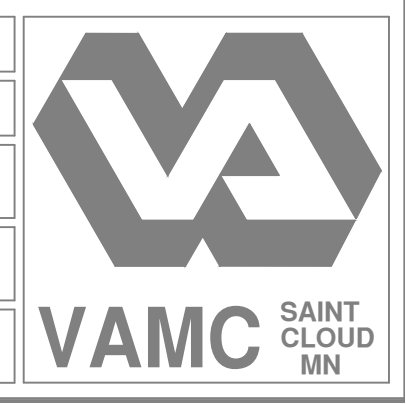
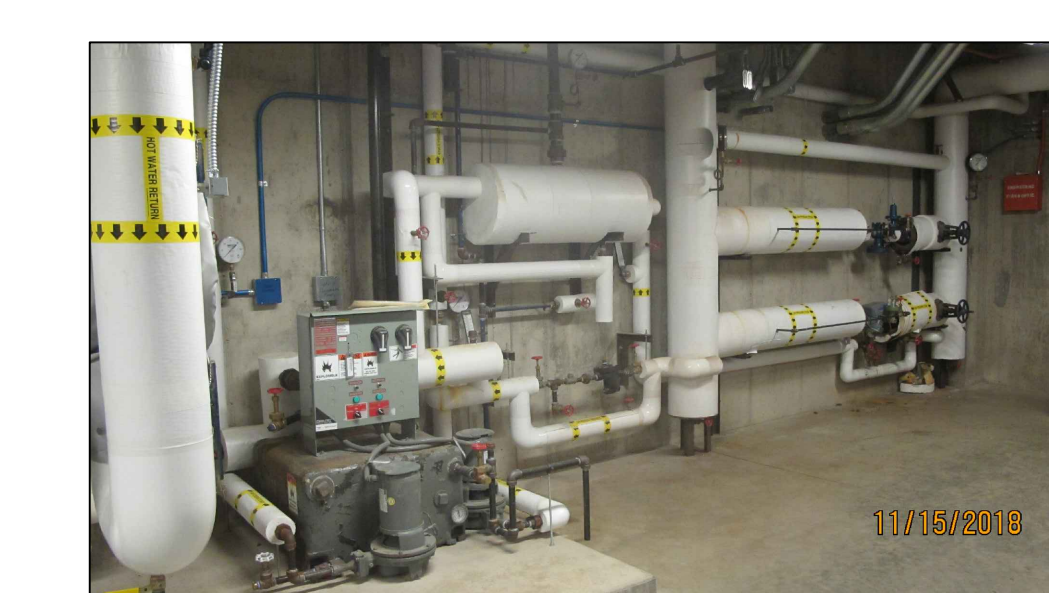
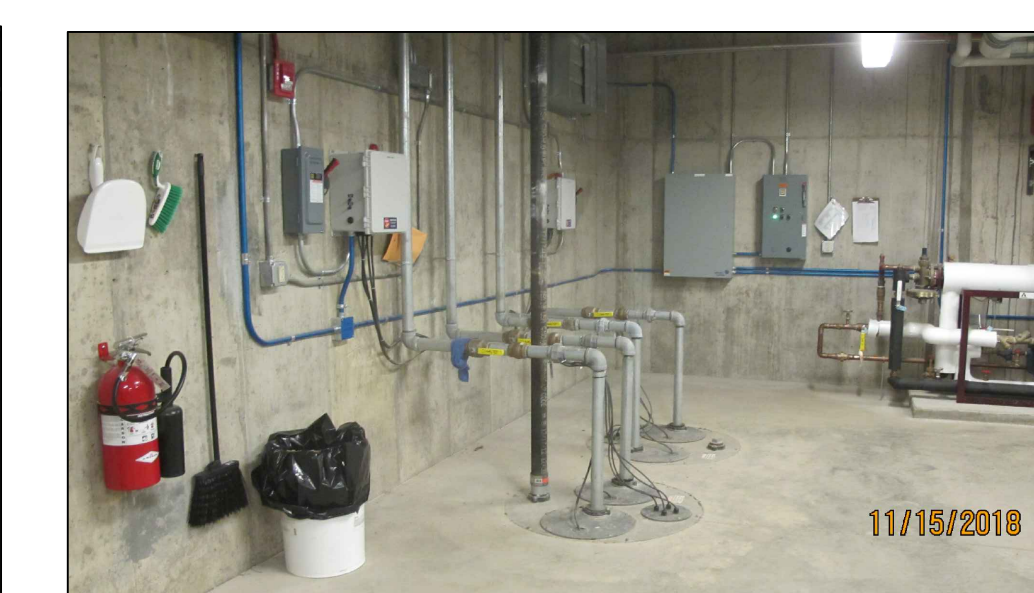
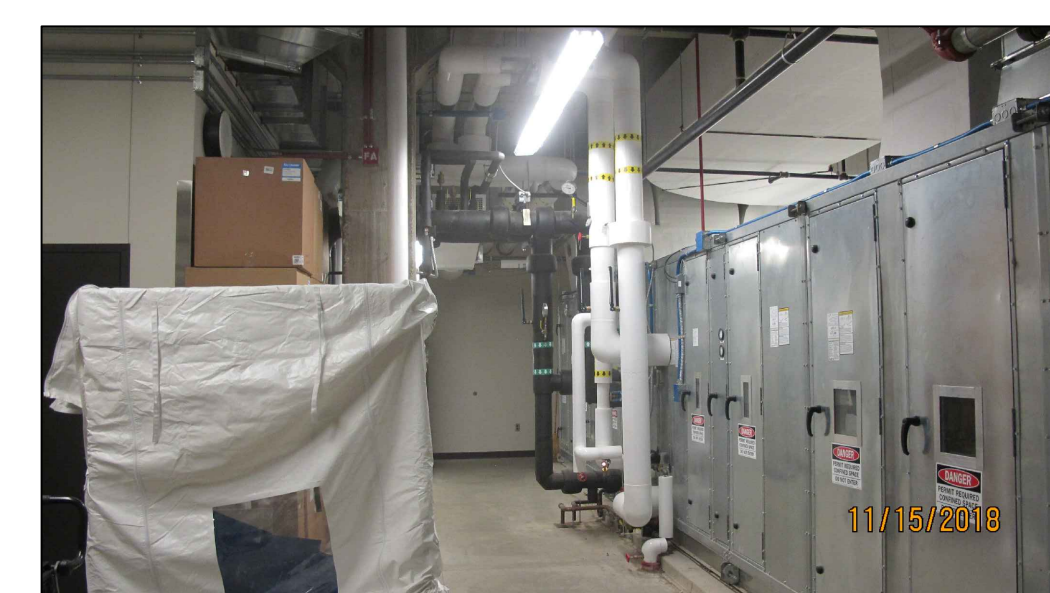
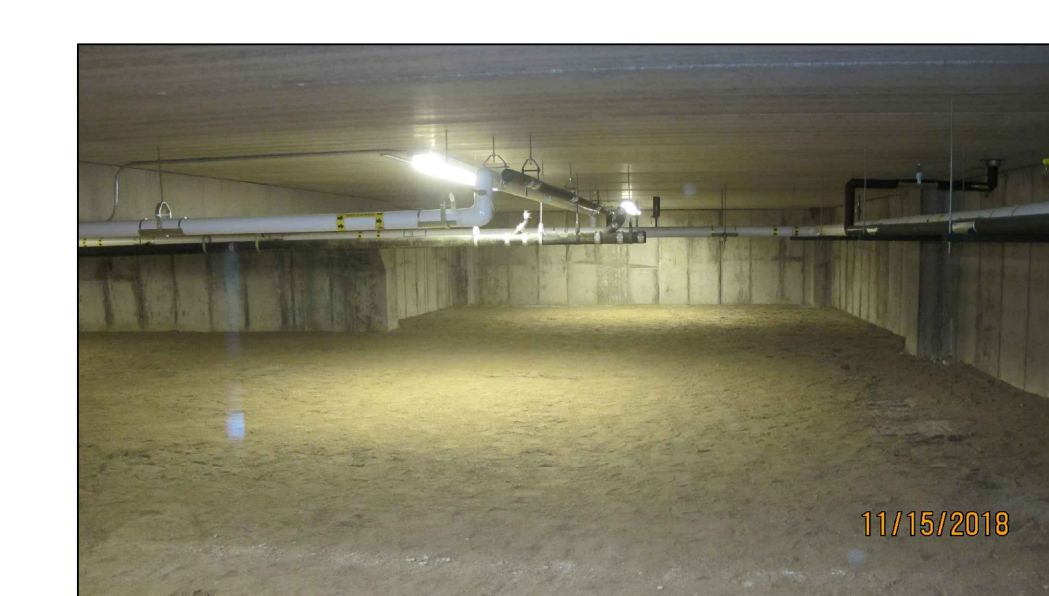
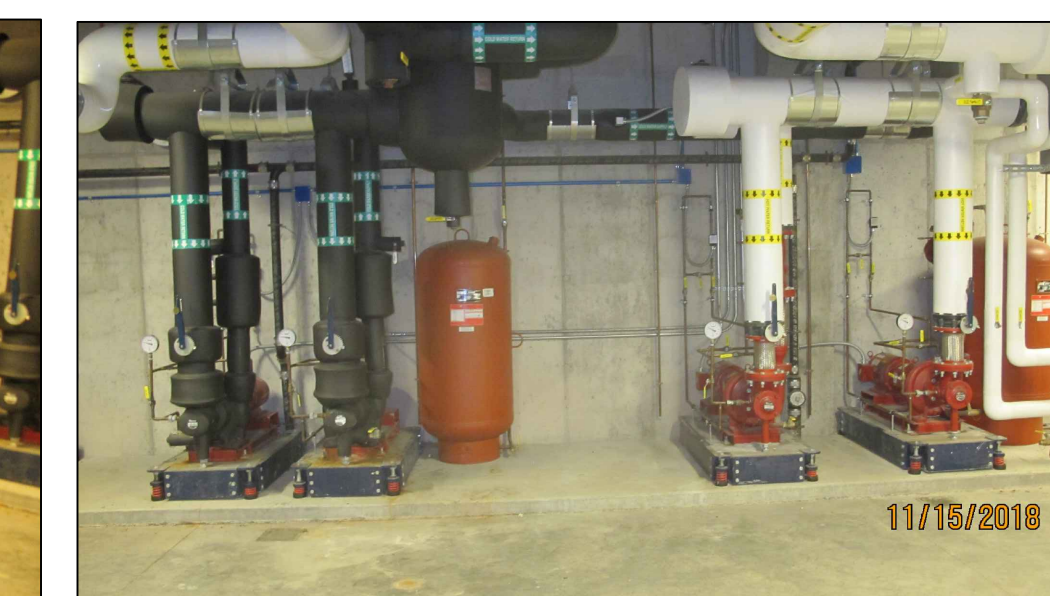
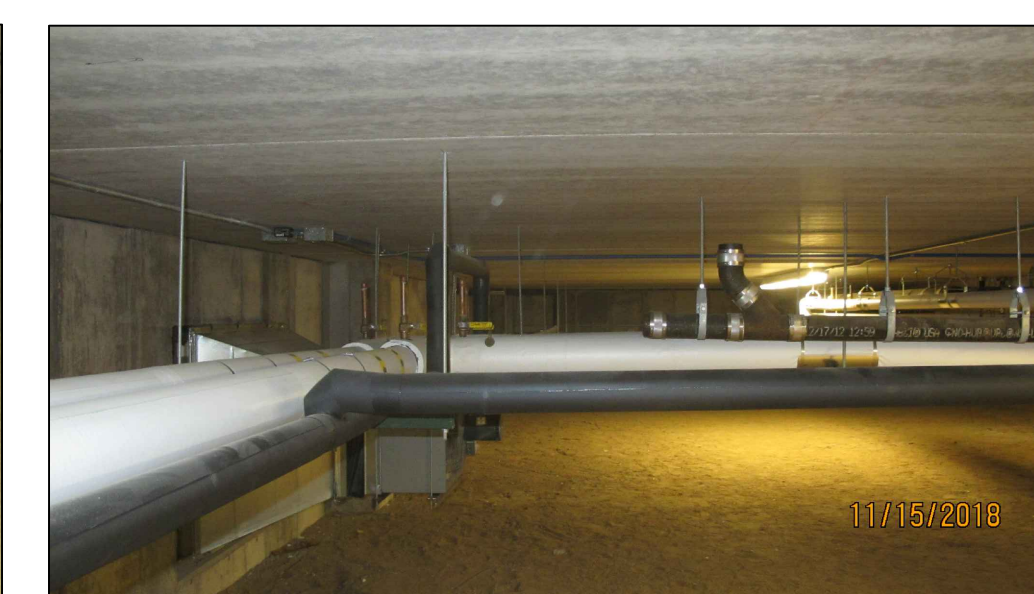
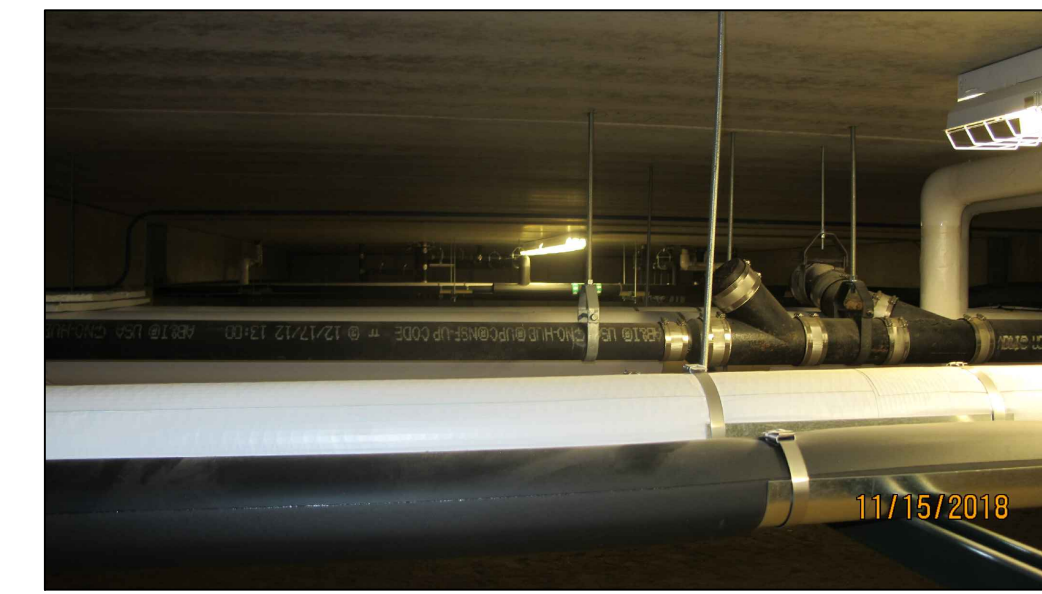


| No | REVISION | DATE |
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|                                   |      |                                  |      |                                  |                          |                |
|-----------------------------------|------|----------------------------------|------|----------------------------------|--------------------------|----------------|
| APPROVED SERVICE LINE DIRECTOR    | DATE | APPROVED INFECTION CONTROL NURSE | DATE | DRAWING TITLE                    | PROJECT TITLE            | DATE           |
| APPROVED SERVICE LINE DIRECTOR    | DATE | APPROVED PATIENT SAFETY          | DATE | PH10105                          | RELOCATE REHAB FUNCTIONS | 11/15/18       |
| APPROVED PROJECTS SECTION MANAGER | DATE | APPROVED CHIEF OF POLICE         | DATE |                                  | PROJECT #656-16-277      | PROJECT SCALE  |
| APPROVED DIRECTOR PM              | DATE | APPROVED SAFETY MANAGER          | DATE |                                  |                          | PROJECT NO.    |
|                                   |      |                                  |      | APPROVED CHIEF OF STAFF          | BUILDING No              | DRAWN          |
|                                   |      |                                  |      |                                  | 116                      | RLC            |
|                                   |      |                                  |      | APPROVED MEDICAL CENTER DIRECTOR | LOCATION                 | GAB FILE       |
|                                   |      |                                  |      |                                  | V.A. MEDICAL CENTER      | PH101          |
|                                   |      |                                  |      |                                  | ST. CLOUD, MN 56309      | SAINT CLOUD MN |





| No | REVISION | DATE |
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|    |          |      |

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| APPROVED SERVICE LINE DIRECTOR    | DATE: | APPROVED INFECTION CONTROL NURSE | DATE: | DRAWING TITLE                    | PROJECT TITLE            | DATE          |
| APPROVED SERVICE LINE DIRECTOR    | DATE: | APPROVED PATIENT SAFETY          | DATE: | PHOTOS                           | RELOCATE REHAB FUNCTIONS | 11/15/19      |
| APPROVED PROJECTS SECTION MANAGER | DATE: | APPROVED CHIEF OF POLICE         | DATE: |                                  | PROJECT #656-16-277      | PROJECT SCALE |
| APPROVED DIRECTOR PHS             | DATE: | APPROVED SAFETY MANAGER          | DATE: |                                  |                          | PROJECT NO.   |
|                                   |       |                                  |       | APPROVED CHIEF OF STAFF          | BUILDING No              | DRAWN         |
|                                   |       |                                  |       | APPROVED MEDICAL CENTER DIRECTOR | 116                      | RLC           |
|                                   |       |                                  |       |                                  | LOCATION                 | CAD FILE      |
|                                   |       |                                  |       |                                  | VIA MEDICAL CENTER       | DRAWING NO.   |
|                                   |       |                                  |       |                                  | ST. CLOUD, MN 56303      | PH102         |

