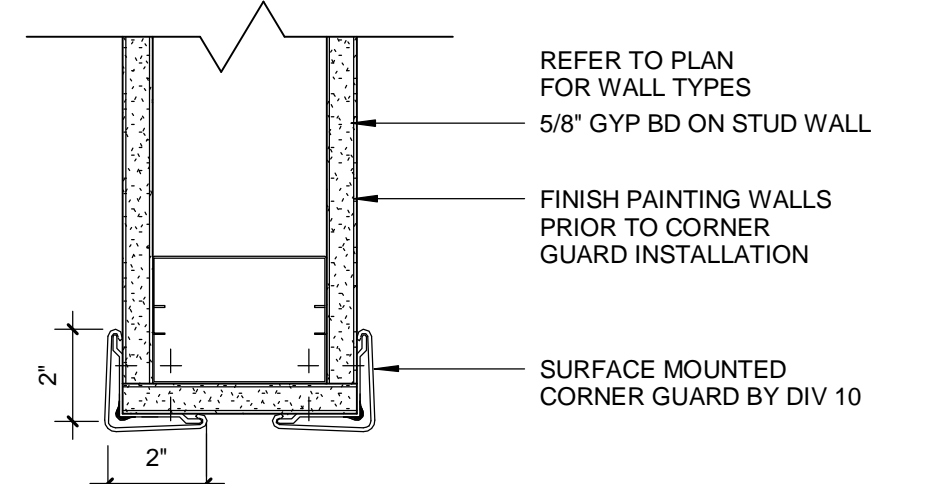
2F WALL GUARD SECTION - NTS



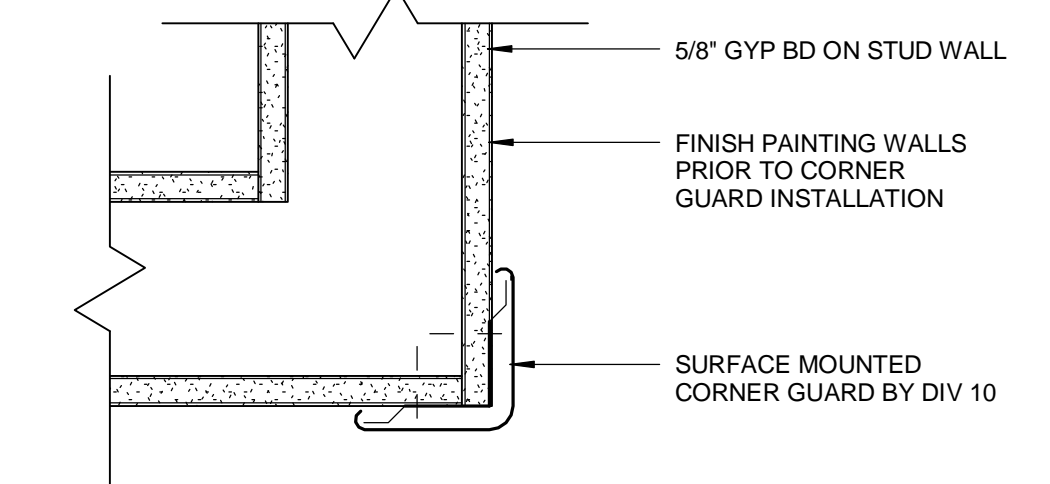
3A FIRE EXTINGUISHER CABINET - RECESSED  
A401 1 1/2" = 1'-0"



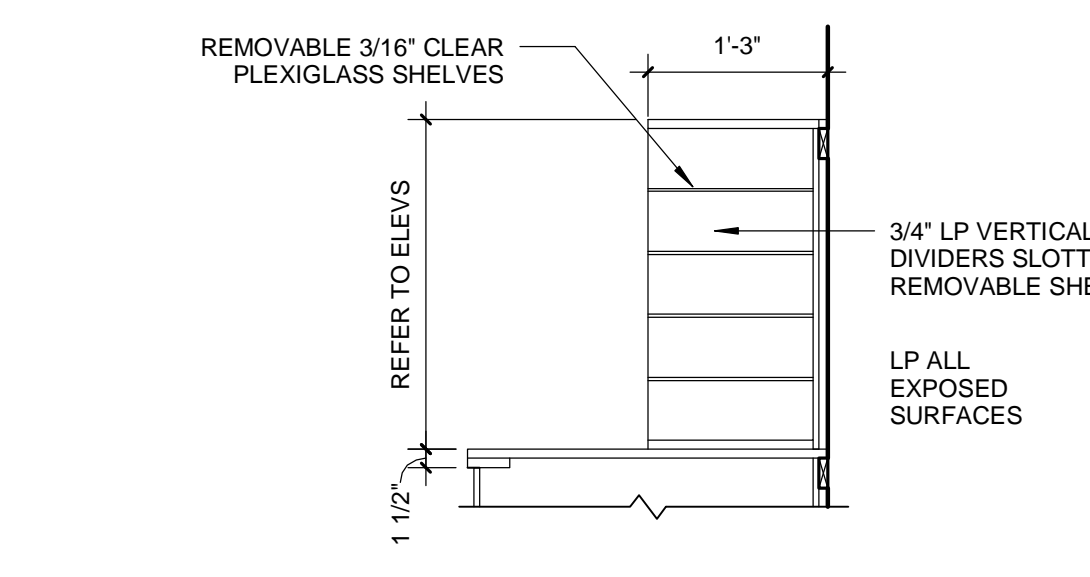
3B TYP HANDRAIL w/ BUMPER  
A401 1 1/2" = 1'-0"



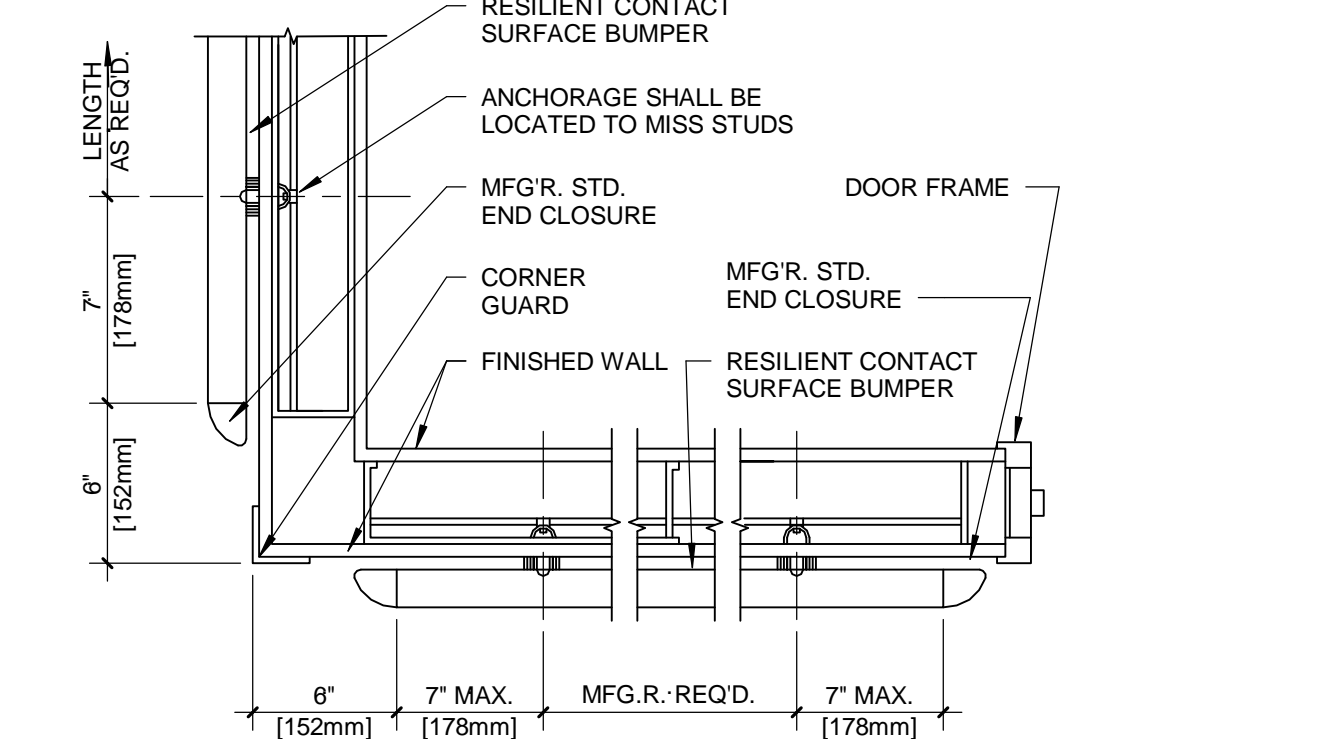
3C CORNER GUARD, SURFACE MOUNTED @ END OF WALL  
A401 3" = 1'-0"



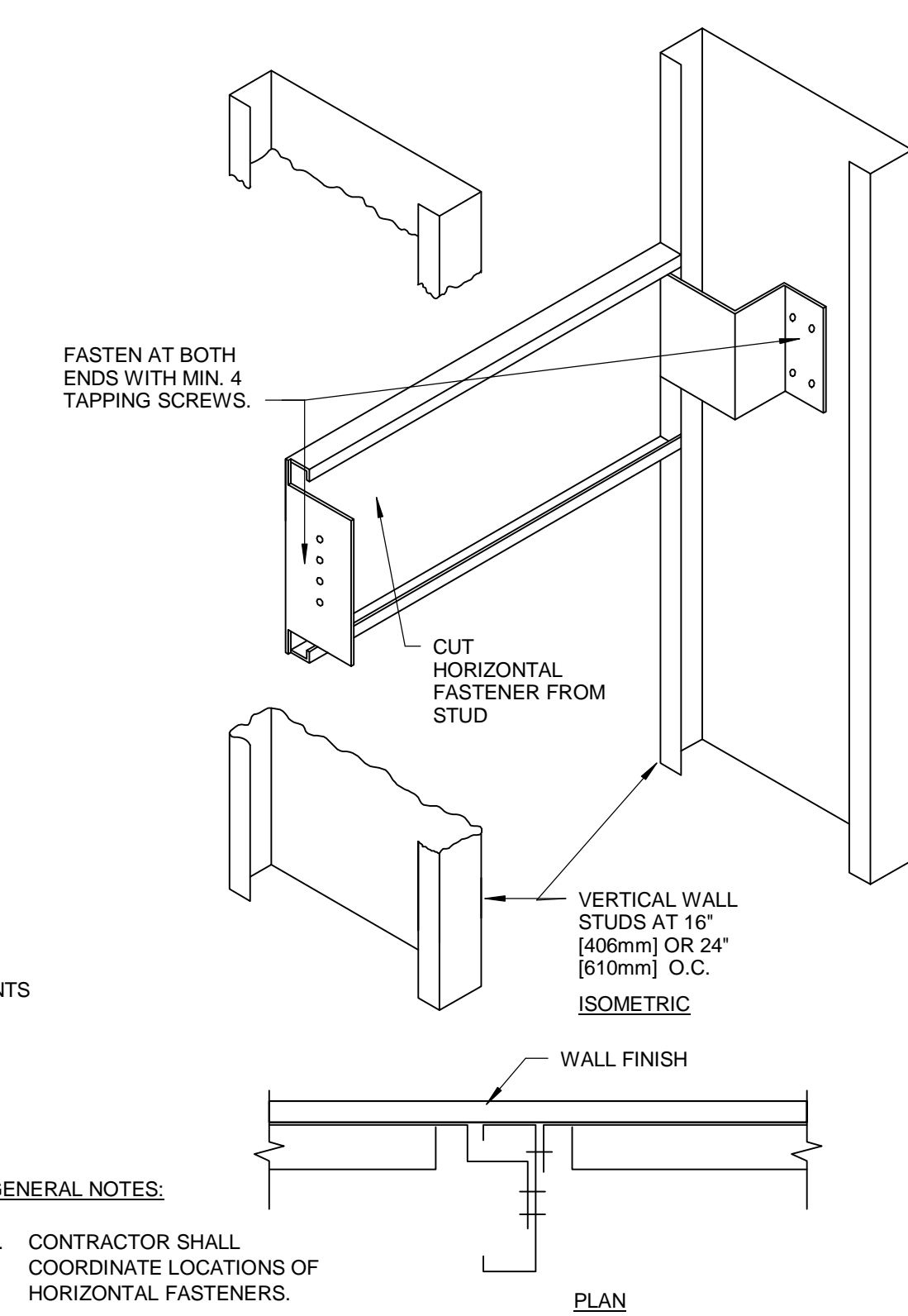
3D CORNER GUARD, SURFACE MOUNTED @ CORNER OF WALL  
A401 3" = 1'-0"



3E 15"D FORM SLOTS  
A401 3/4" = 1'-0"

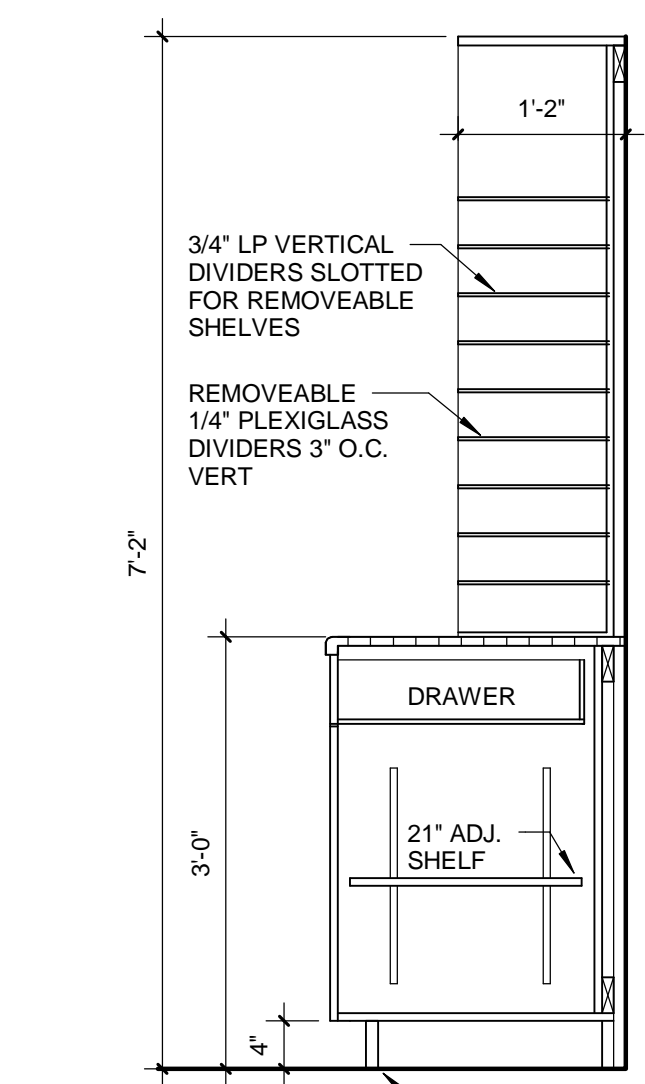


3F WALL GUARD NTS

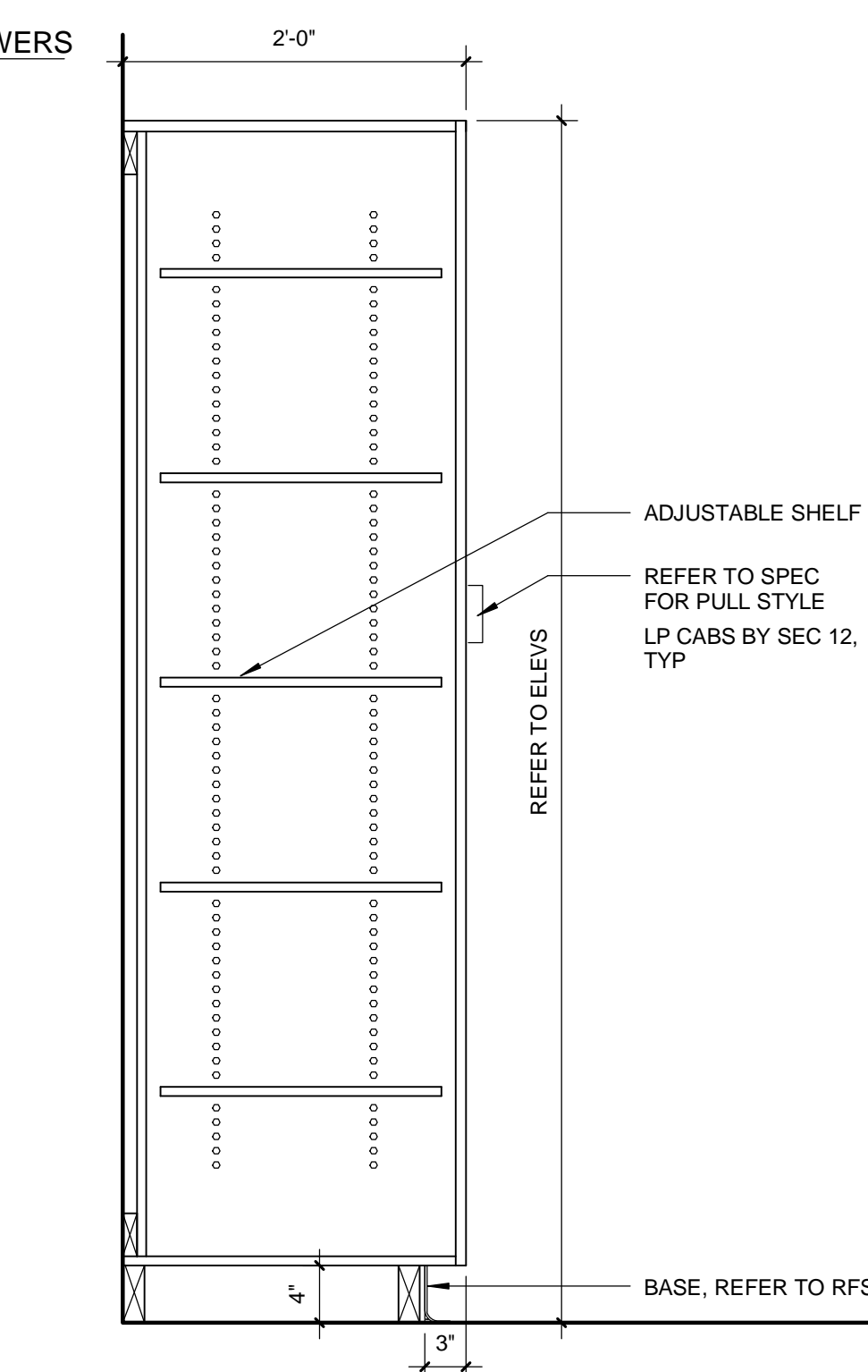


4A ANCHORAGE- GRAB BARS AND CABINETS

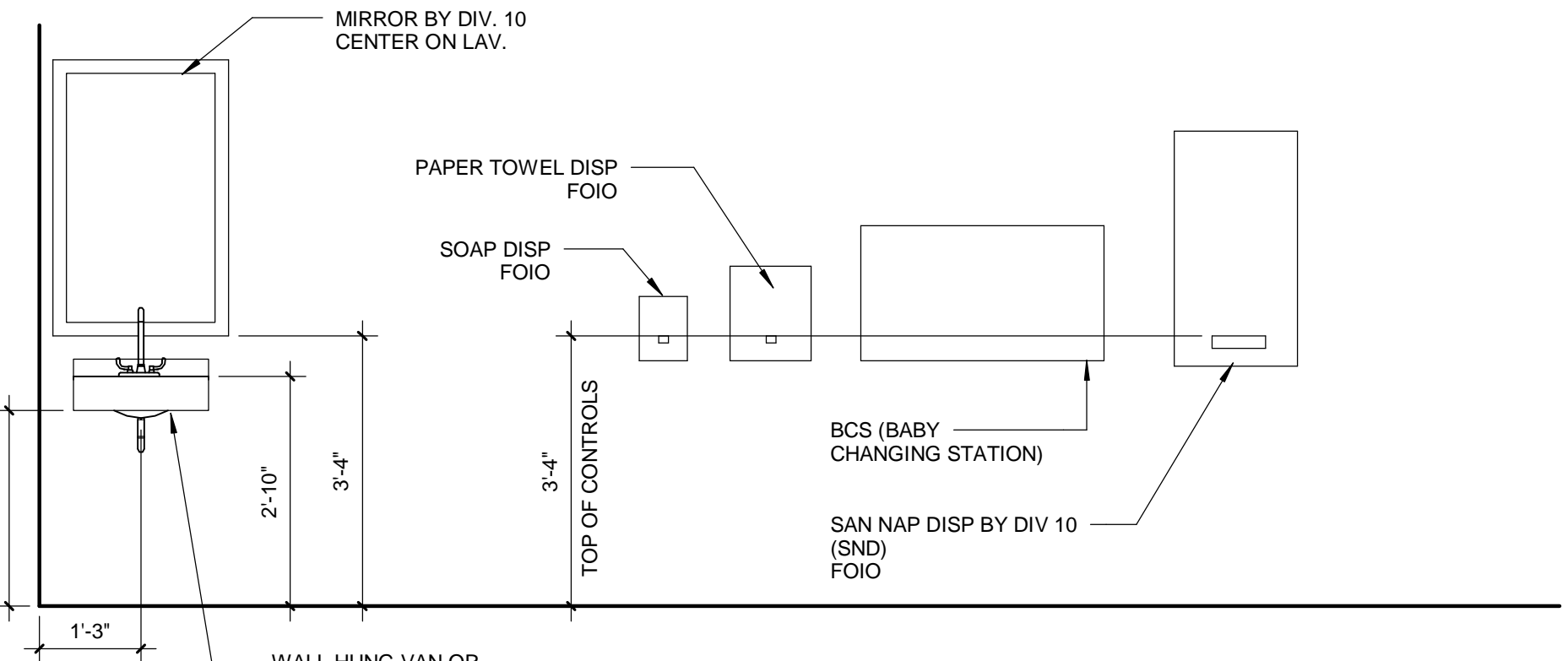
4B INT DTL - CASEWORK - BASE CAB, 4 DRAWERS  
A401 3/4" = 1'-0"



4D 24"D 36"H BASE CAB./MAIL SLOTS  
A401 3/4" = 1'-0"



4E 24"D STORAGE CABINET  
A401 1" = 1'-0"



4F TYP. TOILET ROOM FIXTURE DIMENSIONS  
A401 1/2" = 1'-0"

GENERAL NOTES AT CASEWORK:

ALL CASEWORK IS LAMINATE PLASTIC AS INDICATED ON ELEVATIONS, UNLESS NOTED OTHERWISE.

ALL BASE CABINETS TO HAVE 1 ADJUSTABLE SHELF. ALL UPPER CABINETS TO HAVE 2 ADJUSTABLE SHELVES, EXCEPT UPPER CABINETS 24" OR LESS HIGH TO HAVE 1 ADJUSTABLE SHELF.

ALL UPPER CABINETS TO BE 15" DEEP UNLESS OTHERWISE NOTED ON DRAWINGS. ALL BASE CABINETS TO BE 24" DEEP UNLESS OTHERWISE NOTED ON DRAWINGS.

INSTALL FLOOR BASE TO ALL LAMINATE BASE CABINETS IN TOE SPACE AS SCHEDULED IN ROOM FINISH SCHEDULE.

SEE SHEET A403 FOR MODULAR CASEWORK.

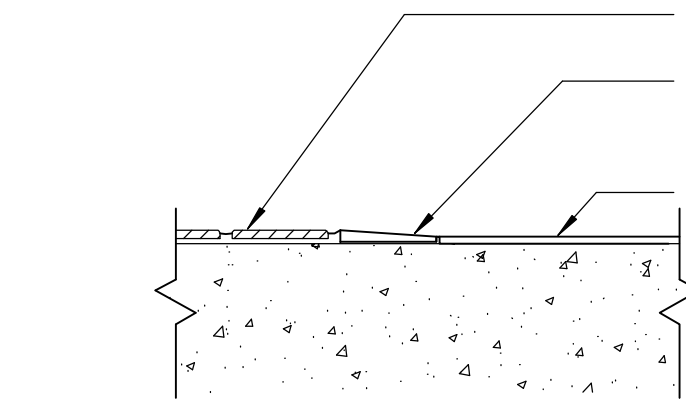
REFER TO ELECTRICAL AND TELECOMMUNICATION PLANS FOR POWER/DATA/VIDEO OUTLETS.

PROVIDE ADA COMPLIANT PROTECTIVE INSULATION WRAP AT EXPOSED LAVATORY PLUMBING, TYPICAL. VERIFY GROMMET LOCATIONS WITH OWNER.

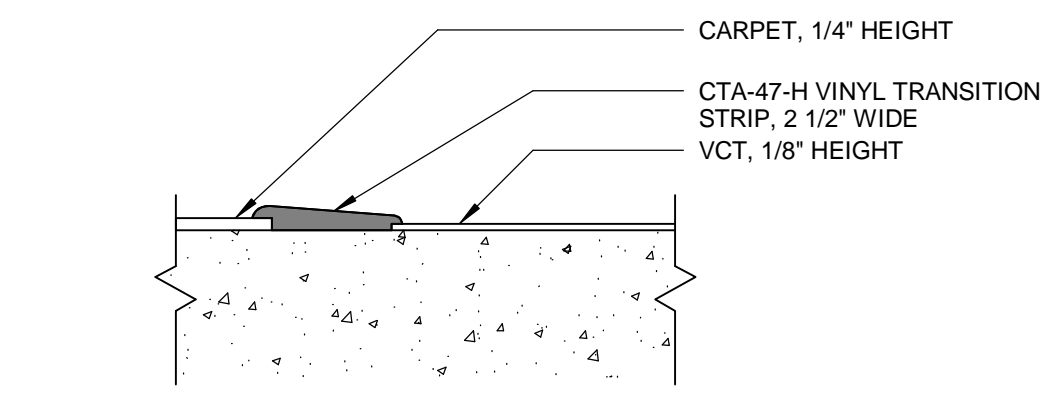
PROVIDE BLOCKING IN WALLS AS REQUIRED.

ALL COUNTERTOPS TO HAVE 4" BACKSPLASH AND 4" SIDESPLASH AT RETURN WALLS.

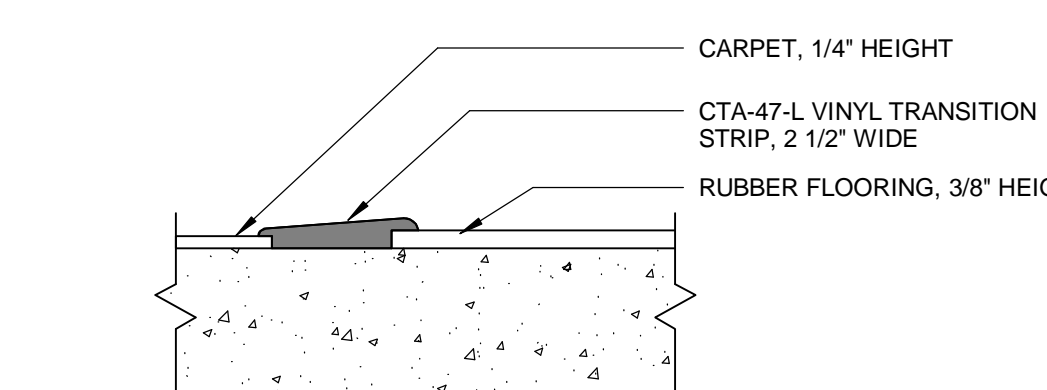
PROVIDE LOCKS ON ALL SINK BASE CABINETS.



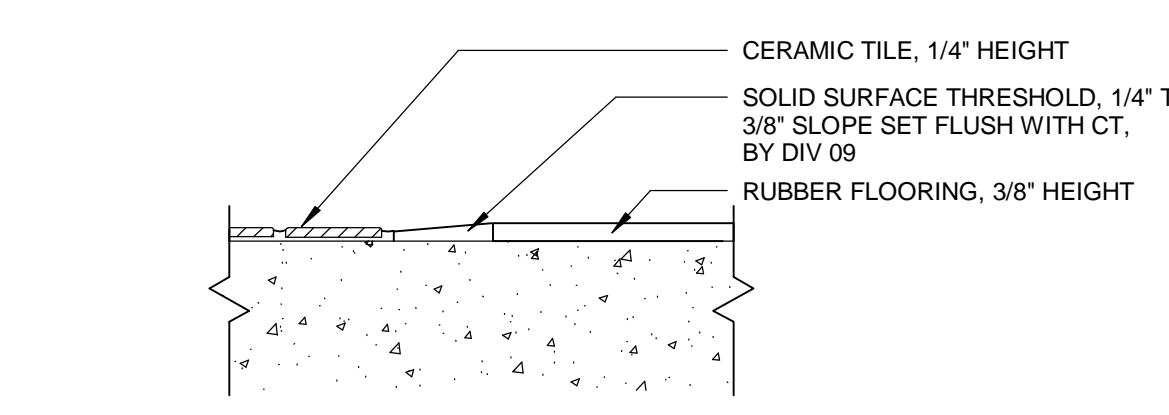
5A CERAMIC TILE TO VCT  
A401 3" = 1'-0"



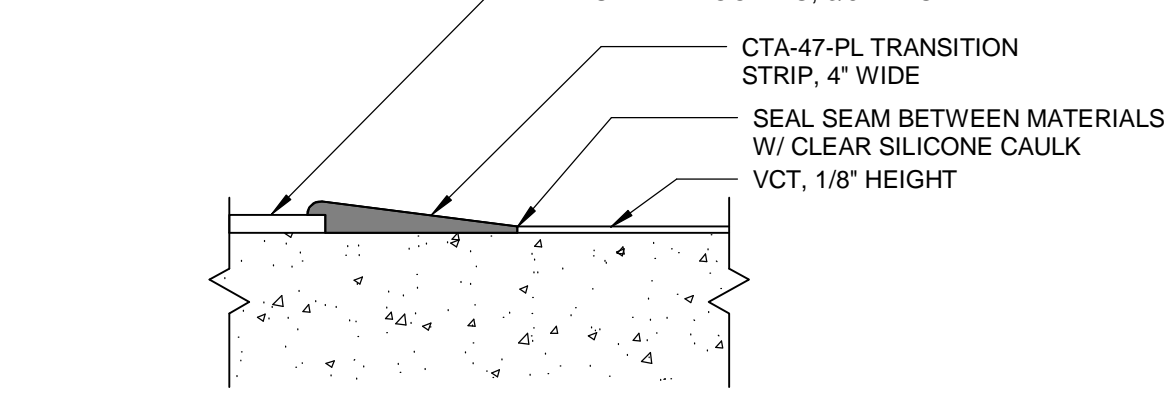
5C CARPET TO VCT  
A401 3" = 1'-0"



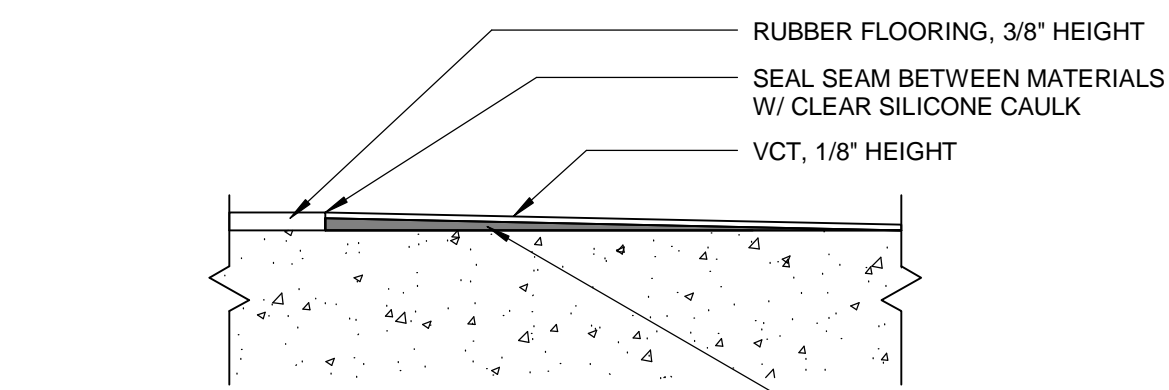
5E CARPET TO RUBBER FLOORING  
A401 3" = 1'-0"



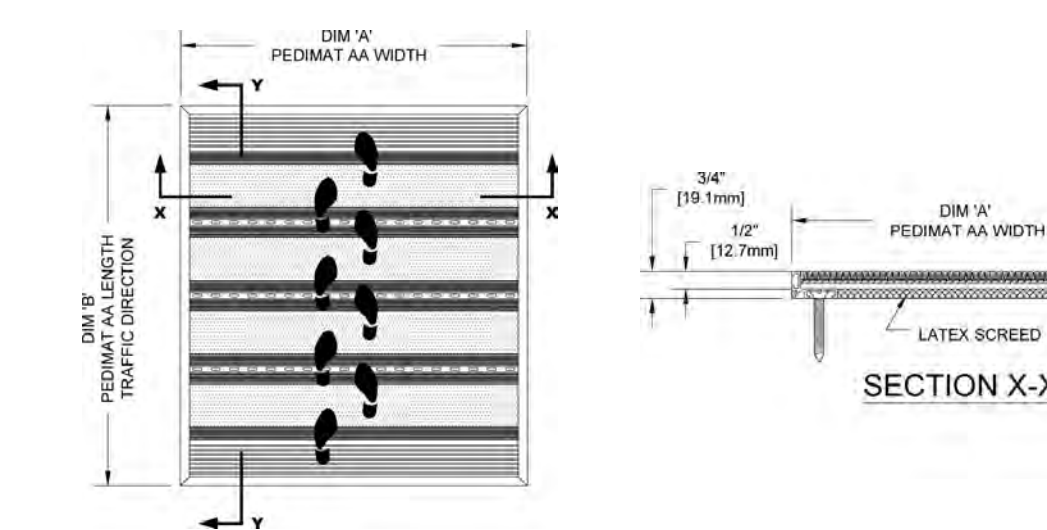
5B CERAMIC TILE TO RUBBER FLOORING  
A401 3" = 1'-0"



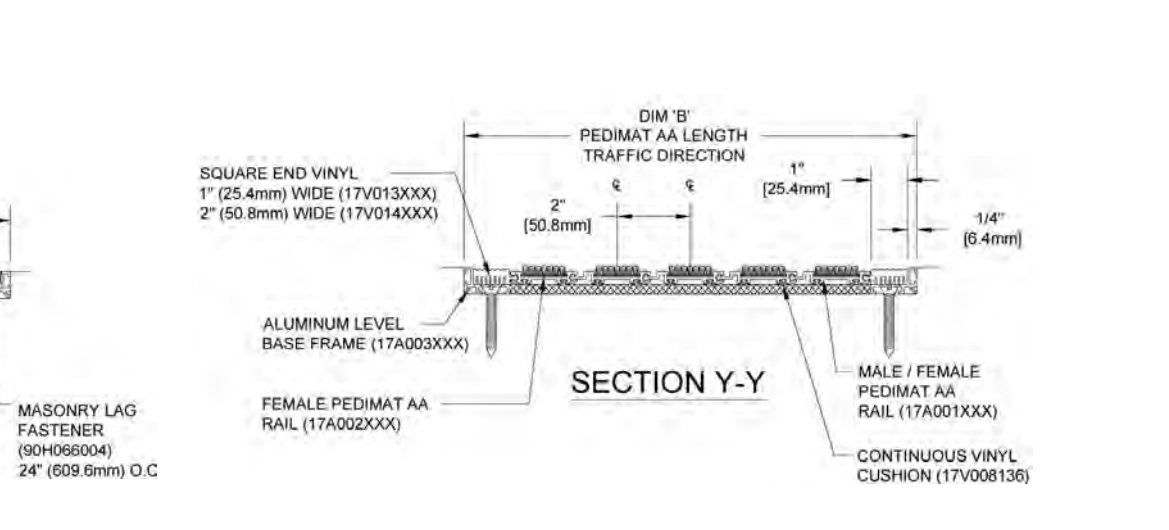
5D RUBBER FLOORING TO VCT  
A401 3" = 1'-0"



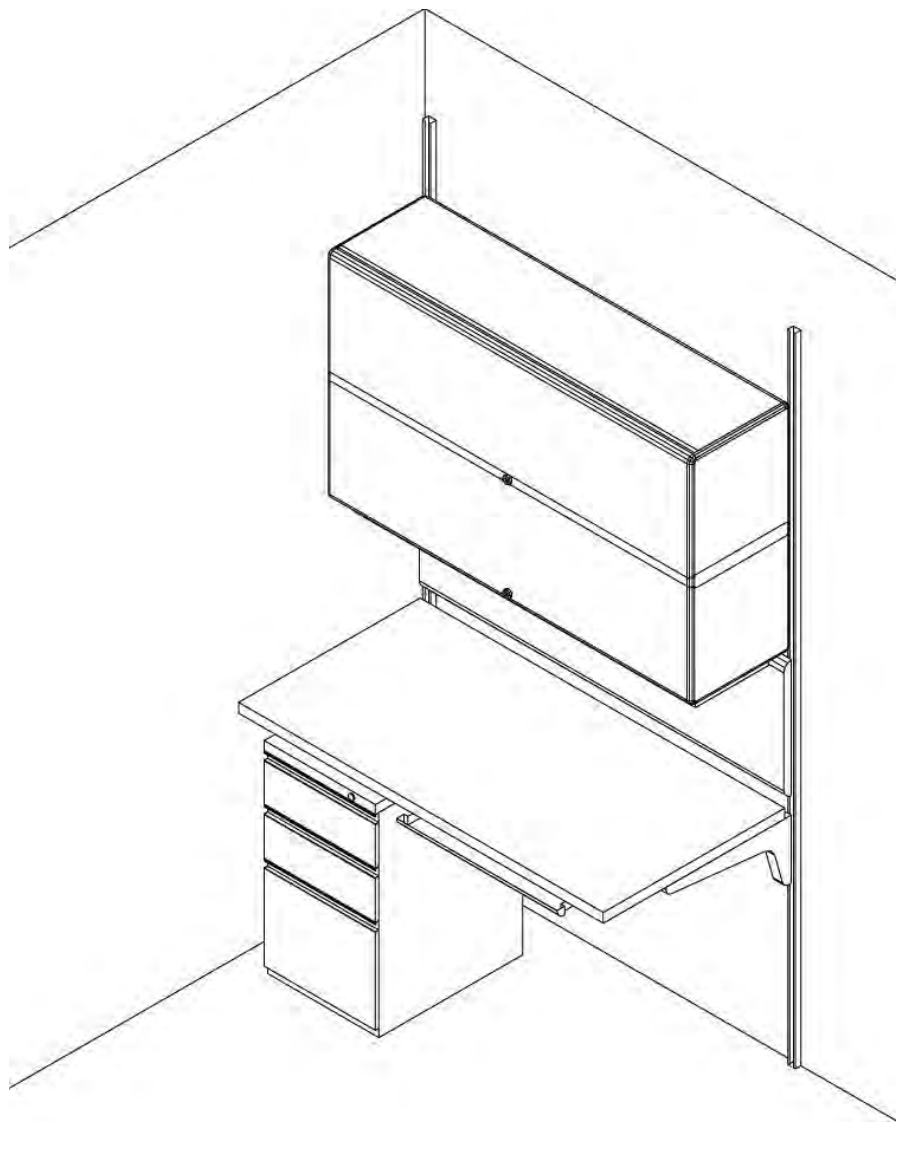
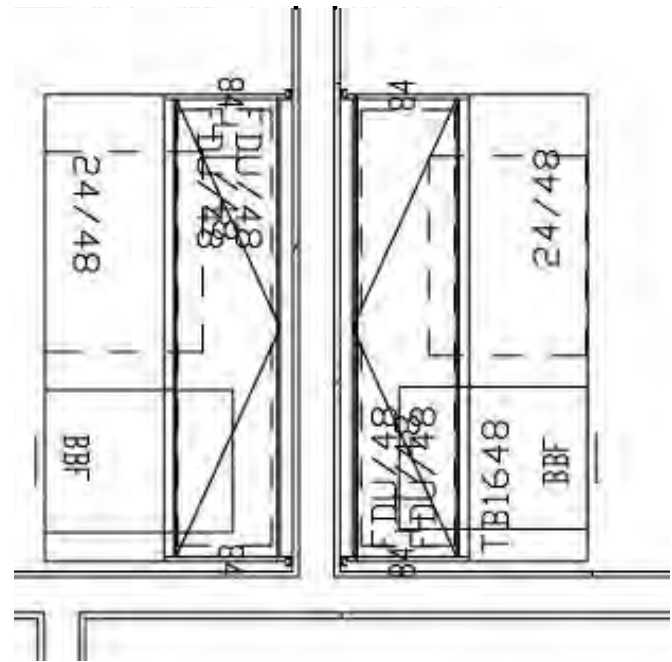
5F SUBFLOOR LEVELER SYSTEM  
A401 3" = 1'-0"



6A VESTIBULE FLOOR GRILL NTS

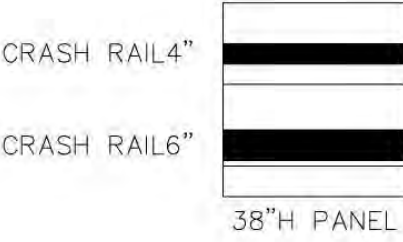


6B SUBFLOOR LEVELER SYSTEM NTS



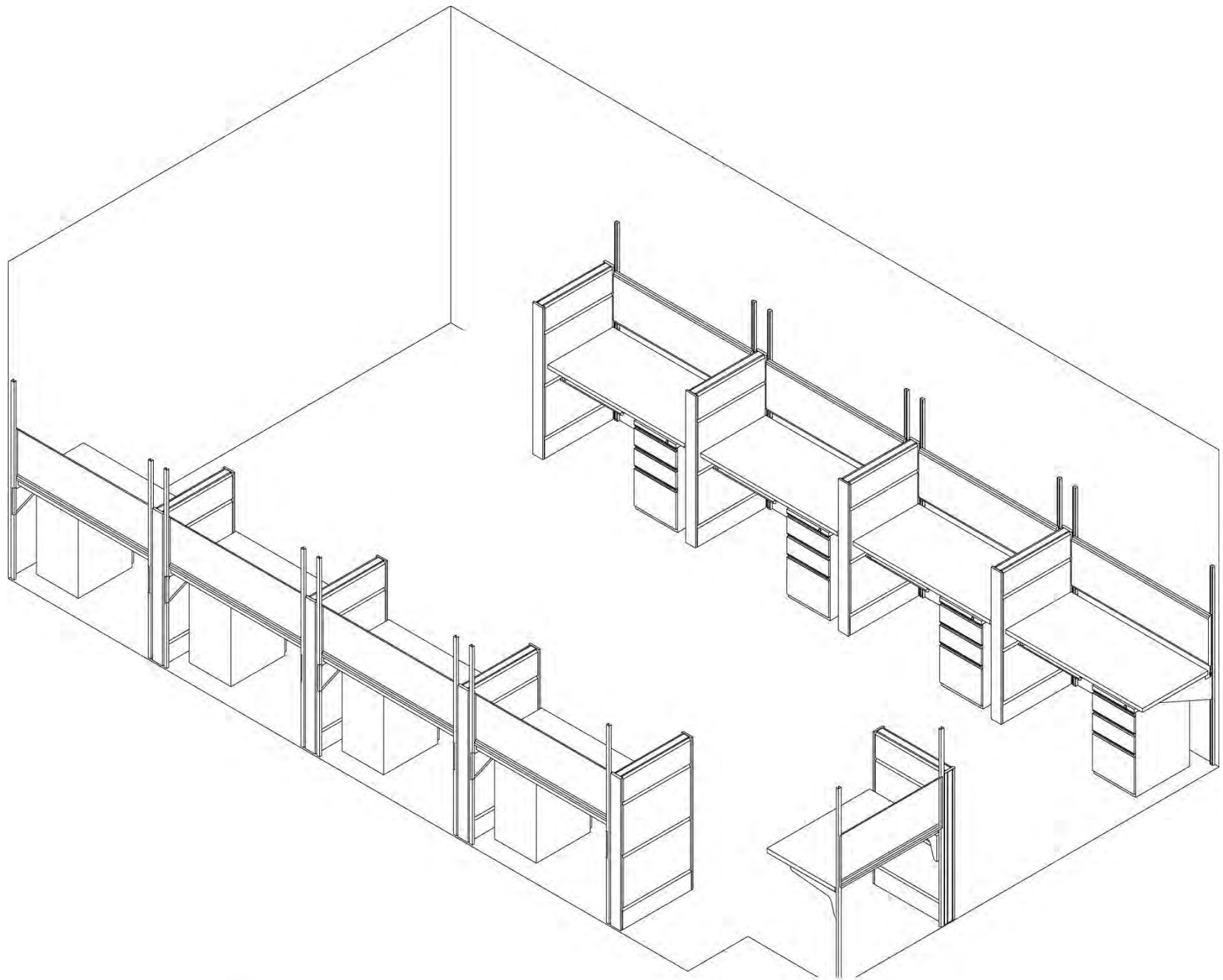
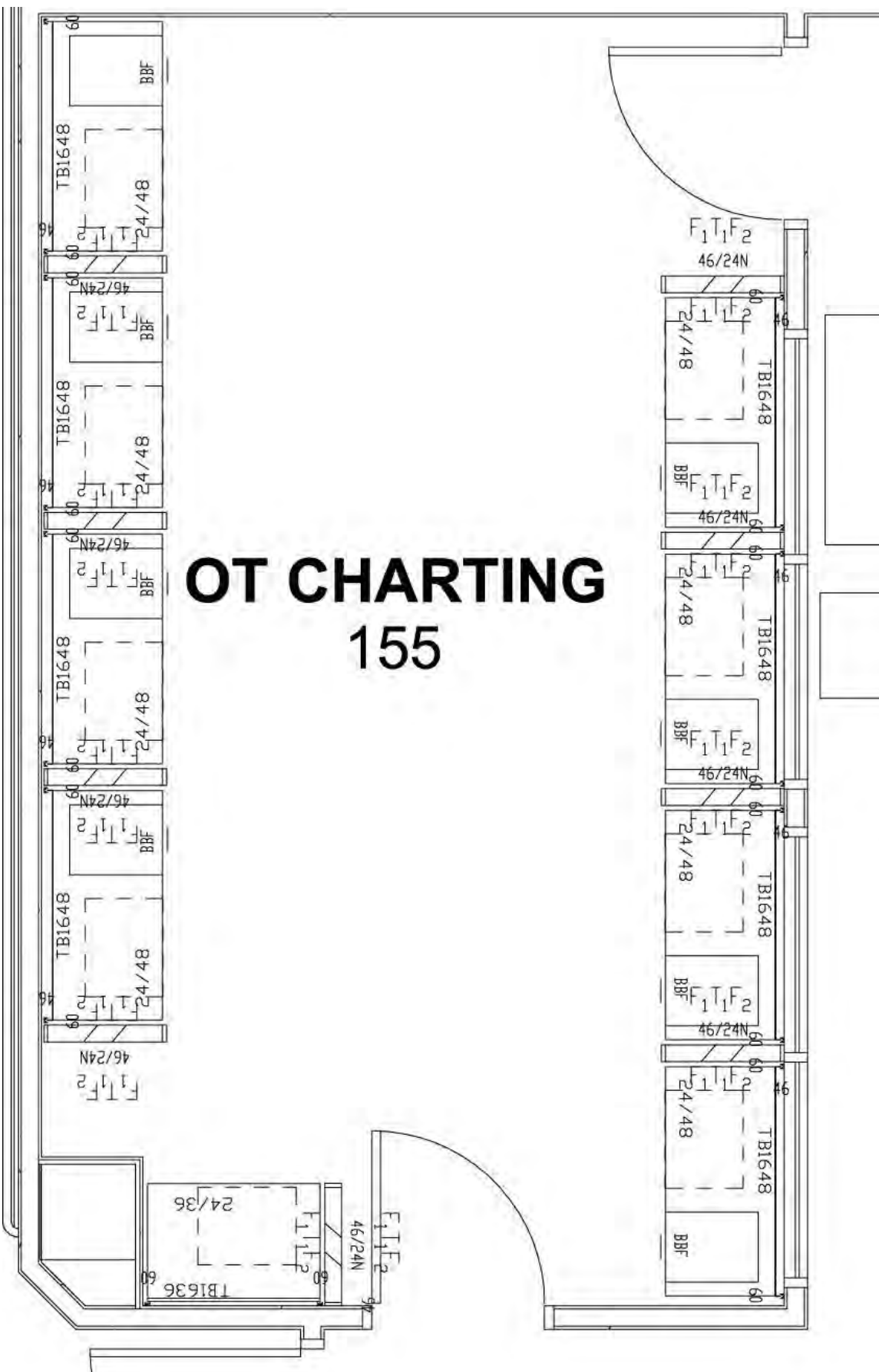
1  
A403 TREATMENT RM MODULAR CASEWORK  
1/2" = 1'-0"

CRASH RAIL NOTES



INSTALLATION NOTES:  
4" H CRASHRAIL, TOP AT APPROX. 33"H  
6" H CRASHRAIL, TOP AT APPROX. 14.5"H

CRASH RAIL ELEV.



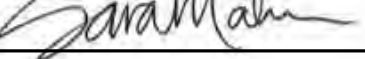
3  
A403 OT CHARTING RM MODULAR CASEWORK  
3/8" = 1'-0"



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| APPROVED: GEMS COORDINATOR         | DATE | APPROVED: PATIENT SAFETY          | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE         | DATE |
| APPROVED: DIRECTOR FMS             | DATE | APPROVED: SAFETY MANAGER          | DATE |

DRAWING TITLE  
**INTERIOR DETAILS -  
MODULAR  
CASEWORK**

APPROVED: CHIEF OF STAFF DATE  
APPROVED: MEDICAL CENTER DIRECTOR DATE

PROJECT TITLE  
**RELOCATE REHAB  
SERVICES 656-16-277**  
St. Cloud VA Health Care System

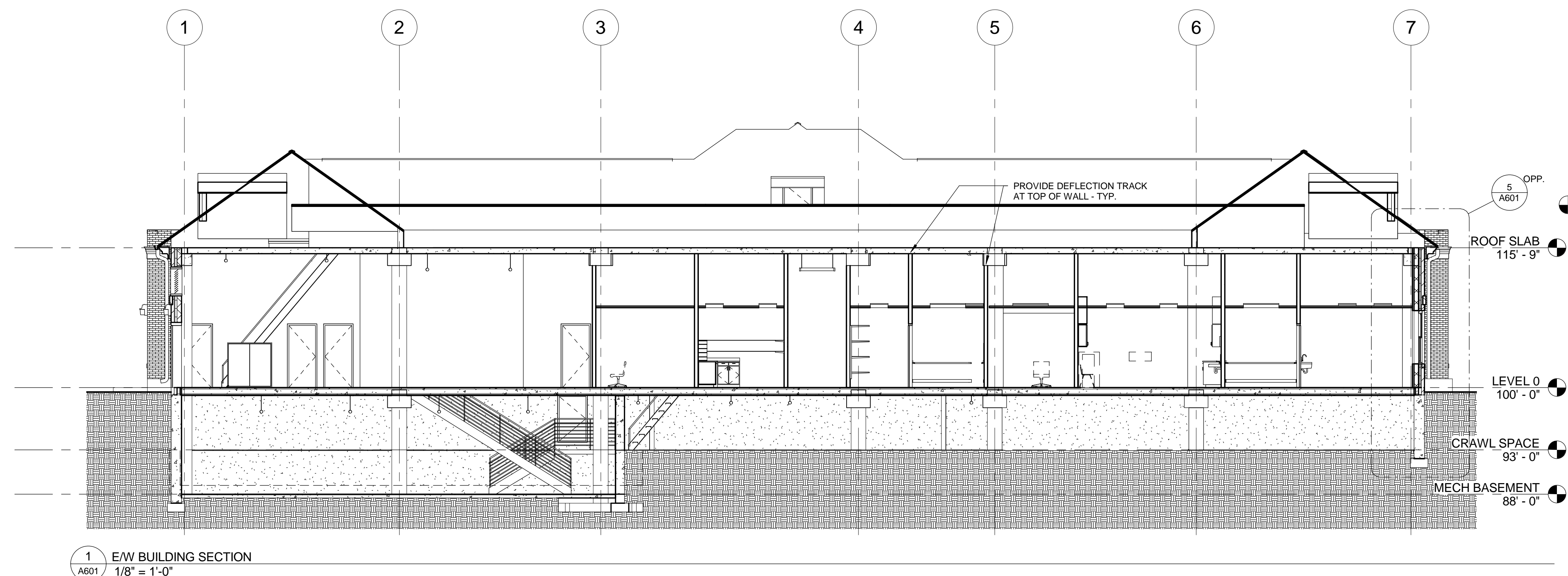
BUILDING No. CHECKED BY DRAWN  
VA MEDICAL CENTER  
ST CLOUD, MN 56303

DATE  
12/03/2018  
PLOT SCALE

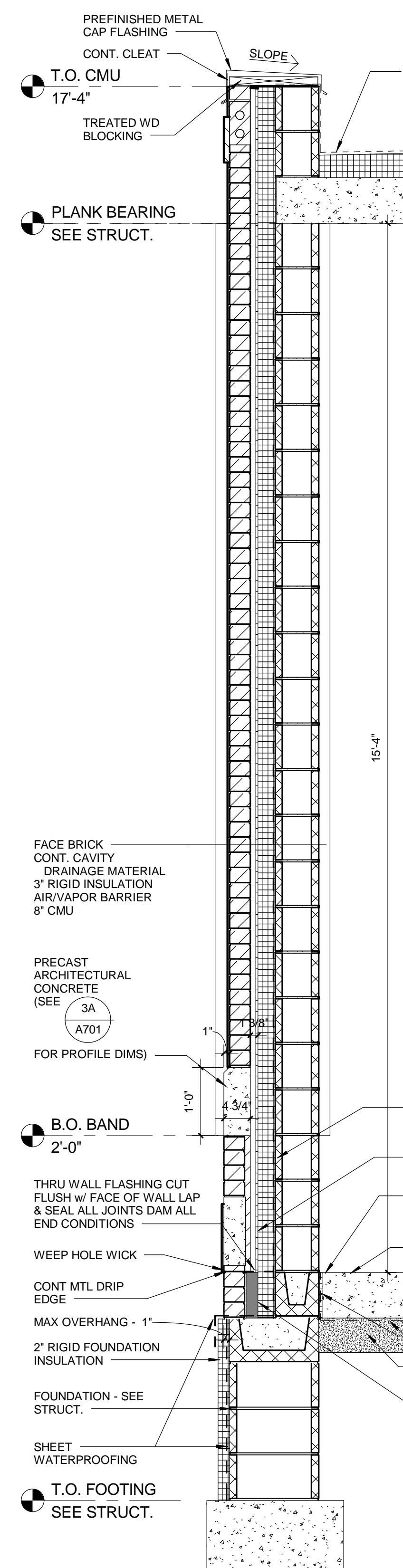
DRAWING NO.  
**A403**



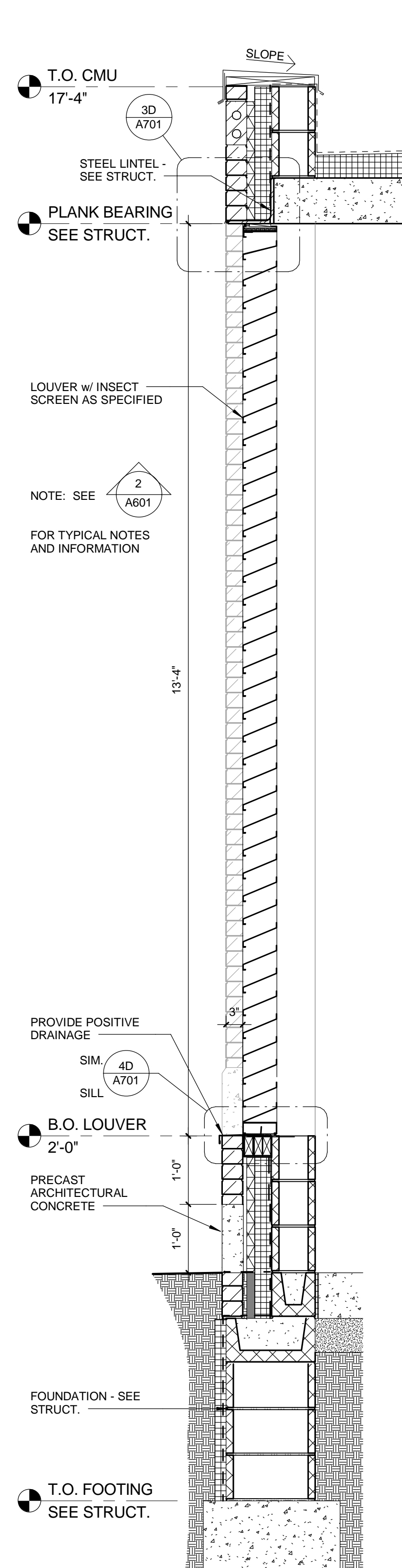




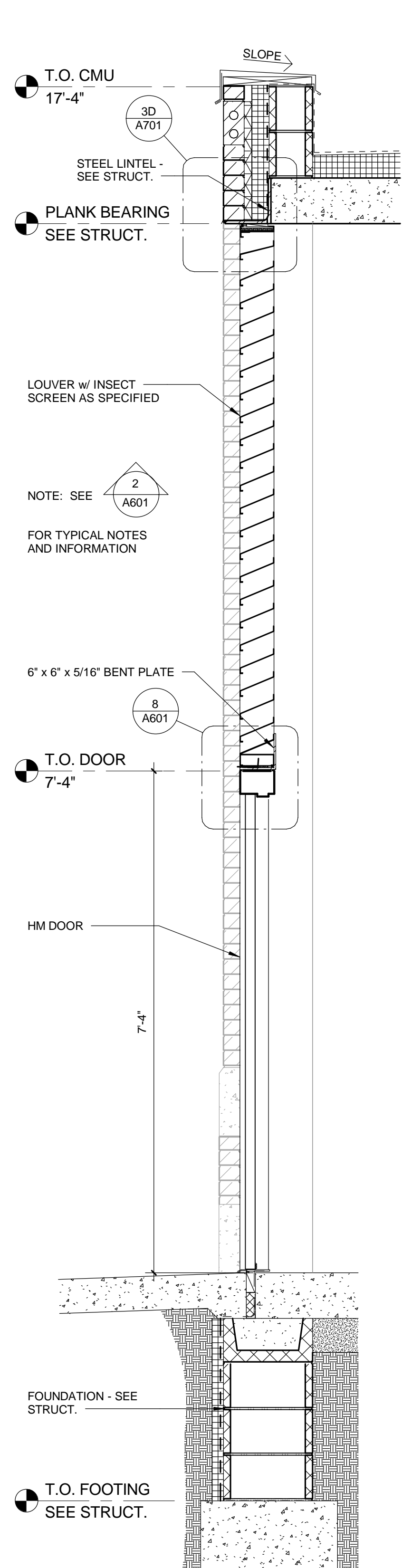
1 E/W BUILDING SECTION  
1/8" = 1'-0"



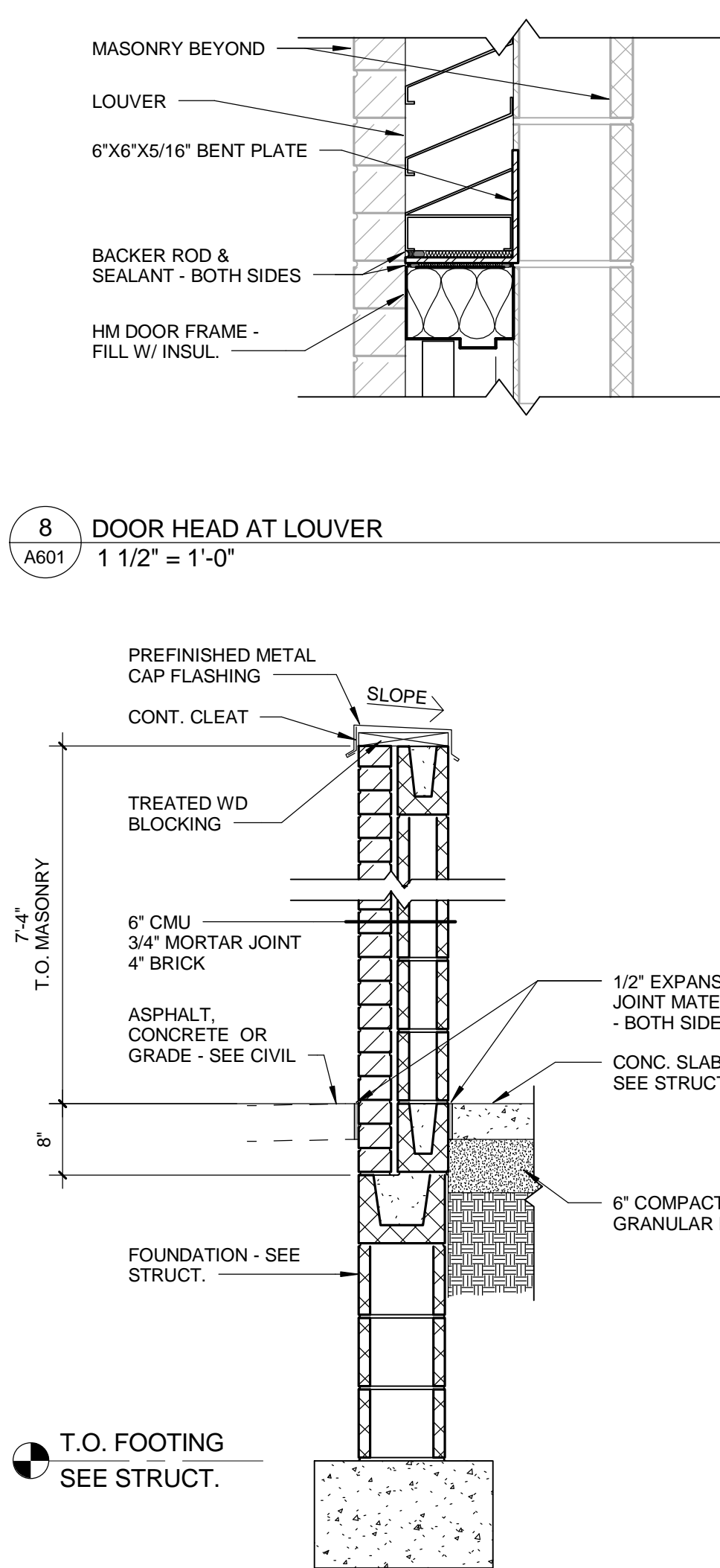
2 GENERATOR BUILDING  
3/4" = 1'-0"



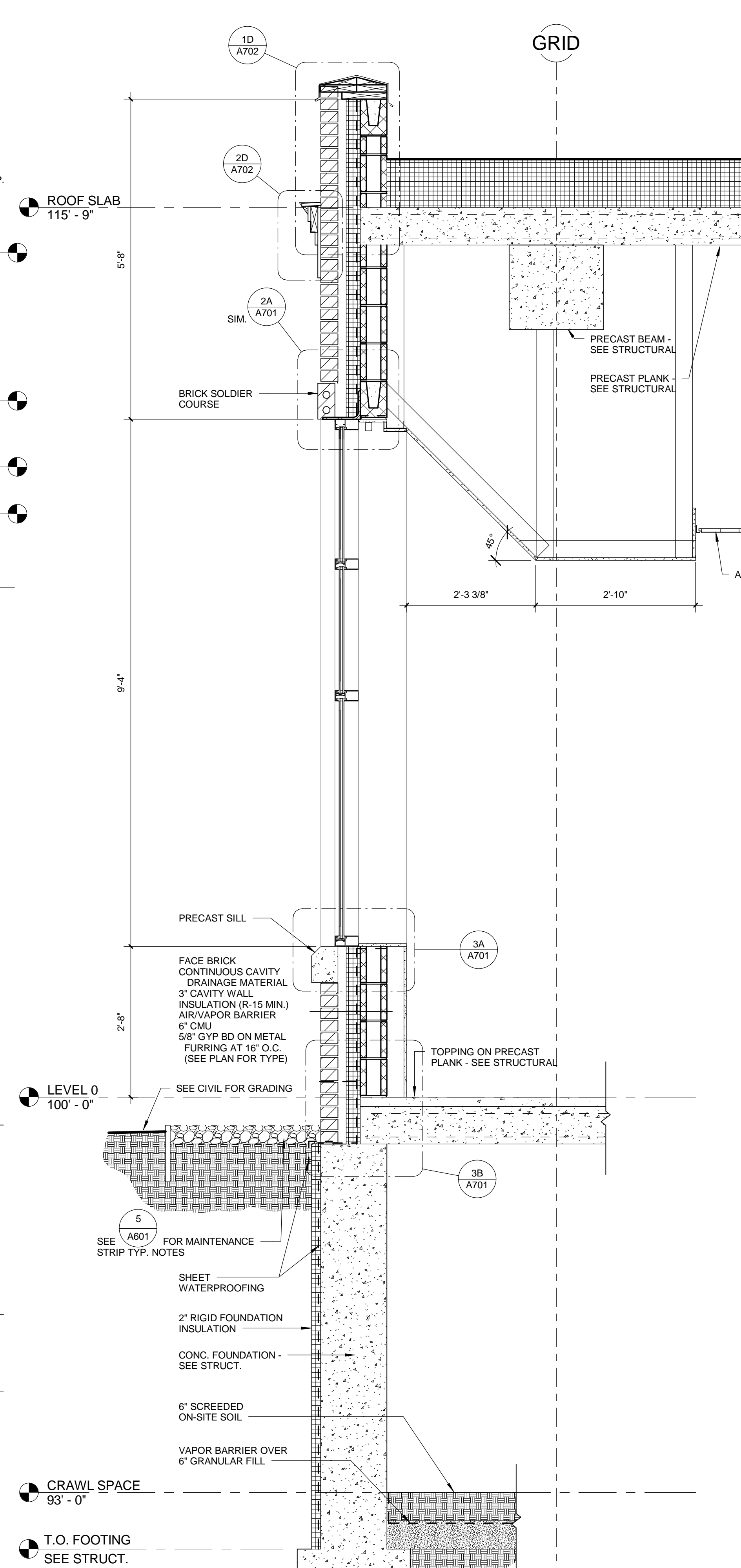
6 WALL SECTION @ GEN BLDG LOUVER  
3/4" = 1'-0"



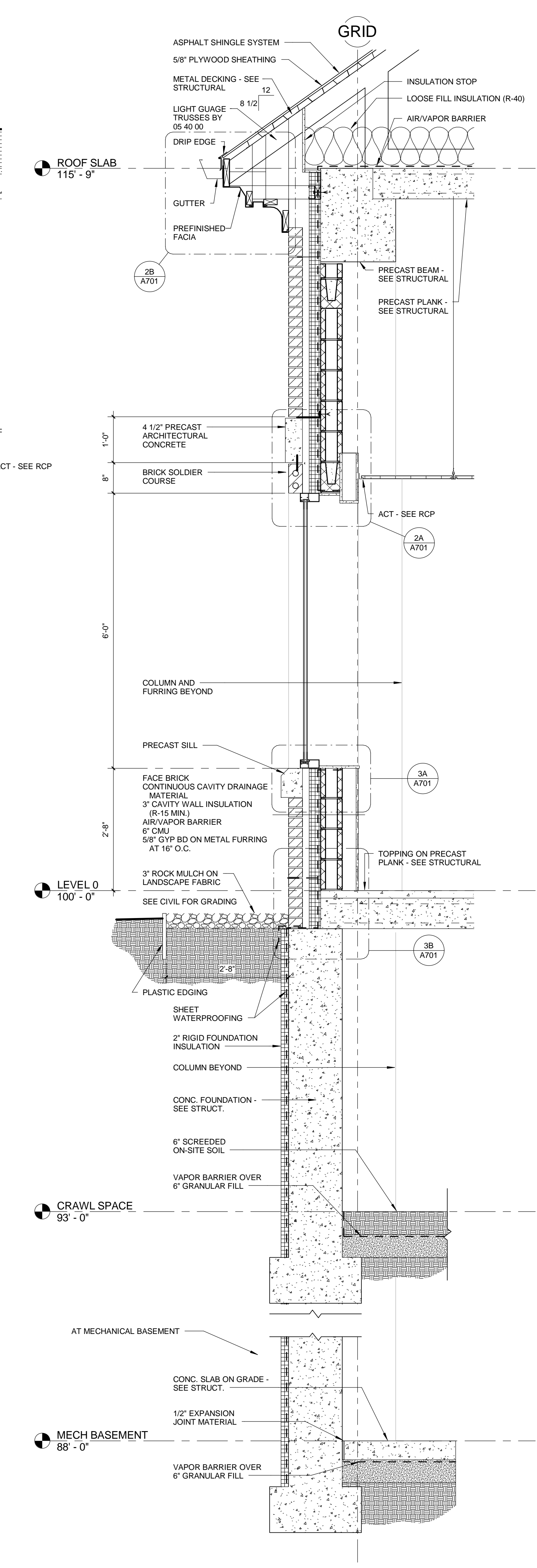
7 WALL SECTION @ GEN BLDG DOOR/LOUVER  
3/4" = 1'-0"



3 WALL SECTION AT TRASH ENCLOSURE  
3/4" = 1'-0"



4 WALL SECTION  
3/4" = 1'-0"



5 WALL SECTION  
3/4" = 1'-0"

| No | REVISION | DATE |
|----|----------|------|
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**INCLUDED FOR  
REFERENCE**

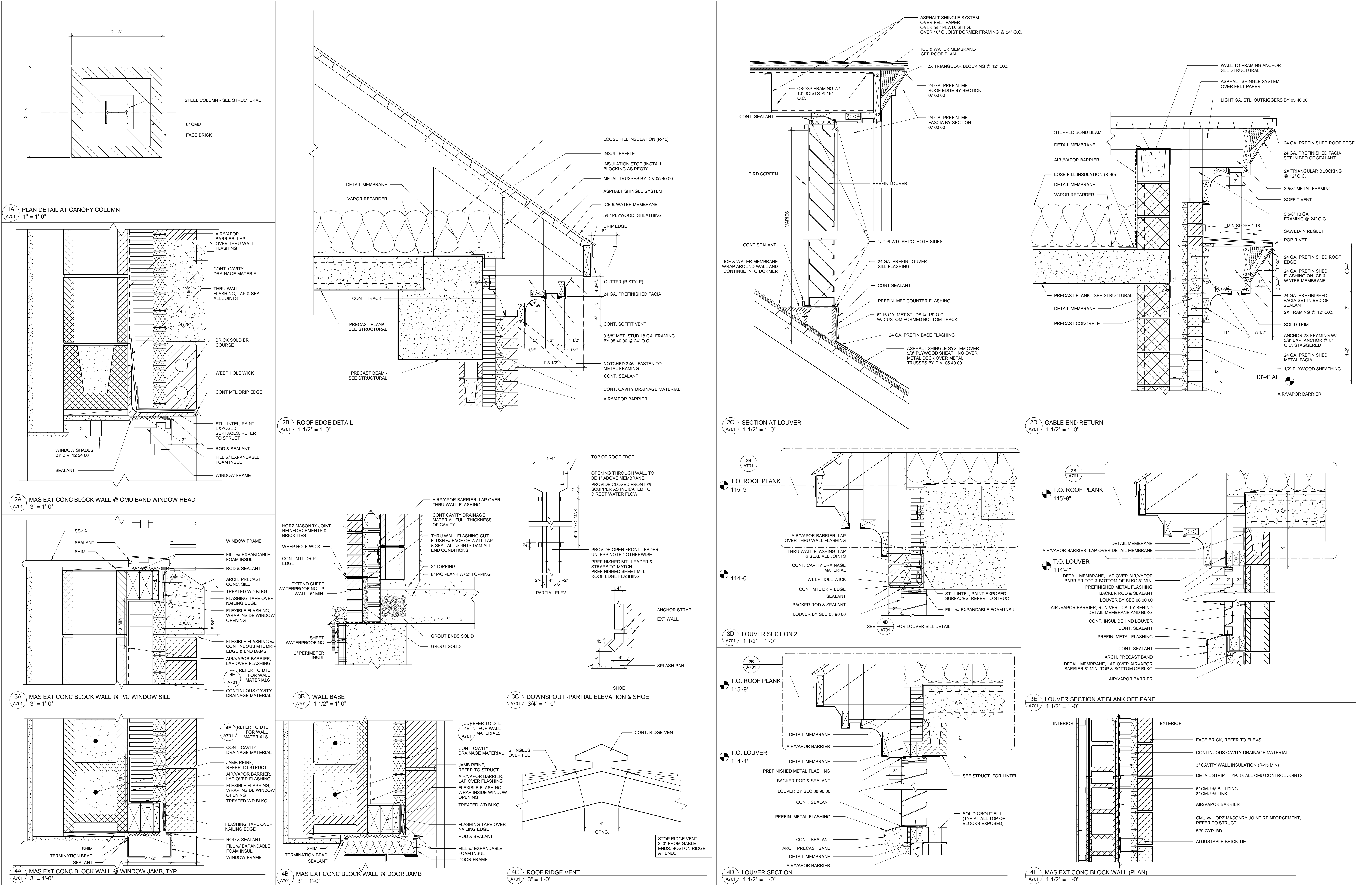
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| APPROVED: GEARS COORDINATOR        | DATE | APPROVED: PATIENT SAFETY          | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE         | DATE |
| APPROVED: DIRECTOR FMS             | DATE | APPROVED: SAFETY MANAGER          | DATE |

|  |      |  |                            |
|--|------|--|----------------------------|
| DRAWING TITLE<br><b>BUILDING &amp; WALL<br/>SECTIONS</b> |      |  |                            |
| APPROVED: CHIEF OF STAFF                                 | DATE | BUILDING No.                             | CHECKED BY                 |
| APPROVED: MEDICAL CENTER DIRECTOR                        | DATE | VA MEDICAL CENTER<br>ST. CLOUD, MN 56303 | DRAWING NO.<br><b>A601</b> |

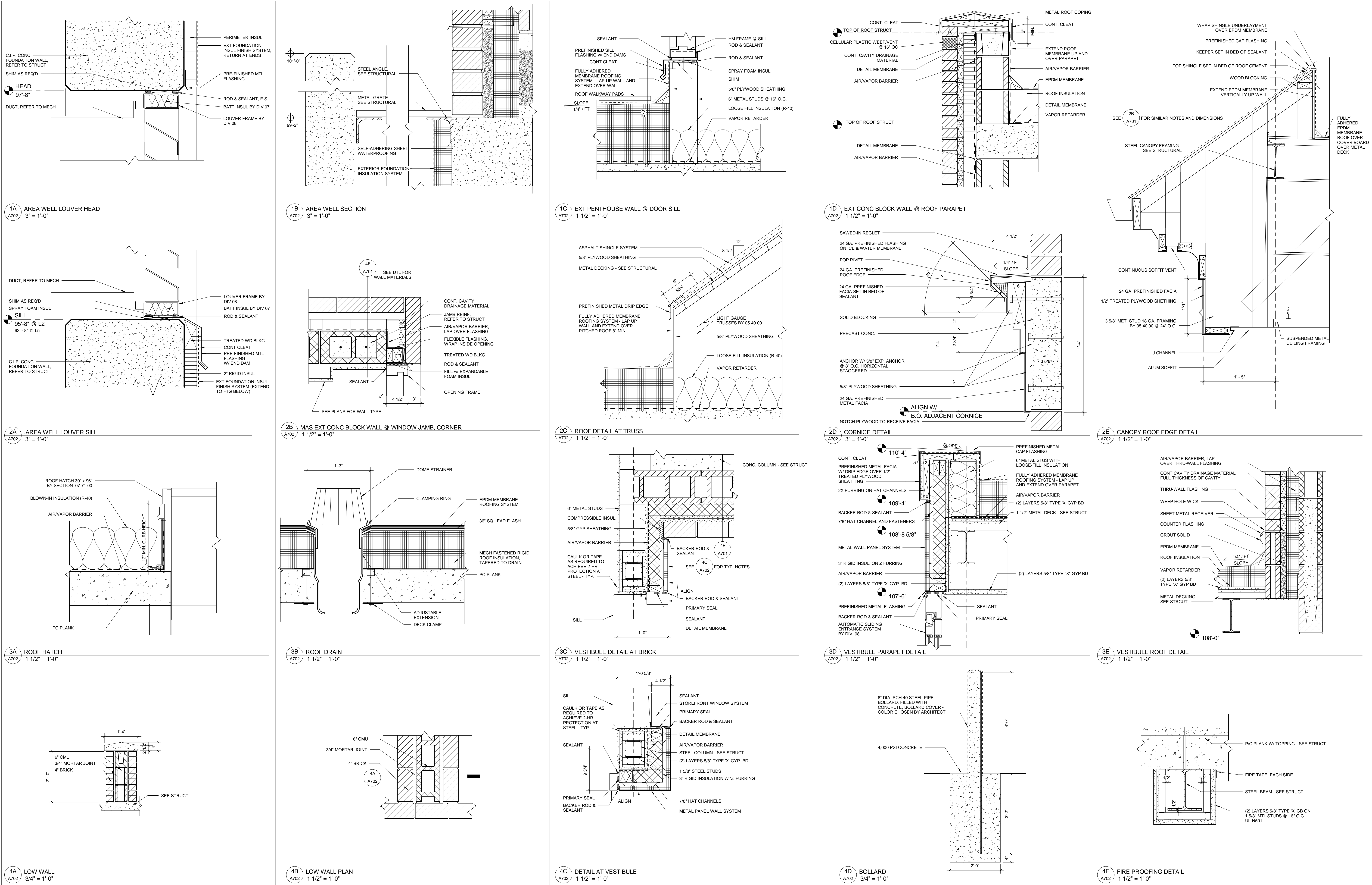
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|---|------------|-------------|--|
| PROJECT TITLE<br><b>RELOCATE REHAB<br/>SERVICES 656-16-277</b><br>St. Cloud VA Health Care System |            |             |  |
| DATE<br>12/03/2018  | PLOT SCALE | PROJECT NO. |  |
| BUILDING No.  | CHECKED BY | DRAWN       |  |





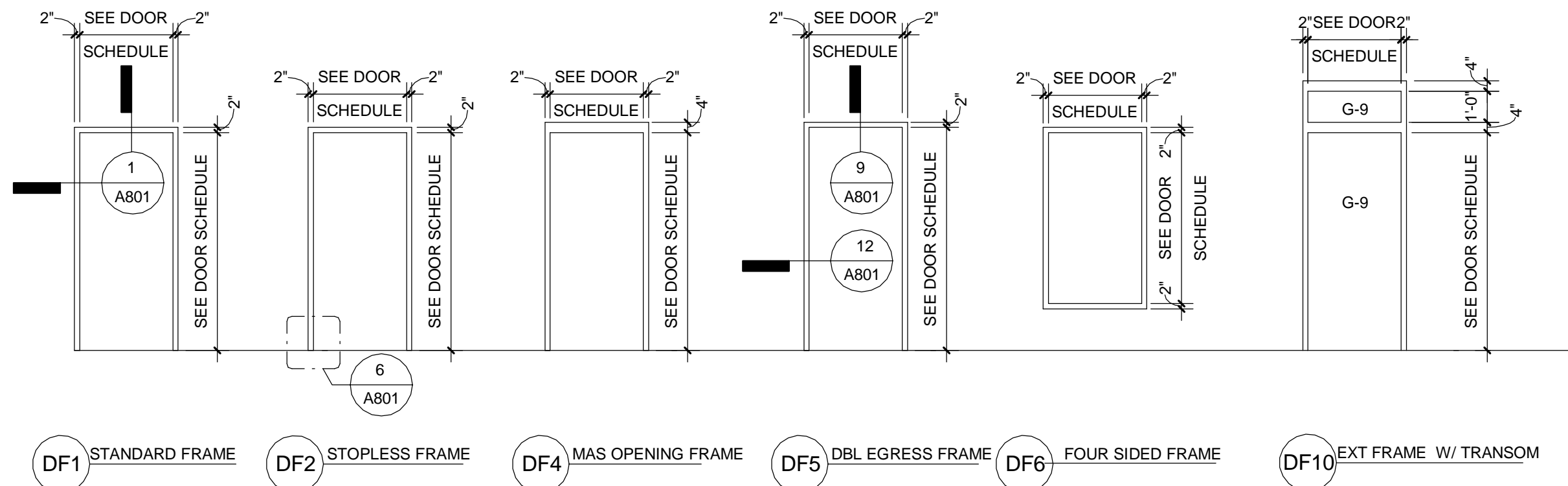




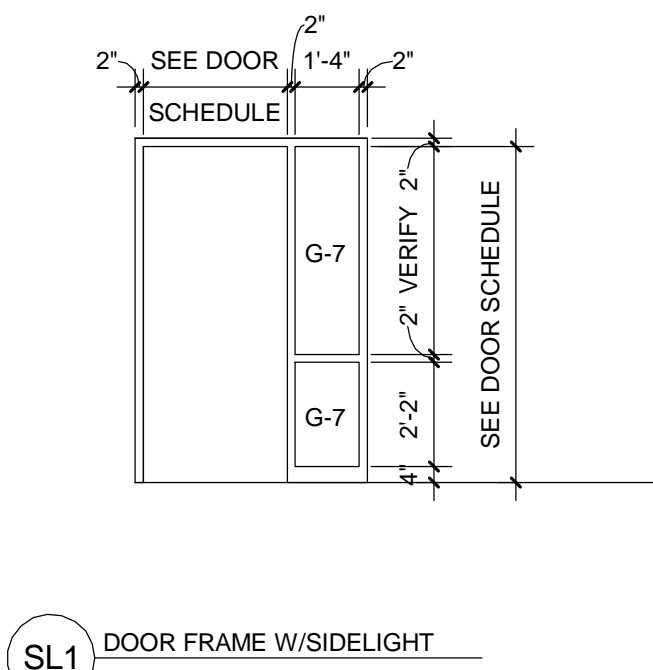




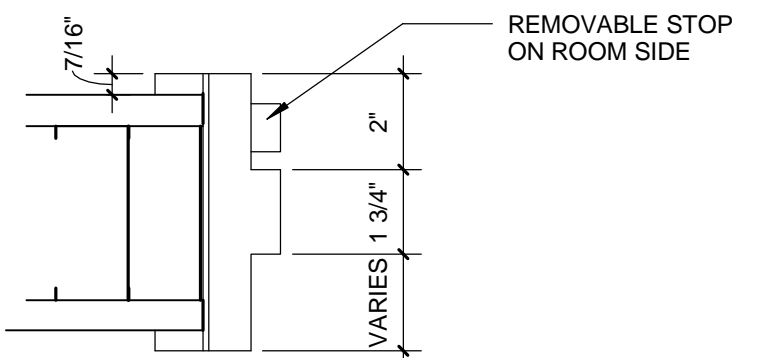
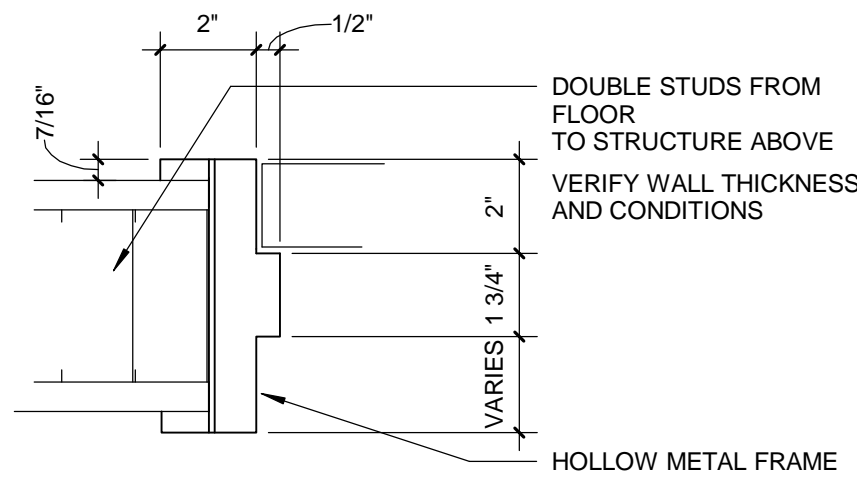
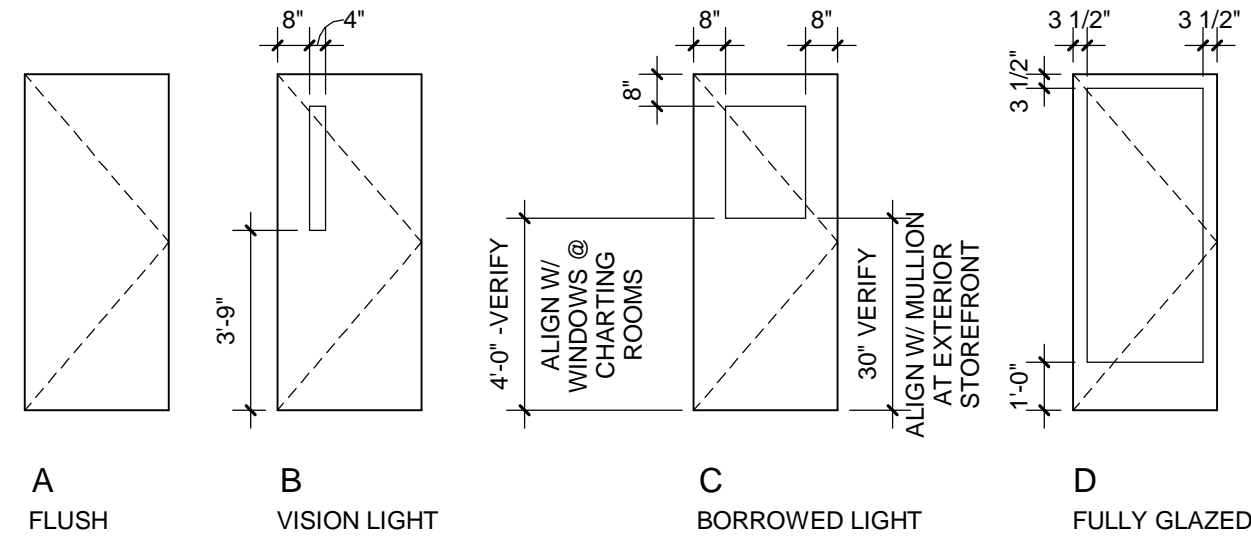
DOOR FRAME TYPES



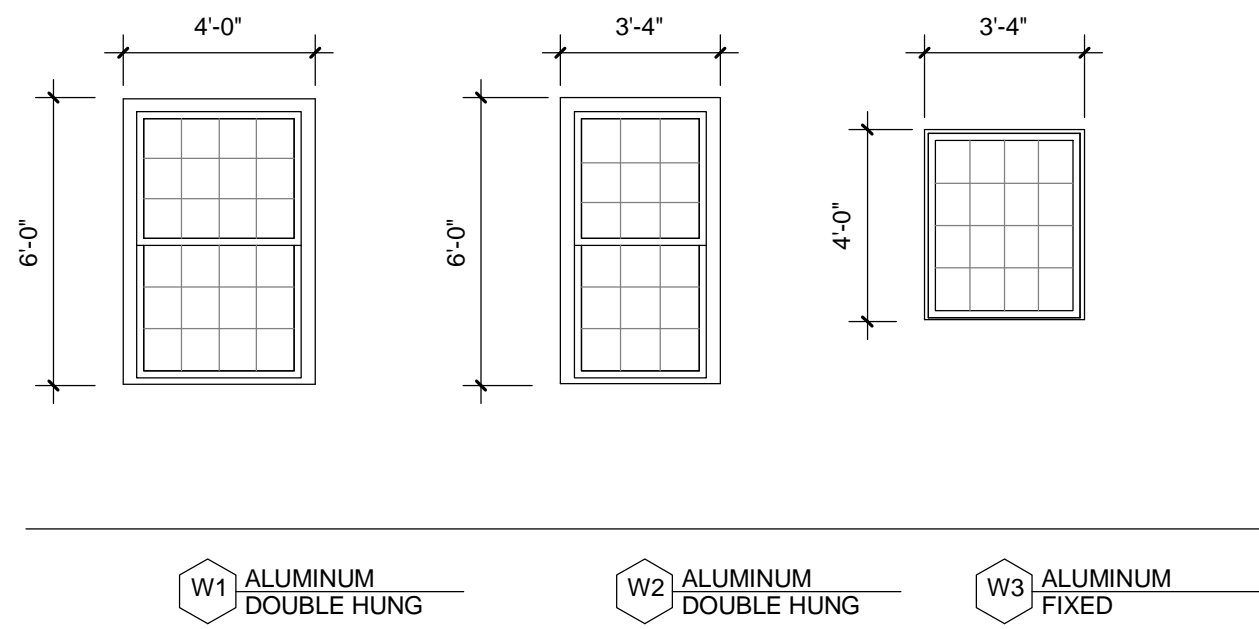
SIDELIGHT FRAME TYPES



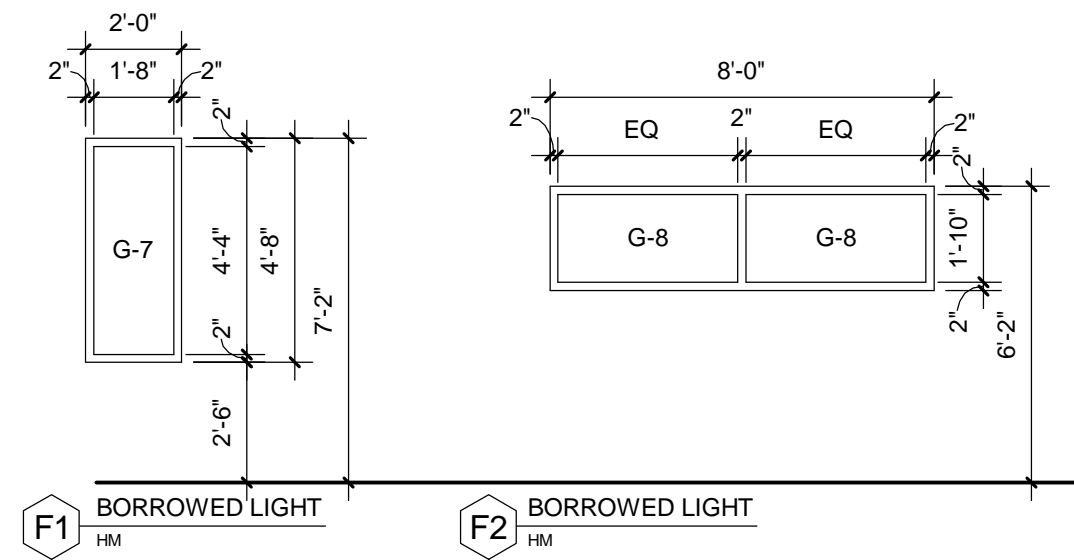
DOOR PANEL TYPES



EXTERIOR WINDOW TYPES

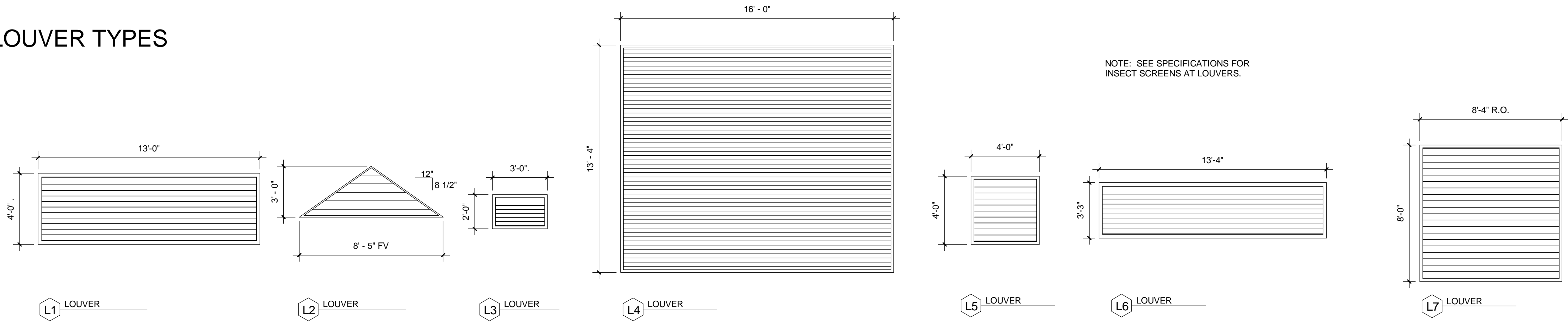


INTERIOR WINDOW TYPES

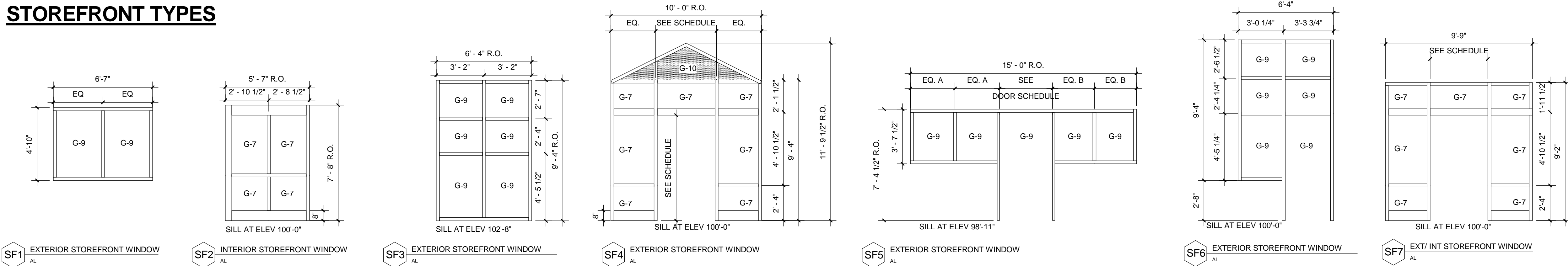


| TYPE | DESCRIPTION                               | BASIS-OF-DESIGN | COLOR    | NOTES                           |
|------|---|-----------------|----------|---------------------------------|
| G-6  | WIRED FLAT GLASS                          | -               | -        | -                               |
| G-7  | 1/4" FULLY TEMPERED FLOAT GLASS           | -               | CLEAR    | PROVIDE SAFETY GLAZING LABELING |
| G-8  | TRANSPARENT MIRROR (ONE-WAY VISION GLASS) | -               | -        | -                               |
| G-9  | 1" INSULATED FULLY TEMPERED FLOAT GLASS   | VIRACON/VNEI-63 | CLEAR    | -                               |
| G-10 | 1" INSULATED FULLY TEMPERED FLOAT GLASS   | VIRACON/VNEI-63 | SPANDREL | -                               |
| G-11 | 45-MIN 60-MIN 90 MIN FIRE-RATED GLAZING   | -               | -        | -                               |

LOUVER TYPES

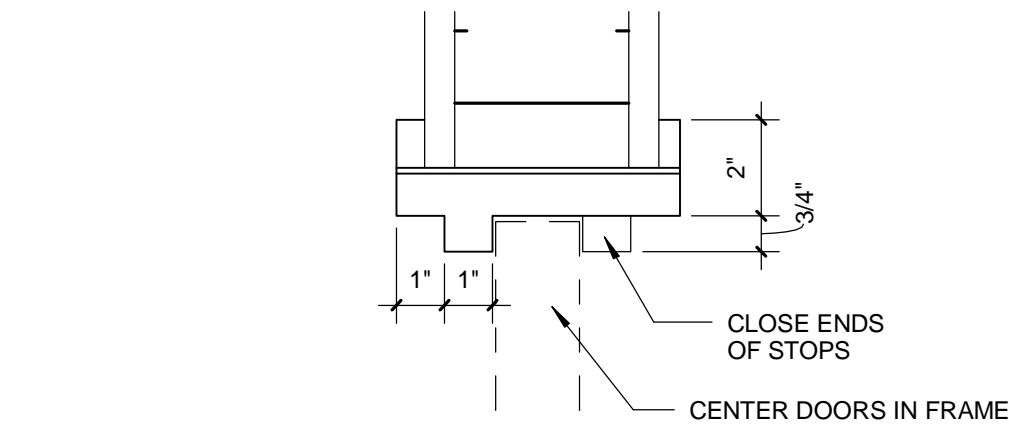


STOREFRONT TYPES

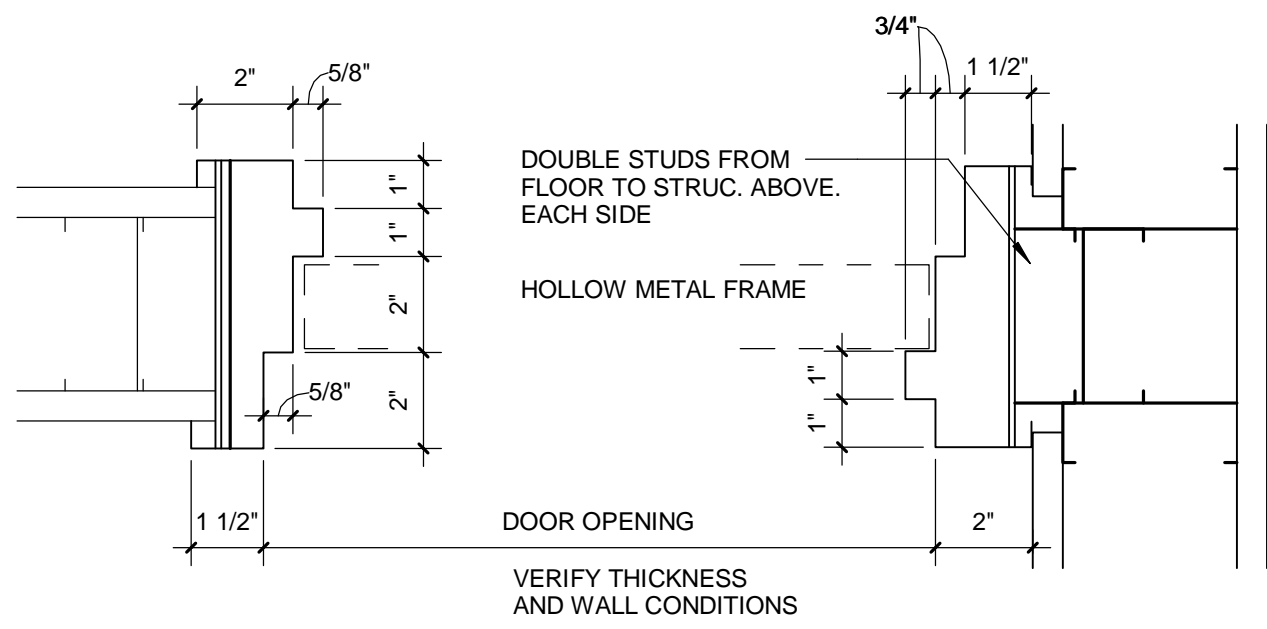


7 HOSPITAL STOP  
3" = 1'-0"

NOTE: FILL ALL EXTERIOR HOLLOW METAL DOOR FRAMES WITH FOAM INSULATION.



9 DBL. EGRESS HEAD  
3" = 1'-0"



12 DBL. EGRESS JAMB  
3" = 1'-0"

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INCLUDED FOR  
REFERENCE

|                                    |      |                                   |      |
|------------------------------------|------|-----------------------------------|------|
| APPROVED: SERVICE LINE DIRECTOR    | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GEMS COORDINATOR         | DATE | APPROVED: PATIENT SAFETY          | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE         | DATE |
| APPROVED: DIRECTOR FMS             | DATE | APPROVED: SAFETY MANAGER          | DATE |

DRAWING TITLE  
**DOOR TYPES,  
WINDOW TYPES &  
FRAME DETAILS**

PROJECT TITLE  
**RELOCATE REHAB  
SERVICES 656-16-277**  
St. Cloud VA Health Care System

DATE  
12/03/2018  
PLOT SCALE  
PROJECT NO.  
APPROVED: CHIEF OF STAFF  
APPROVED: MEDICAL CENTER DIRECTOR





