



SECURITY DEVICE MATRIX LOCKDOWN 1									
DRAWING NUMBER	BUILDING	DEVICE NAME	SYMBOL	FLOOR DEVICE NUMBER	DOOR NUMBER	PANEL LOCATION	DETAIL NUMBER	DETAIL SHEET NUMBER	NOTES
Q01-TY-099	09	DOOR CONFIGURATION	●	A9-L0-01	B009-X0A	RM#15	A01	000-TY-500	N/A
Q01-TY-100	CORRIDOR 09-115	DOOR CONFIGURATION	● (B) (C) (REX)	B9-115-01	C009-115A	RM#160	B09	000-TY-500	N/A
Q01-TY-100	CORRIDOR 09-115	DOOR CONFIGURATION	● (B) (C) (REX)	B9-115-02	C009-115B	RM#160	B09	000-TY-500	N/A
Q01-TY-100	09	DOOR RELEASE BUTTON	Ⓞ	A9-L0-02	N/A	RM#15	N/A	000-TY-500	N/A
Q01-TY-100	09	DOOR RELEASE BUTTON	Ⓞ	A9-L0-03	N/A	RM#15	N/A	000-TY-500	N/A
Q01-TY-101	09	DOOR CONFIGURATION	●	A9-L1-01	B009-X1B	RM#15A	A01	000-TY-500	N/A
Q01-TY-101	09	DOOR CONFIGURATION	● ●	A9-L1-02	B009-X1E	RM#15A	A01	000-TY-500	N/A
Q01-TY-101	09	DOOR CONFIGURATION	● ●	A9-L1-03	B009-X1D	RM#15A	A01	000-TY-500	N/A
Q01-TY-101	09	DOOR CONFIGURATION	● ●	A9-L1-04	B009-X1C	RM#15A	A01	000-TY-500	N/A
Q01-TY-101	115	DOOR CONFIGURATION	● R	A115-L1-01	B115-X1D	RM#160	A03	000-TY-500	N/A
Q01-TY-101	09	DOOR CONFIGURATION	● (B) (C) (REX)	B9-L1-01	B009-X1F	RM#15A	B09	000-TY-500	N/A
Q01-TY-101	115	DOOR CONFIGURATION	● (B) (C) (REX)	B115-L1-01	B115-X1A	RM#160	B01	000-TY-500	N/A
Q01-TY-101	115	DOOR CONFIGURATION	● ● (EPR) (EPR) (PT) (PT) (C)	B115-L1-02	B115-X1C	SDF-XX	B15	000-TY-500	N/A
Q01-TY-101	115	DOOR CONFIGURATION	● (C) (REX)	B115-L1-03	B115-X1B	RM#160	B13	000-TY-500	N/A
Q02-TY-100	28	DOOR CONFIGURATION	●	A28-L0-01	B028-X0A	RM#72B	A01	000-TY-500	N/A
Q02-TY-100	28	DOOR CONFIGURATION	●	A28-L0-02	B028-X0B	RM#72B	A01	000-TY-500	N/A
Q02-TY-100	28	DOOR CONFIGURATION	●	A28-L0-03	B028-X0C	RM#72B	A01	000-TY-500	N/A
Q02-TY-100	28	DOOR CONFIGURATION	●	A28-L0-04	B028-X0D	RM#72B	A01	000-TY-500	N/A
Q02-TY-100	28	DOOR CONFIGURATION	●	A28-L0-05	B028-X0E	RM#72B	A01	000-TY-500	N/A
Q02-TY-101	111	DOOR CONFIGURATION	● R	A111-L1-01	B111-X1F	RM#62	A03	000-TY-500	N/A
Q02-TY-101	111	DOOR CONFIGURATION	●	A111-L1-02	B111-X1D	RM#62	A01	000-TY-500	N/A
Q02-TY-101	111	DOOR CONFIGURATION	●	A111-L1-03	B111-X1E	RM#62	A01	000-TY-500	N/A
Q02-TY-101	111	DOOR CONFIGURATION	●	A111-L1-04	B111-X1A	RM#62	A01	000-TY-500	N/A
Q02-TY-101	28	DOOR CONFIGURATION	● (B) (C) (REX)	B28-L1-01	B028-X1A	RM#72B	B09	000-TY-500	N/A
Q02-TY-101	111	DOOR CONFIGURATION	● (C) (REX)	B111-L1-01	B111-X1C	RM#62	B13	000-TY-500	N/A
Q03-TY-100	08	DOOR CONFIGURATION	●	A8-L0-01	B008-X0B	RM#12A	A01	000-TY-500	N/A
Q03-TY-100	08	DOOR CONFIGURATION	●	A8-L0-02	B008-X0A	RM#12A	A01	000-TY-500	N/A
Q03-TY-100	59	DOOR CONFIGURATION	●	A59-L0-01	B059-X0A	RM#12A	A01	000-TY-500	N/A
Q03-TY-100	59	DOOR CONFIGURATION	● R	A59-L0-02	N/A	RM#12A	A03	000-TY-500	N/A
Q03-TY-100	59	DOOR CONFIGURATION	● (B) (C) (REX)	B59-L0-01	B059-X0B	RM#12A	B09	000-TY-500	N/A
Q03-TY-101	59	DOOR CONFIGURATION	● R	A59-L1-02	B059-X0D	RM#12A	A03	000-TY-500	N/A
Q03-TY-101	CORRIDOR 08-59	DOOR CONFIGURATION	● ●	A8-59-01	C008-059A	RM#12A	A01	000-TY-500	N/A
Q03-TY-101	08	DOOR CONFIGURATION	●	A8-L1-01	B008-X1C	RM#12A	A01	000-TY-500	N/A
Q03-TY-101	08	DOOR CONFIGURATION	●	A8-L1-02	B008-X1D	RM#12A	A01	000-TY-500	N/A
Q03-TY-101	08	DOOR CONFIGURATION	●	A8-L1-03	B008-X1F	RM#12A	A01	000-TY-500	N/A
Q03-TY-101	08	DOOR CONFIGURATION	● ●	A8-L1-04	B008-X1E	RM#12A	A01	000-TY-500	N/A
Q03-TY-101	59	DOOR CONFIGURATION	●	A59-L1-01	B059-X1B	RM#12A	A01	000-TY-500	N/A
Q03-TY-101	59	DOOR CONFIGURATION	● R	A59-L1-03	B059-X0D	RM#12A	A03	000-TY-500	N/A
Q03-TY-101	118	DOOR CONFIGURATION	● R	A118-L1-01	B118-X1E	RM#04	A03	000-TY-500	N/A
Q03-TY-101	118	DOOR CONFIGURATION	● R	A118-L1-02	N/A	RM#04	A03	000-TY-500	N/A
Q03-TY-101	118	DOOR CONFIGURATION	● ●	A118-L1-03	B118-X1A	RM#04	A01	000-TY-500	N/A
Q03-TY-101	118	DOOR CONFIGURATION	●	A118-L1-04	B118-X1C	RM#04	A01	000-TY-500	N/A
Q03-TY-101	08	DOOR CONFIGURATION	● (B) (C) (REX)	B8-L1-01	B008-X1B	RM#12A	B09	000-TY-500	N/A
Q03-TY-101	08	DOOR CONFIGURATION	● ● (E) (S) (C) (REX)	B8-L1-02	B008-X1C	RM#12A	B05	000-TY-500	N/A
Q03-TY-101	59	DOOR CONFIGURATION	● ● (E) (S) (C) (REX)	B59-L1-01	B059-X1A	RM#12A	B05	000-TY-500	N/A
Q03-TY-101	59	DOOR CONFIGURATION	● (C) (REX)	B59-L1-02	B059-X1C	RM#12A	B13	000-TY-500	N/A
Q03-TY-101	118	DOOR CONFIGURATION	● (B) (C) (REX)	B118-L1-01	B118-X1B	RM#04	A01	000-TY-500	N/A
Q03-TY-101	118	DOOR CONFIGURATION	● ● (E) (S) (C) (REX)	B118-L1-02	B118-X1D	RM#04	B05	000-TY-500	N/A
Q04-TY-100	02	DOOR CONFIGURATION	●	A2-L0-01	B002-X0A	RM#COE	A01	000-TY-500	N/A
Q04-TY-100	CORRIDOR 002-118	DOOR CONFIGURATION	●	A2-118-01	C002-118A	RM#COE	A01	000-TY-500	N/A
Q04-TY-100	CORRIDOR 002-118	DOOR CONFIGURATION	●	A2-118-02	C002-118A	RM#COE	A01	000-TY-500	N/A
Q04-TY-100	CORRIDOR 002-118	DOOR CONFIGURATION	● R	A2-118-03	C002-118D	RM#COE	A03	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	●	A2-L1-01	B002-X1C	RM#COE	A01	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	●	A2-L1-02	B002-X1B	RM#COE	A01	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	●	A2-L1-03	B002-X1D	RM#COE	A01	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	●	A2-L1-04	B002-X1E	RM#COE	A01	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	●	A2-L1-05	B002-X1F	RM#COE	A01	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	●	A2-L1-06	B002-X1G	RM#COE	A01	000-TY-500	N/A
Q04-TY-101	02	DOOR CONFIGURATION	● (B) (C) (REX)	B2-L1-01	B002-X1A	RM#COE	B09	000-TY-500	N/A
Q05-TY-100	01	DOOR CONFIGURATION	●	A1-L0-01	B001-X0E	RM#127A	A01	000-TY-500	N/A
Q05-TY-100	01	DOOR CONFIGURATION	● ●	A1-L0-02	B001-X0C	RM#127A	A01	000-TY-500	N/A
Q05-TY-100	01	DOOR CONFIGURATION	● ●	A1-L0-03	B001-X0D	RM#127A	A01	000-TY-500	N/A
Q05-TY-100	01	DOOR CONFIGURATION	● ●	A1-L0-04	B001-X0B	RM#127A	A01	000-TY-500	N/A
Q05-TY-100	01	DOOR CONFIGURATION	● ●	A1-L0-05	B001-X0A	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-01	B001-X1F	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-02	B001-X1E	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-03	B001-X1K	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-04	B001-X1K	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-05	B001-X1K	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	● R	A1-L1-06	N/A	RM#127A	A03	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-07	B001-X1N	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-08	B001-X1M	RM#127A	A01	000-TY-500	N/A
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Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-10	B001-X1K	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	●	A1-L1-11	B001-X1C	RM#127A	A01	000-TY-500	N/A
Q05-TY-101	01	DOOR CONFIGURATION	● (B) (C) (REX)	B1-L1-01	B001-X1A	RM#127A	B09	000-TY-500	N/A
Q06-TY-100	04	LOCKDOWN BUTTON	LD	A4-L0-01	N/A	RM#01	N/A	000-TY-500	N/A

**CONSTRUCTION SET**

NO	REVISION	DATE

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APPROVED: PROJECT COORDINATOR DATE: _____	APPROVED: SERVICE LINE DIRECTOR DATE: _____	APPROVED: INFECTION CONTROL NURSE DATE: _____	APPROVED: SECURITY DEVICE MATRIX FOR LOCKDOWN DATE: _____
APPROVED: GEMS COORDINATOR DATE: _____	APPROVED: PATIENT SAFETY DATE: _____	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE: _____	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE: _____
APPROVED: PROJECTS SECTION MANAGER DATE: _____	APPROVED: CHIEF OF POLICE DATE: _____	APPROVED: CHIEF OF STAFF DATE: _____	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE: _____
APPROVED: DIRECTOR RMS DATE: _____	APPROVED: SAFETY MANAGER DATE: _____	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE: _____	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE: _____

**U.S. Department of Veterans Affairs**  
 Veterans Health Administration  
 St. Cloud VA Health Care System

PROJECT TITLE: DESIGN SECURITY LOCKDOWN EXTERIOR DOORS  
 PROJECT NO: 656-18-848  
 DRAWING NO: 000-TY-002  
 DATE: 06/01/20

01/11/2020 10:37:57 AM



SECURITY DEVICE MATRIX LOCKDOWN 3									
DRAWING NUMBER	BUILDING	DEVICE NAME	SYMBOL	FLOOR DEVICE NUMBER	DOOR NUMBER	PANEL LOCATION	DETAIL NUMBER	DETAIL SHEET NUMBER	NOTES
Q13-TY-100	51	DOOR CONFIGURATION	●	A51-L0-07	B051-X0D	RM#22	A01	000-TY-500	N/A
Q13-TY-100	51	DOOR CONFIGURATION	● (S) (C) (REX)	B51-L0-01	B051-X0E	RM#22	B01	000-TY-500	N/A
Q13-TY-100	CORRIDOR 51-116	DOOR CONFIGURATION	●	A51-116-01	C051-116A	RM#22	A01	000-TY-500	N/A
Q13-TY-100	CORRIDOR 51-116	DOOR CONFIGURATION	●	A51-116-02	C051-116D	RM#22	A01	000-TY-500	N/A
Q13-TY-100	CORRIDOR 51-116	DOOR CONFIGURATION	● (S) (C) (REX)	B51-116-01	C051-116C	RM#22	B09	000-TY-500	N/A
Q13-TY-100	CORRIDOR 51-116	DOOR CONFIGURATION	● (S) (C) (REX)	B51-116-02	C051-116B	RM#22	B09	000-TY-500	N/A
Q13-TY-101	51	DOOR CONFIGURATION	● (S) (C) (REX)	B51-L1-01	B051-X1A	RM#22	B09	000-TY-500	N/A
Q14-TY-101	116	DOOR CONFIGURATION	●	A116-L1-01	B116-X1A	RM#112	A01	000-TY-500	N/A
Q14-TY-101	116	DOOR CONFIGURATION	● ●	A116-L1-02	B116-X1C	RM#112	A01	000-TY-500	N/A
Q14-TY-101	116	DOOR CONFIGURATION	● ●	A116-L1-03	B116-X1F	RM#112	A01	000-TY-500	N/A
Q14-TY-101	116	DOOR CONFIGURATION	● (S) (C) (REX)	B116-L1-01	B116-X1D	RM#112	B01	000-TY-500	N/A
Q14-TY-101	116	DOOR CONFIGURATION	● (S) (C) (REX)	B116-L1-02	B116-X1E	RM#112	B09	000-TY-500	N/A

## CONSTRUCTION SET

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.  
 Signature: *[Signature]*  
 Title or Printed Name: Timothy Blott  
 Date: 08/12/2020 License Number: 95538

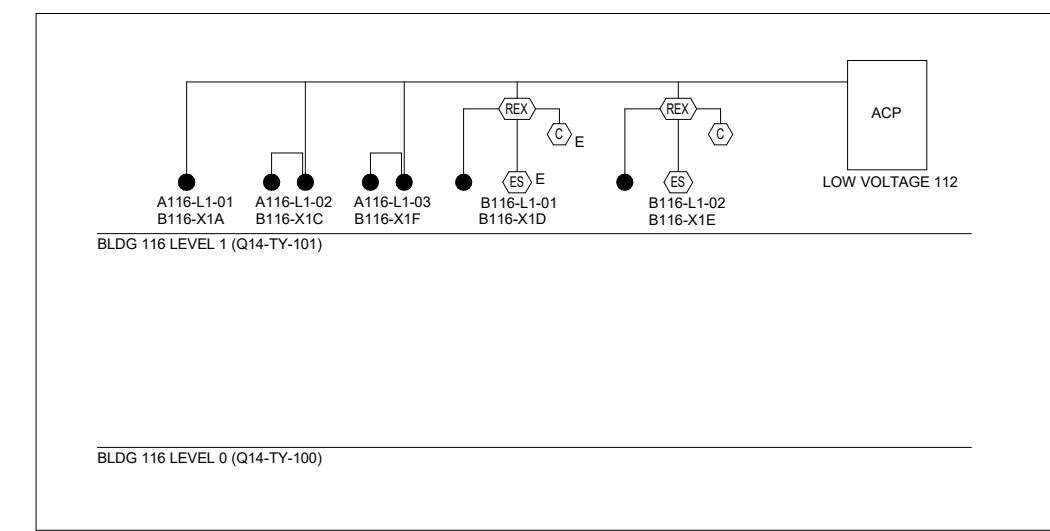
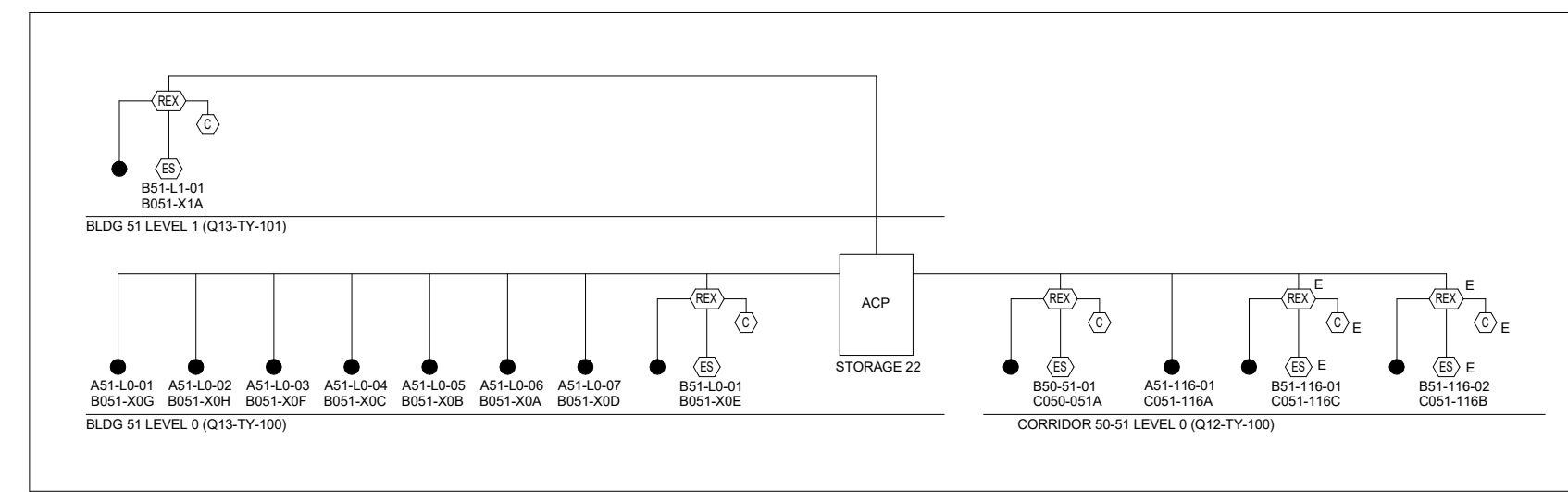
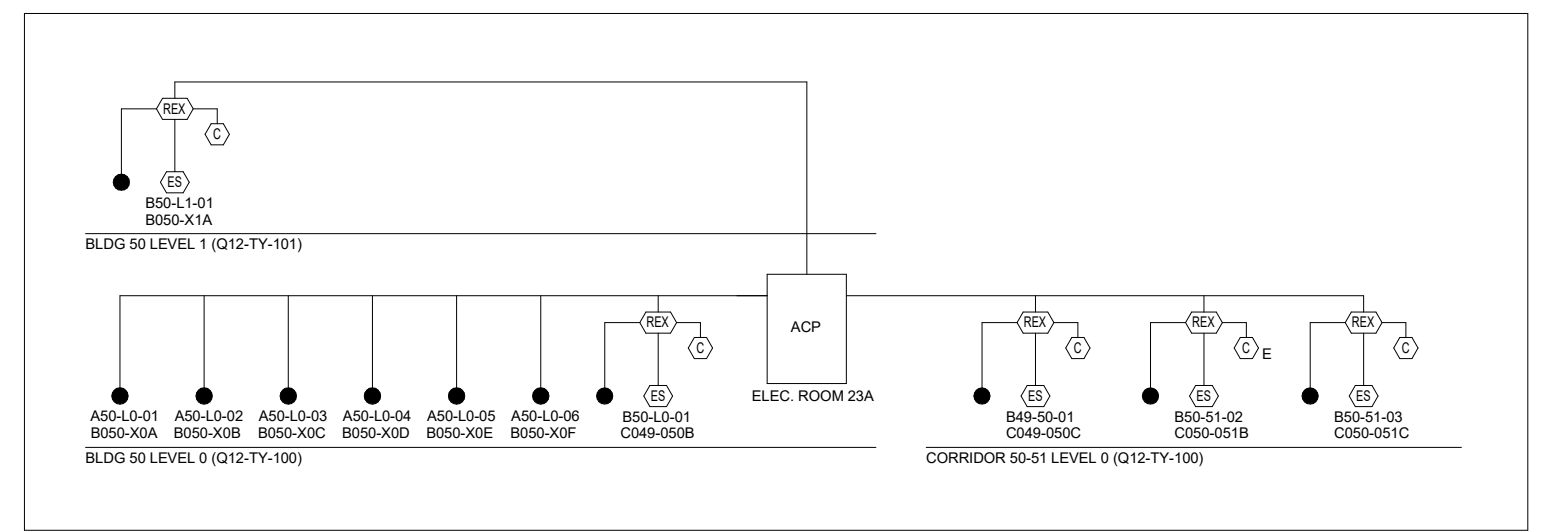
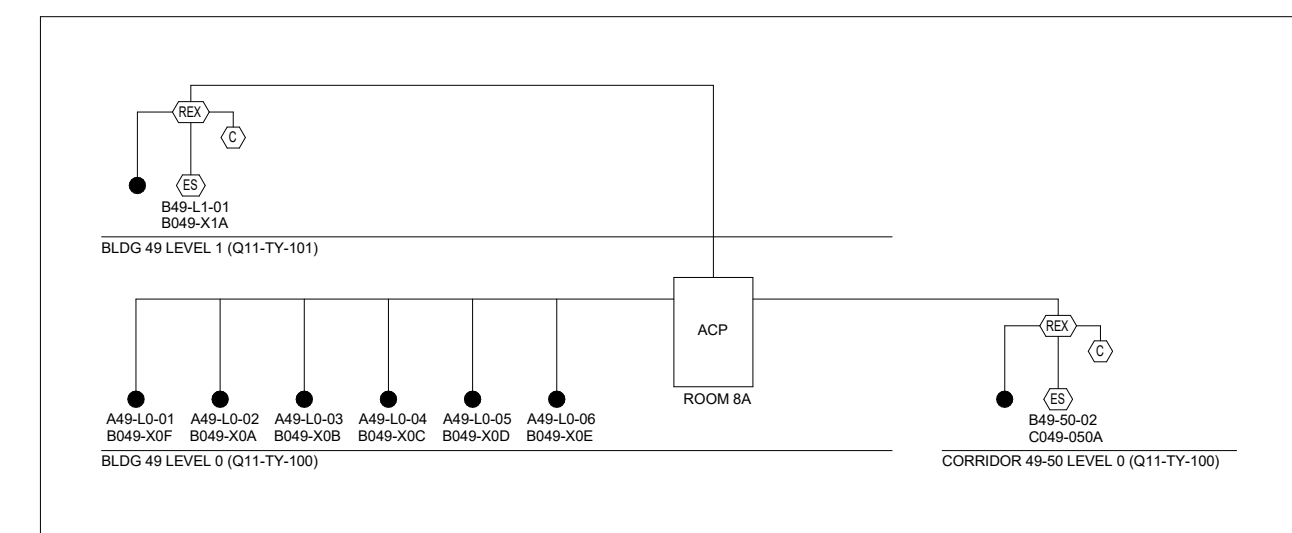
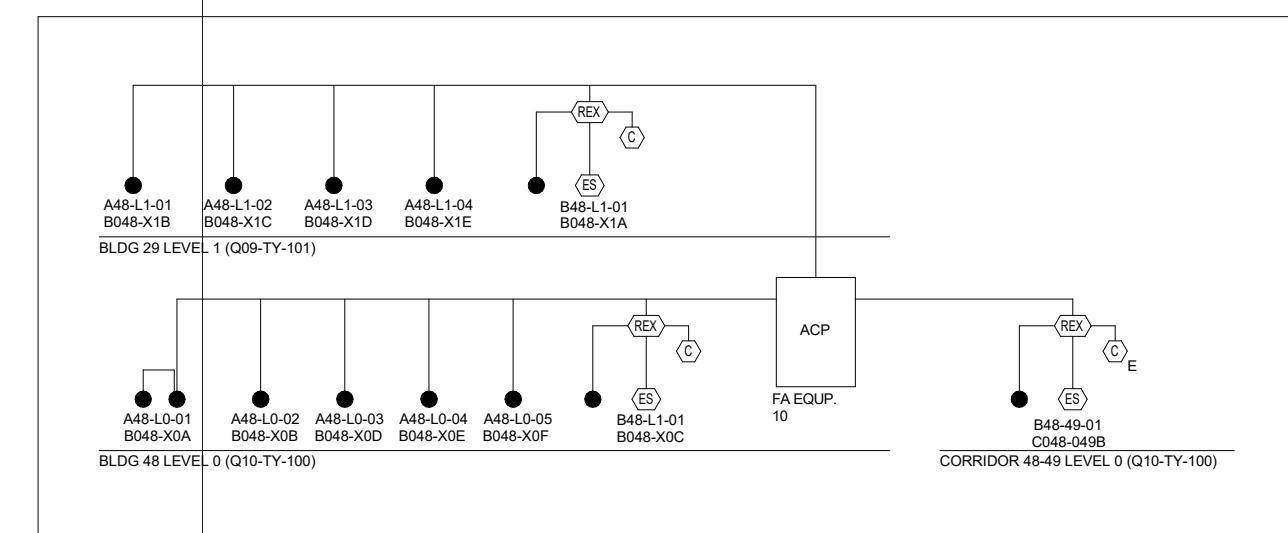
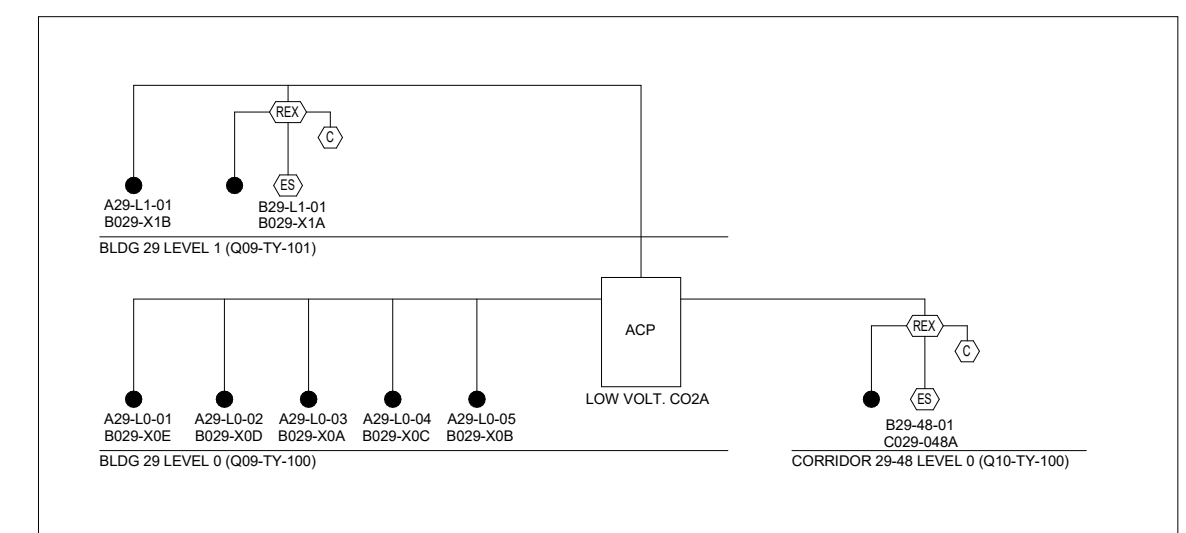
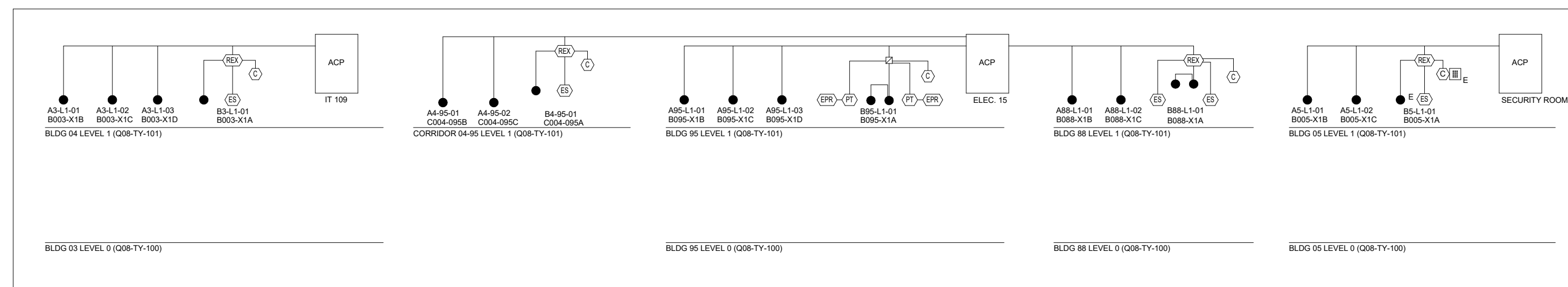
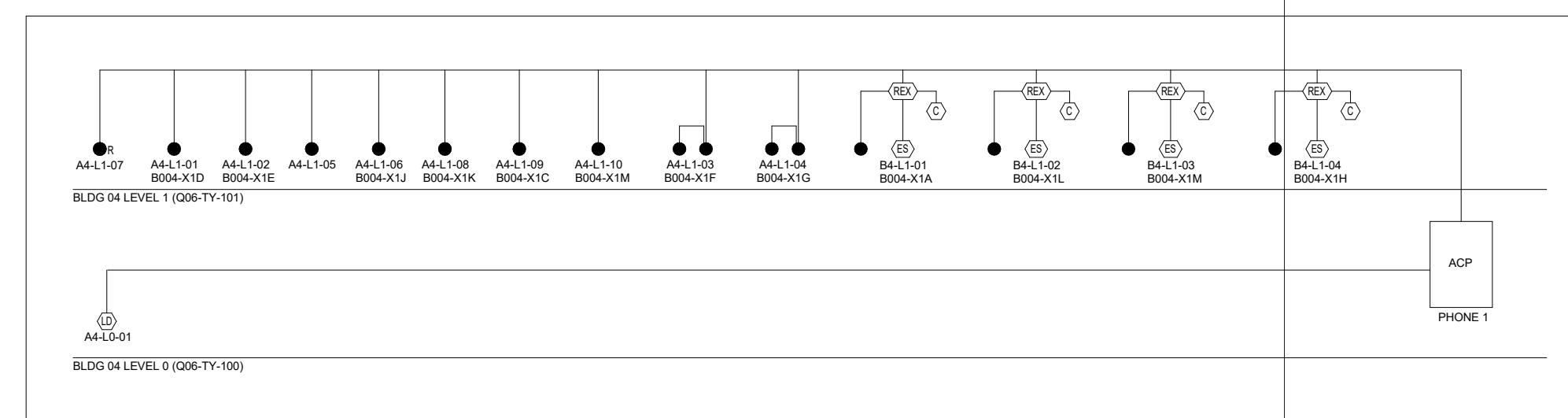
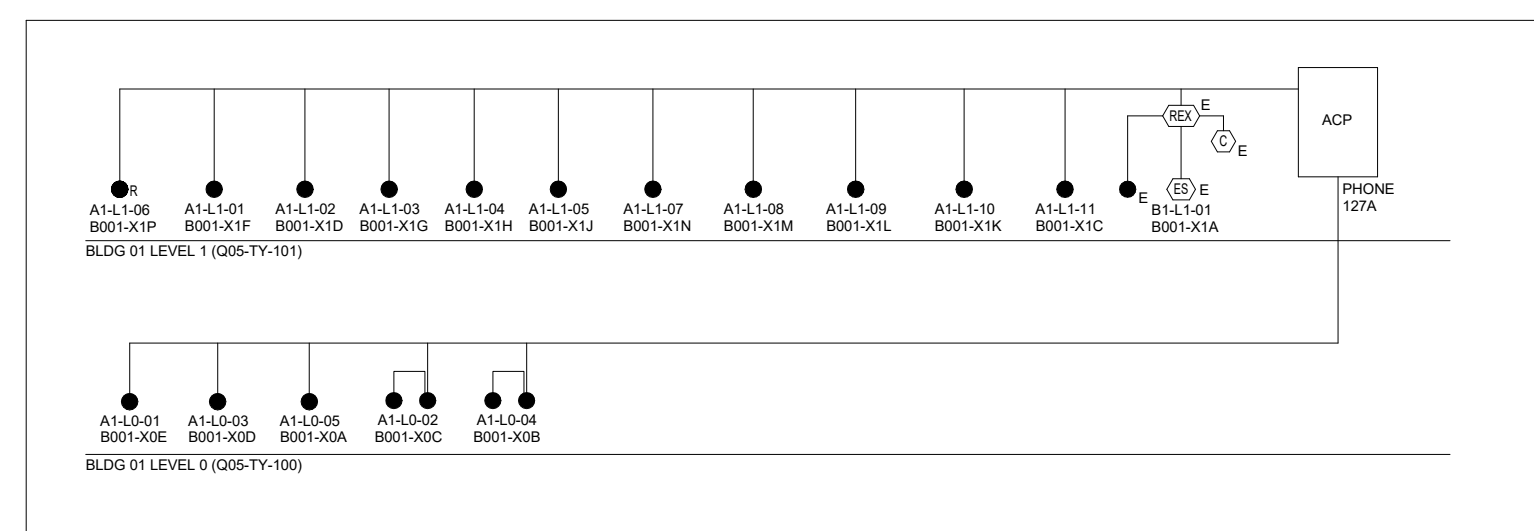
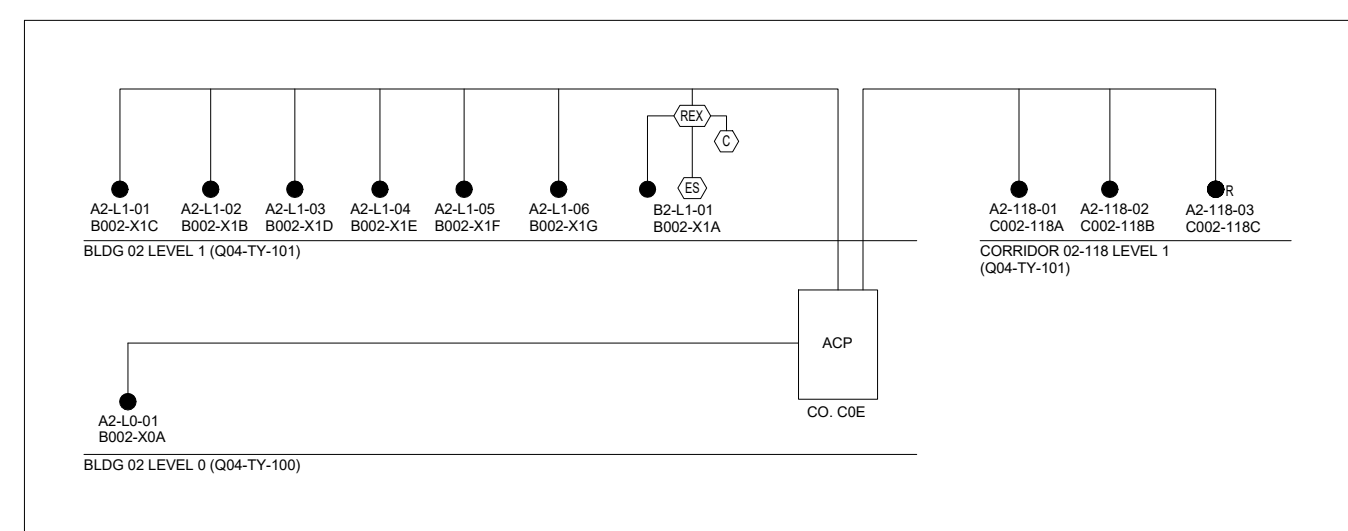
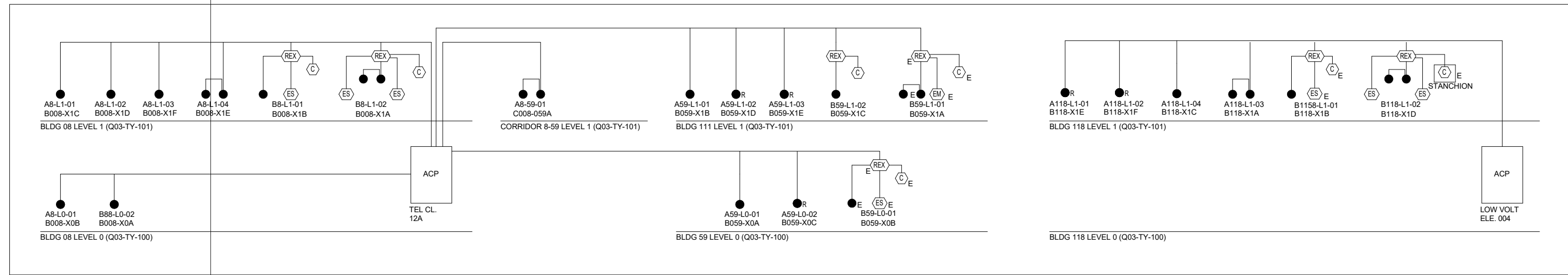
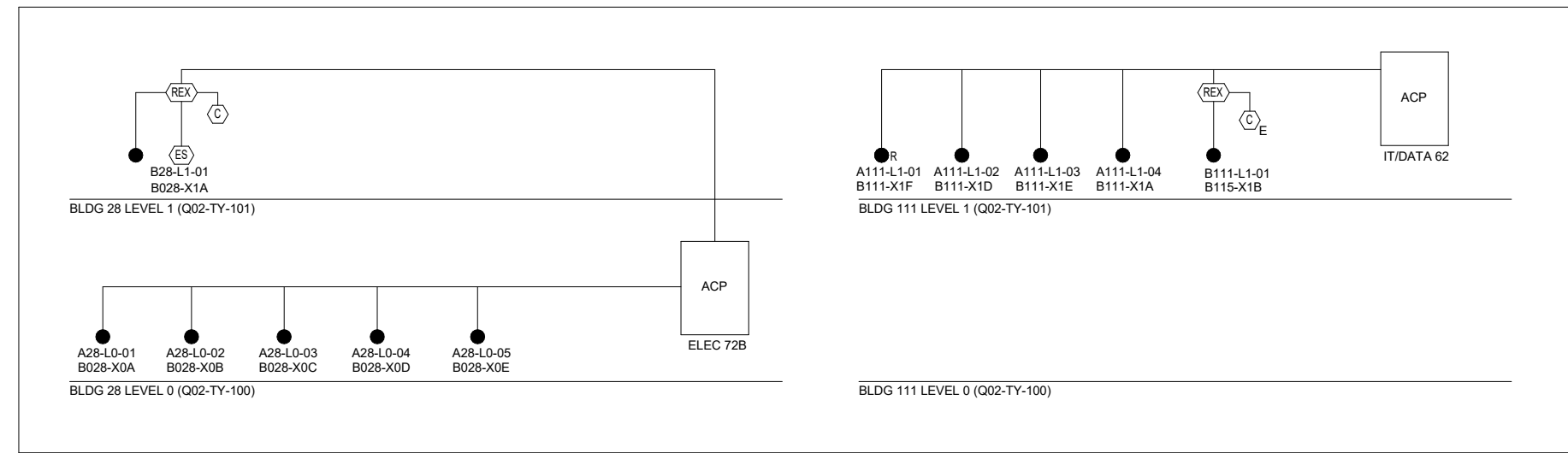
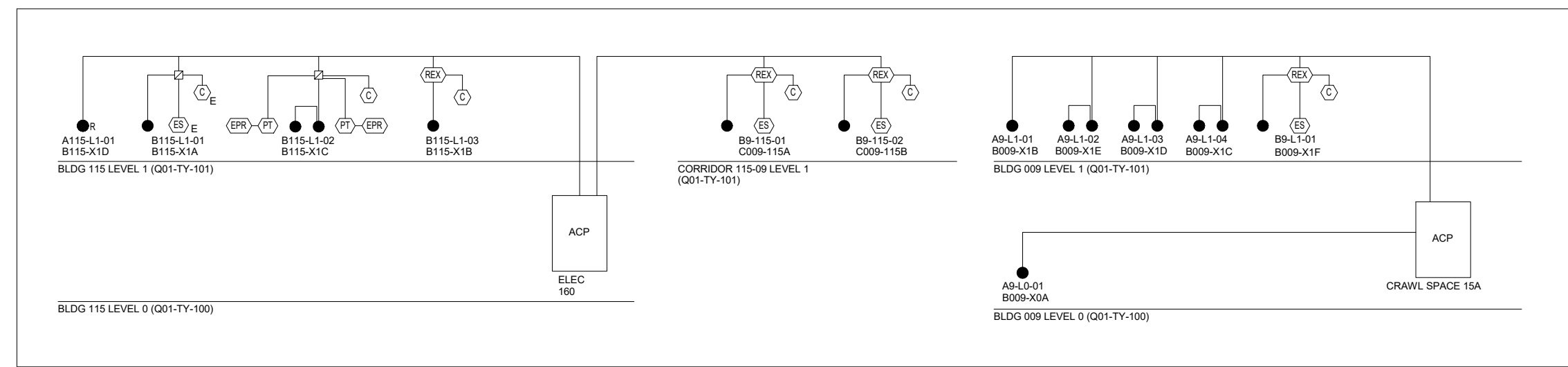
APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: OIGS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE		PROJECT TITLE	
SECURITY DEVICE MATRIX FOR LOCKDOWN		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		PROJECT NO. 656-18-848	
BUILDING NO.	CHECKED BY	DRAWN	DATE
	JZ	CM	
LOCATION: VA MEDICAL CENTER ST. CLOUD, MN 56303		DRAWING NO. 000-TY-004 DWG. 31 OF 61	



U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

01/12/2020 10:38:06 AM



NO	REVISION	DATE
1	CONSTRUCTION SET	05/28/20

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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 Professional Engineer under the laws of the State of Minnesota.  
 Signature: [Signature]  
 Title or Printed Name: Timothy Blott  
 Date: 05/11/2020 License Number: 05558

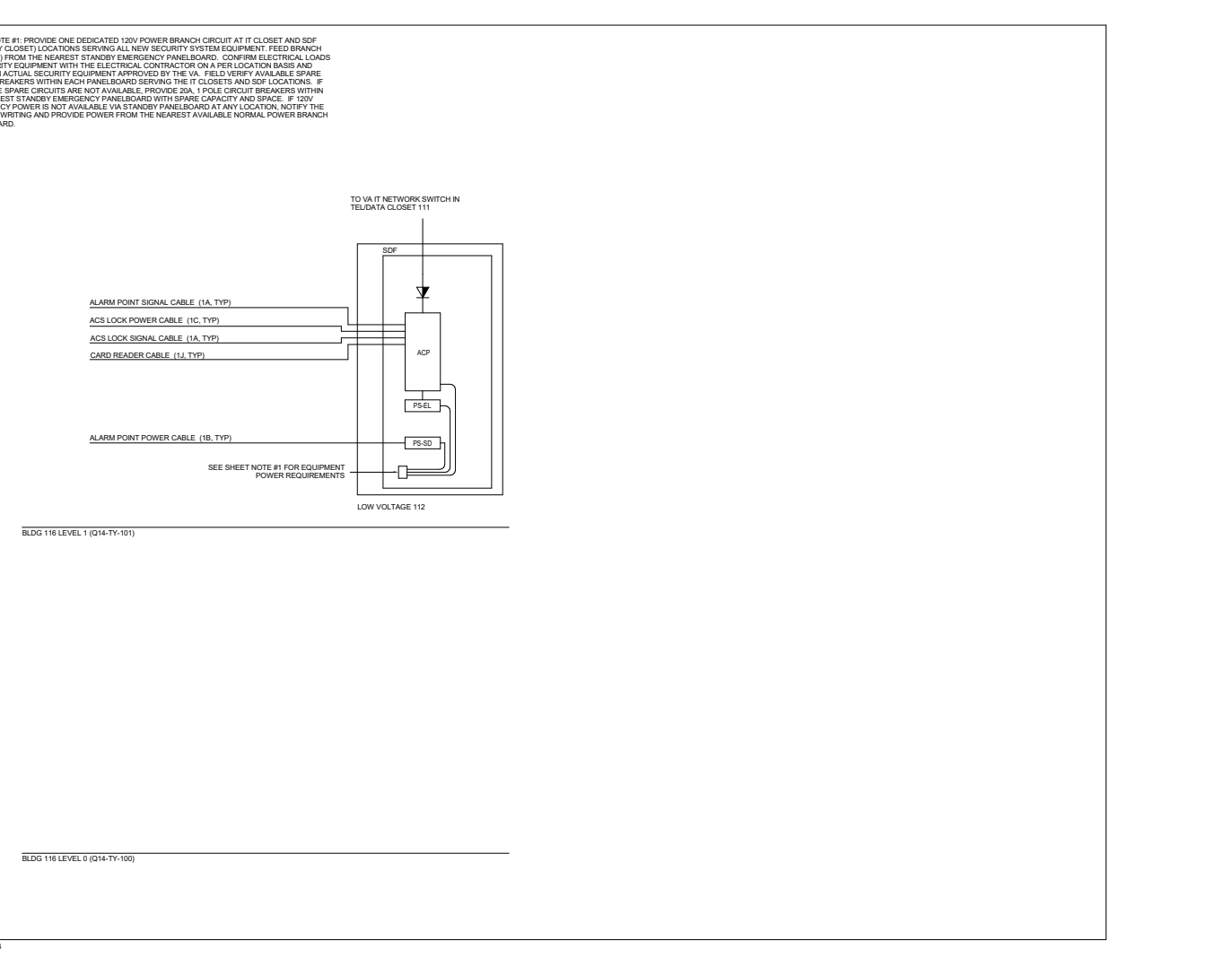
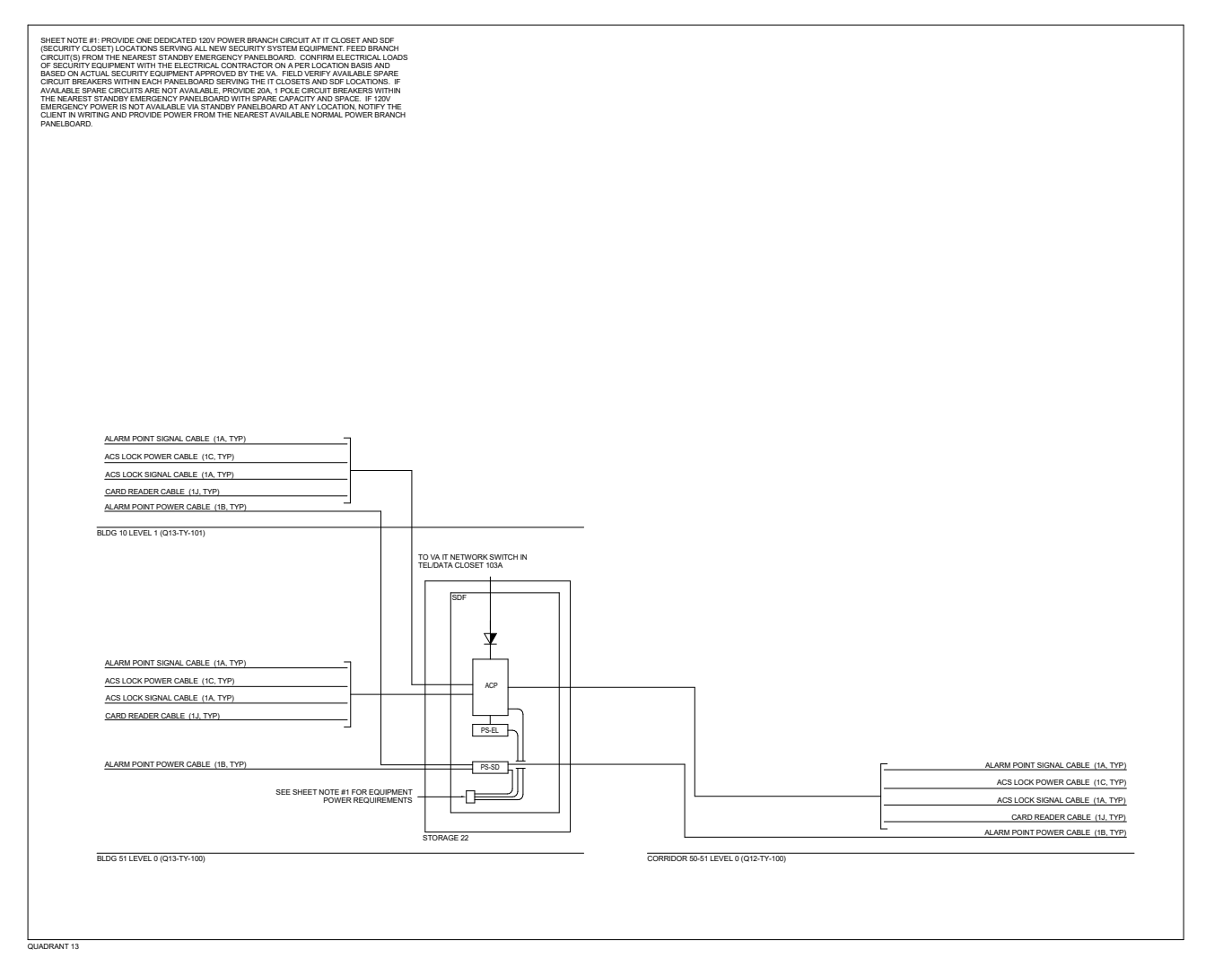
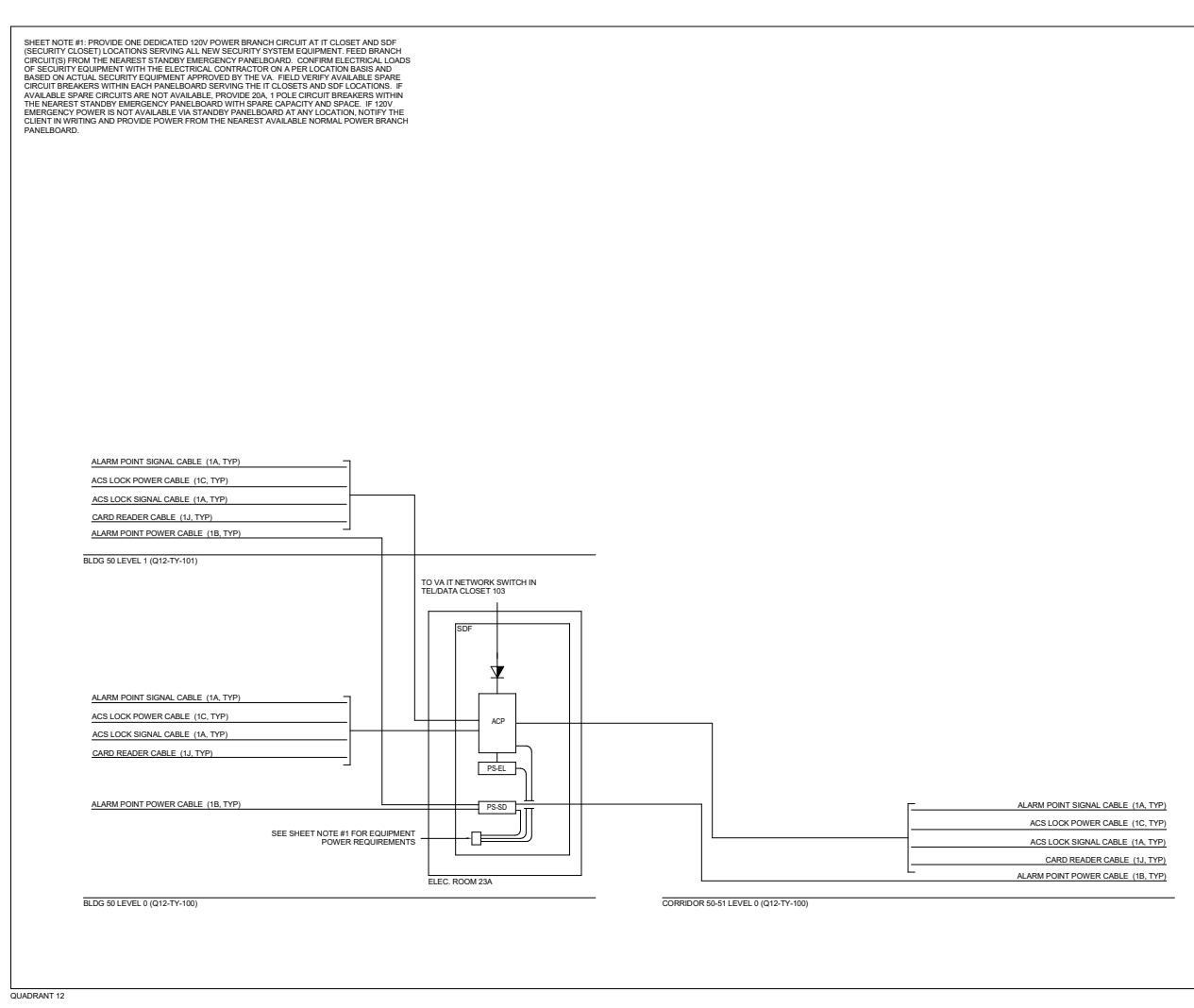
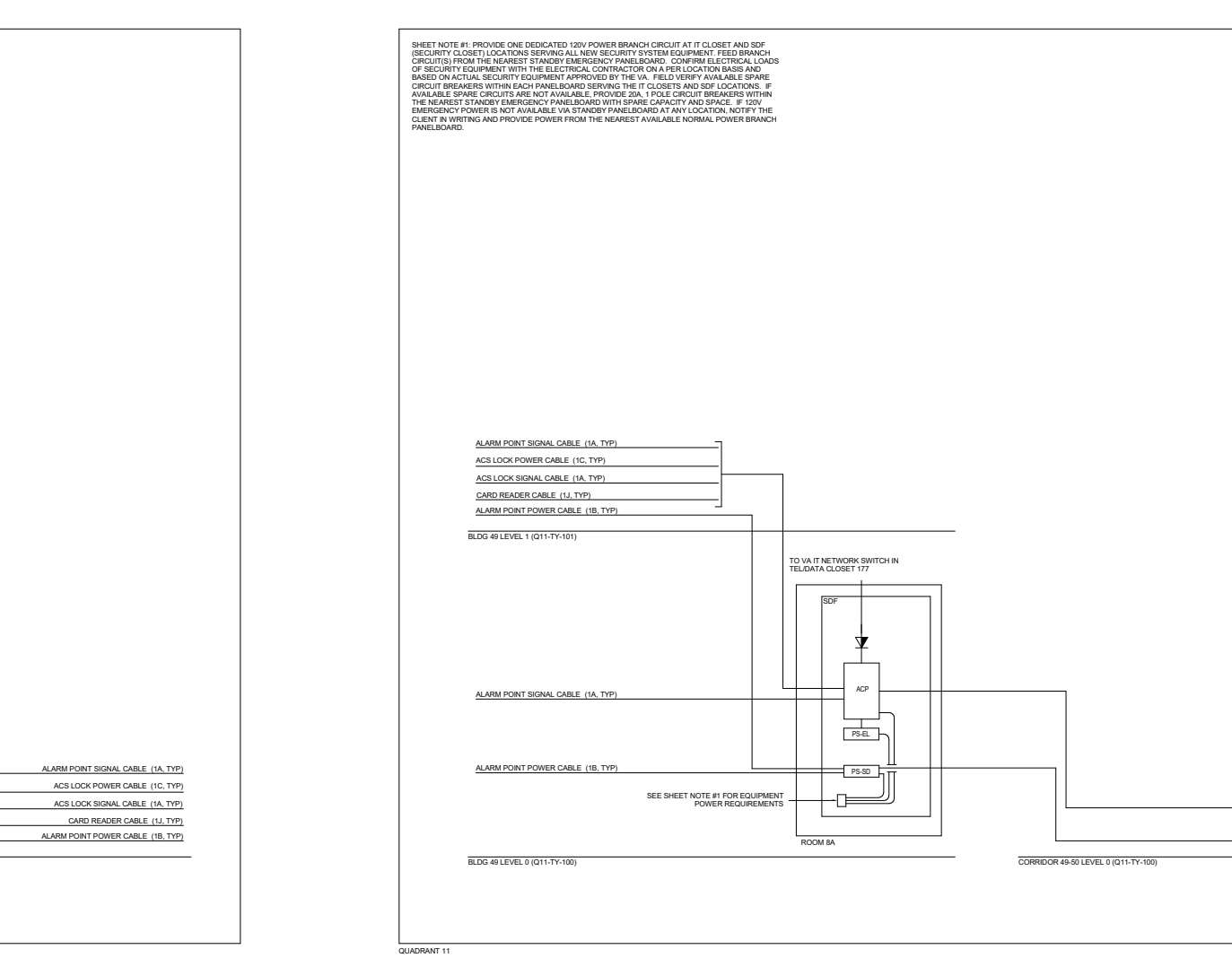
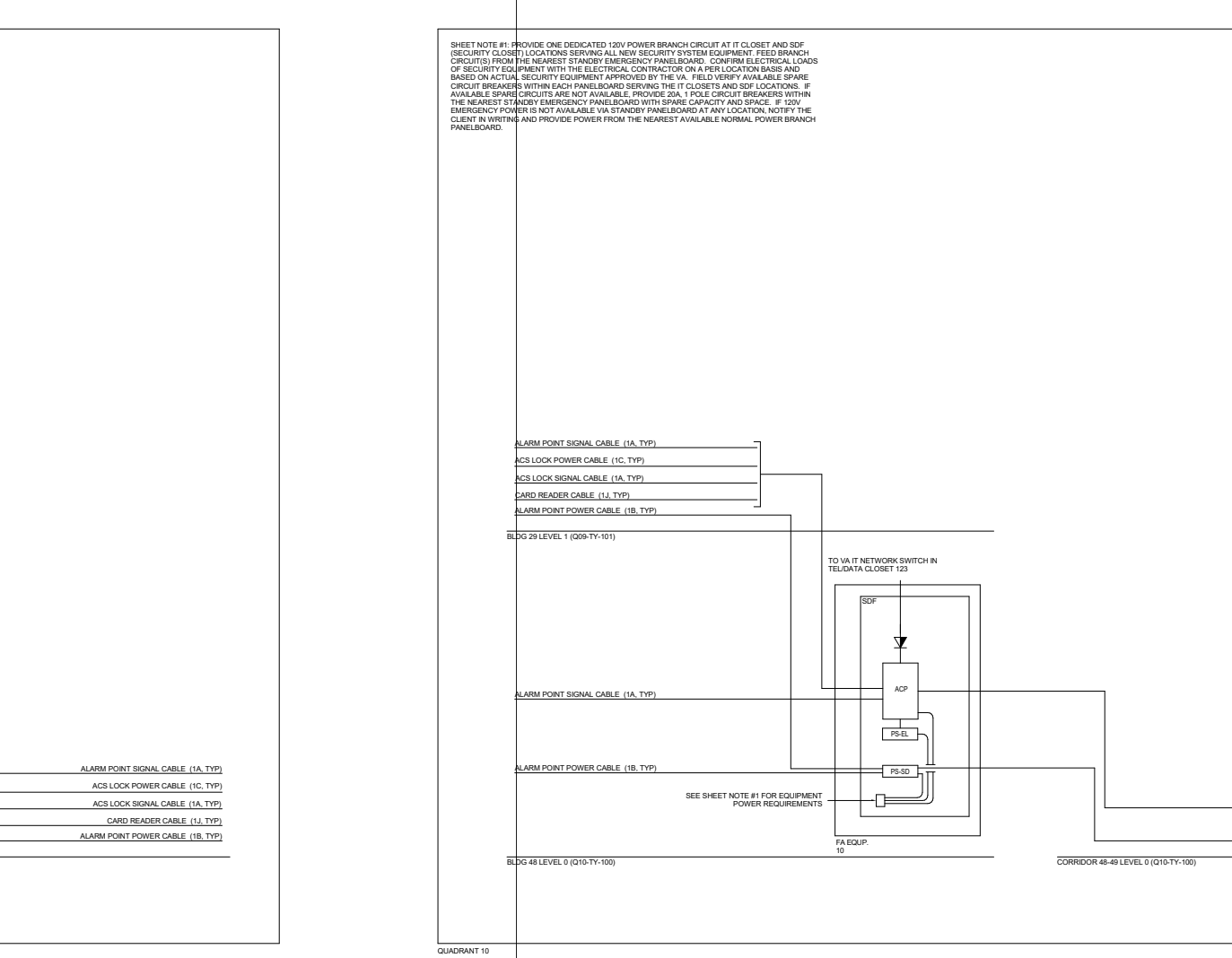
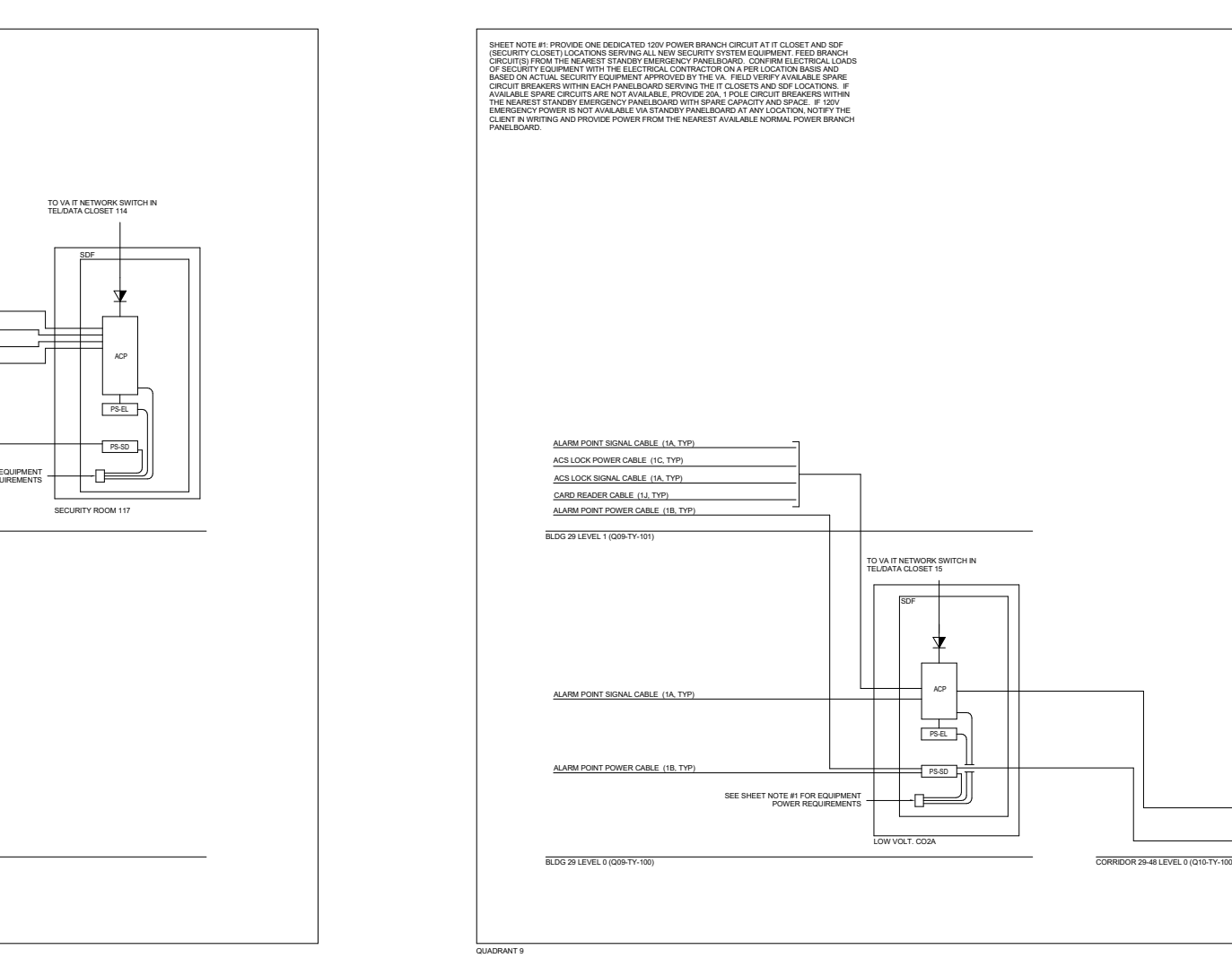
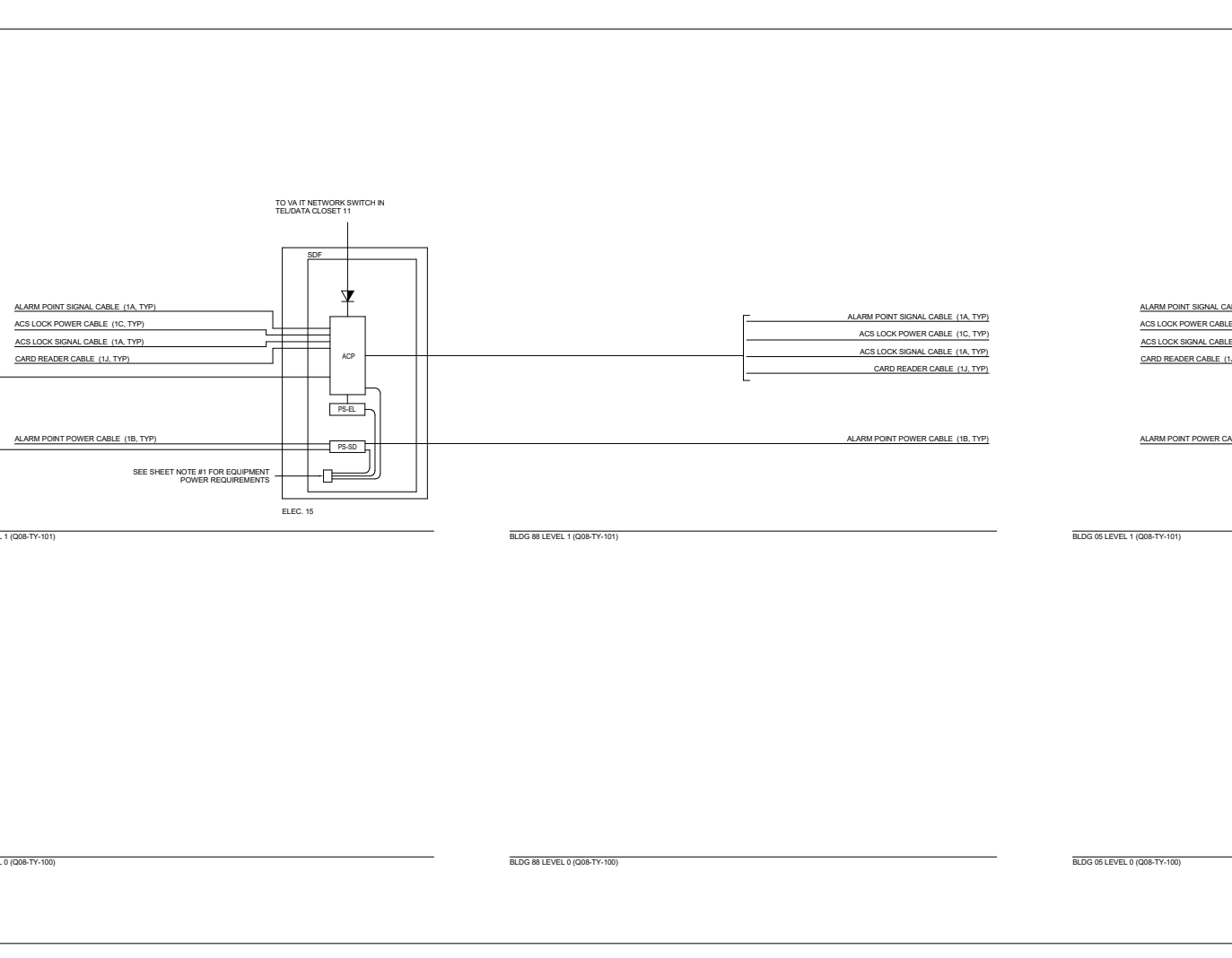
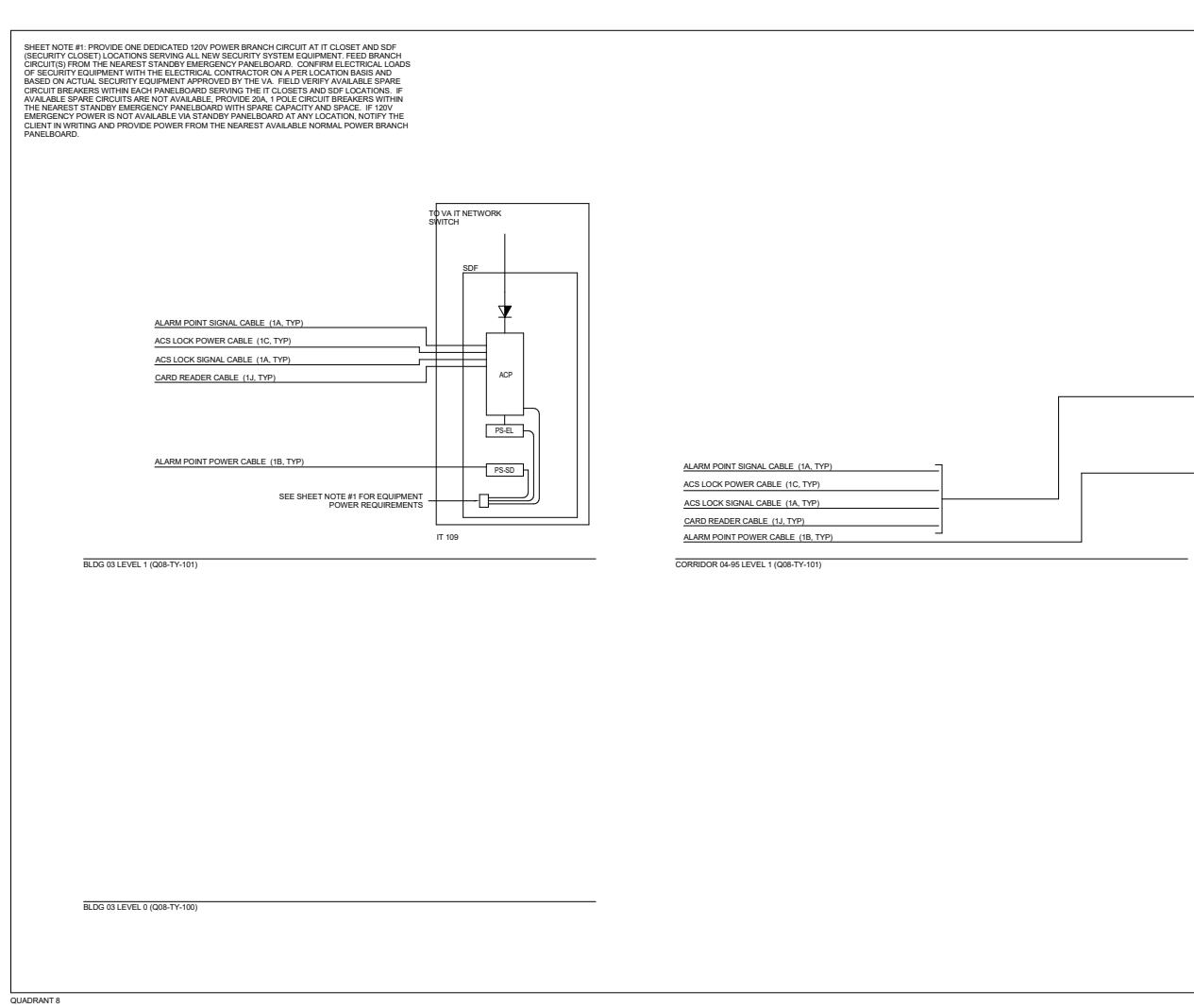
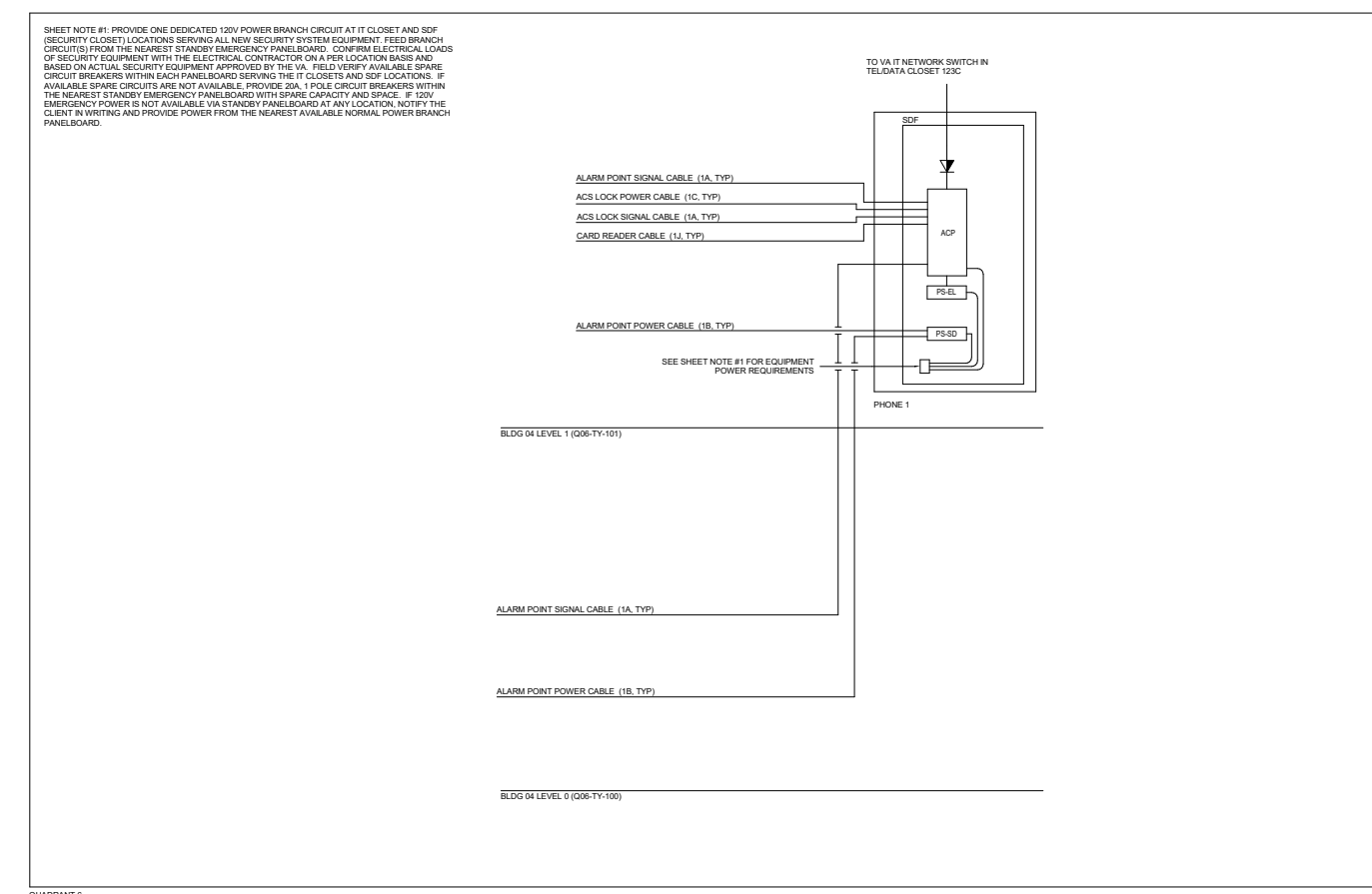
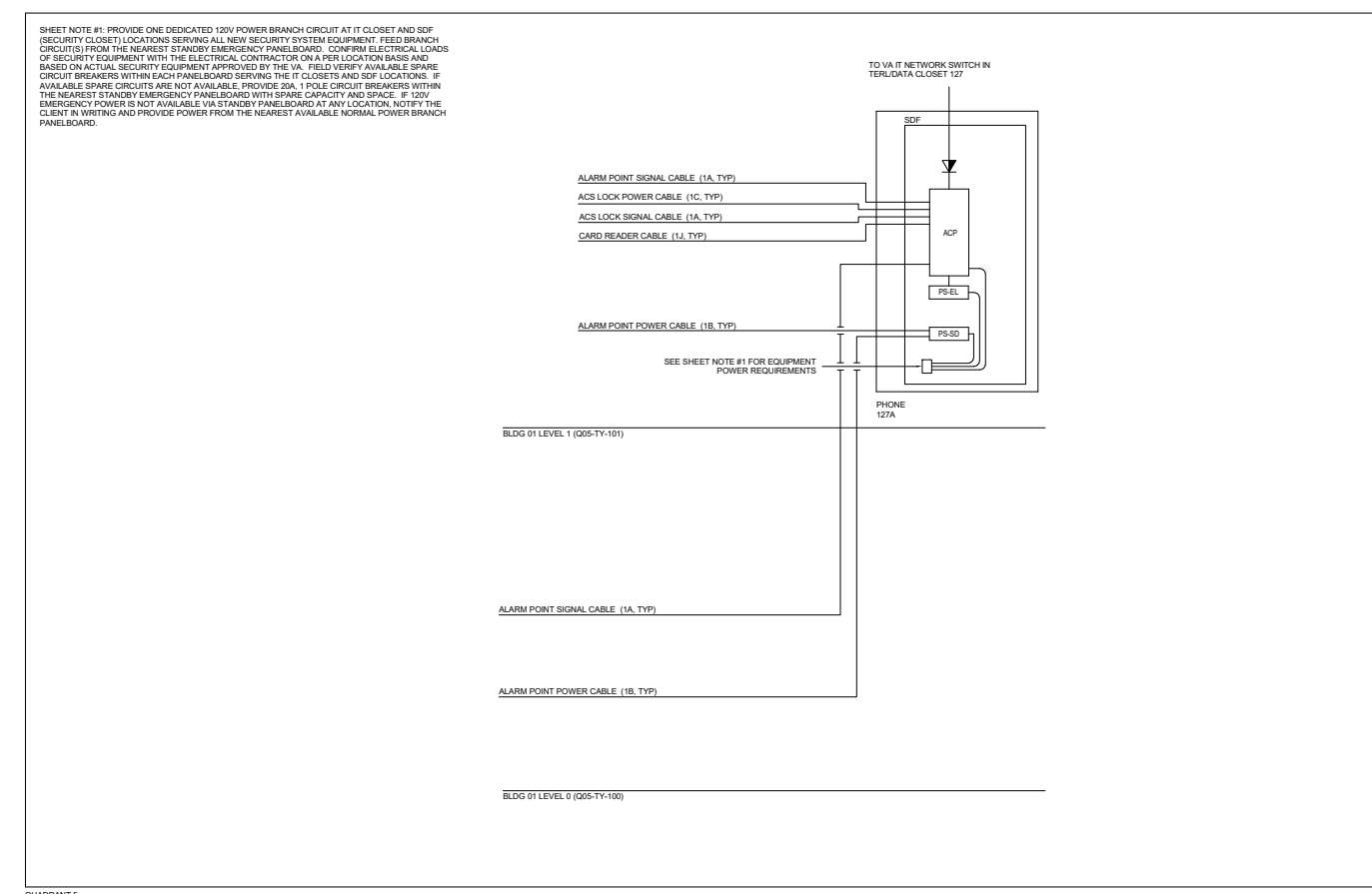
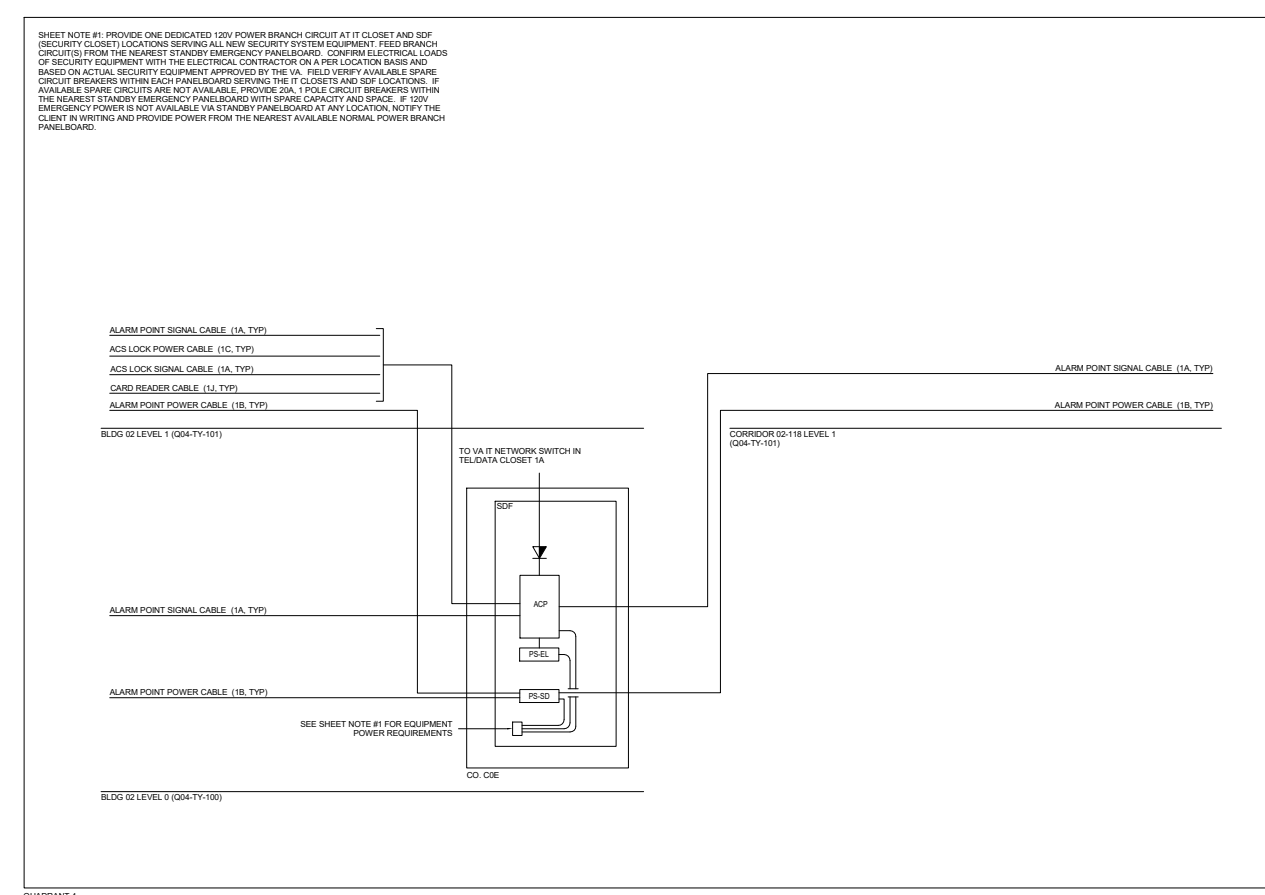
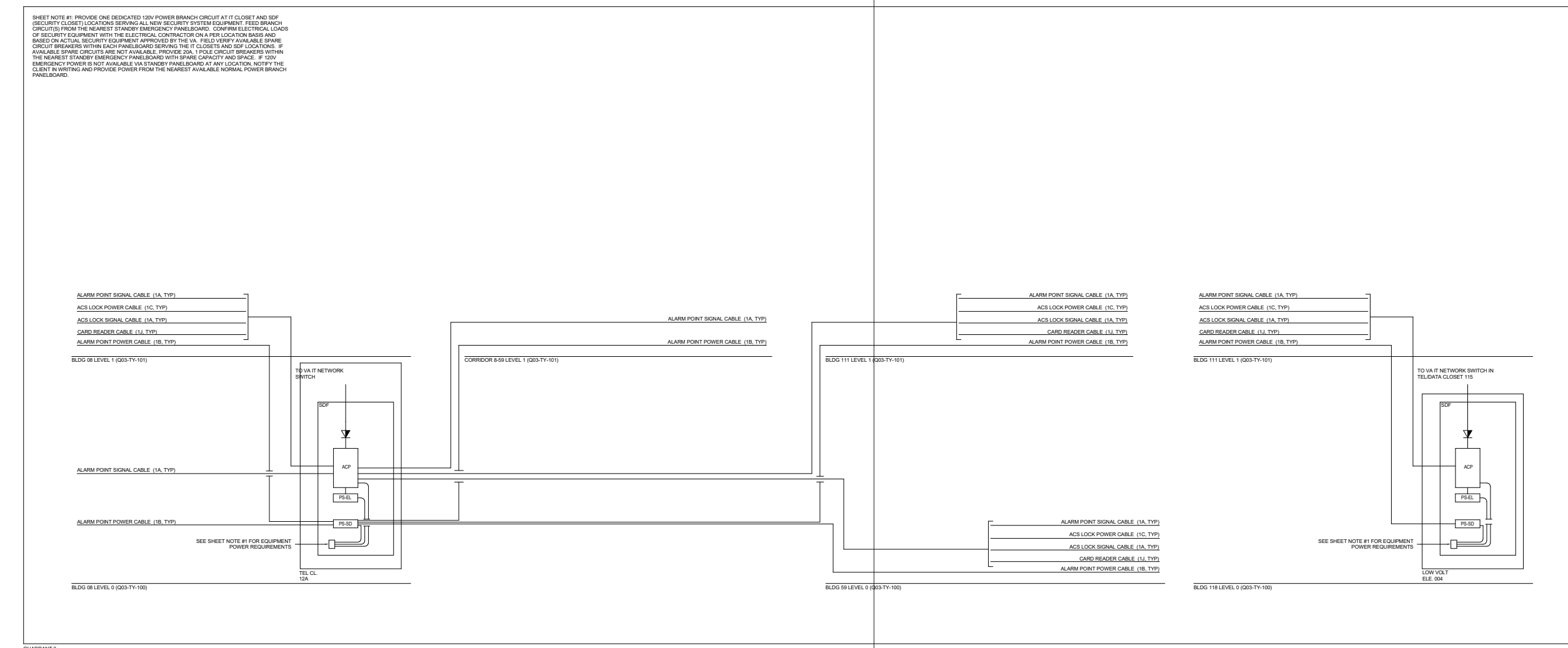
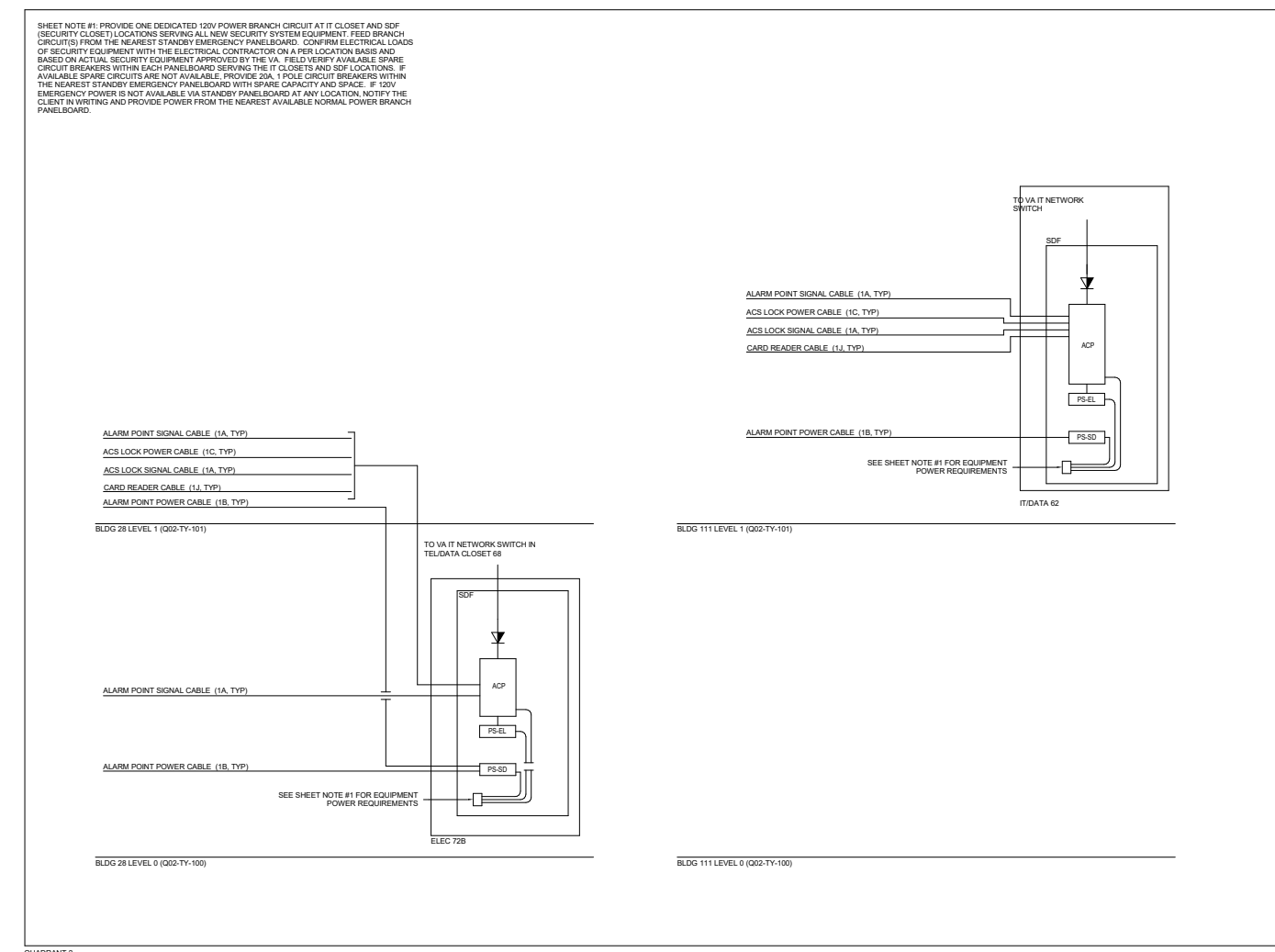
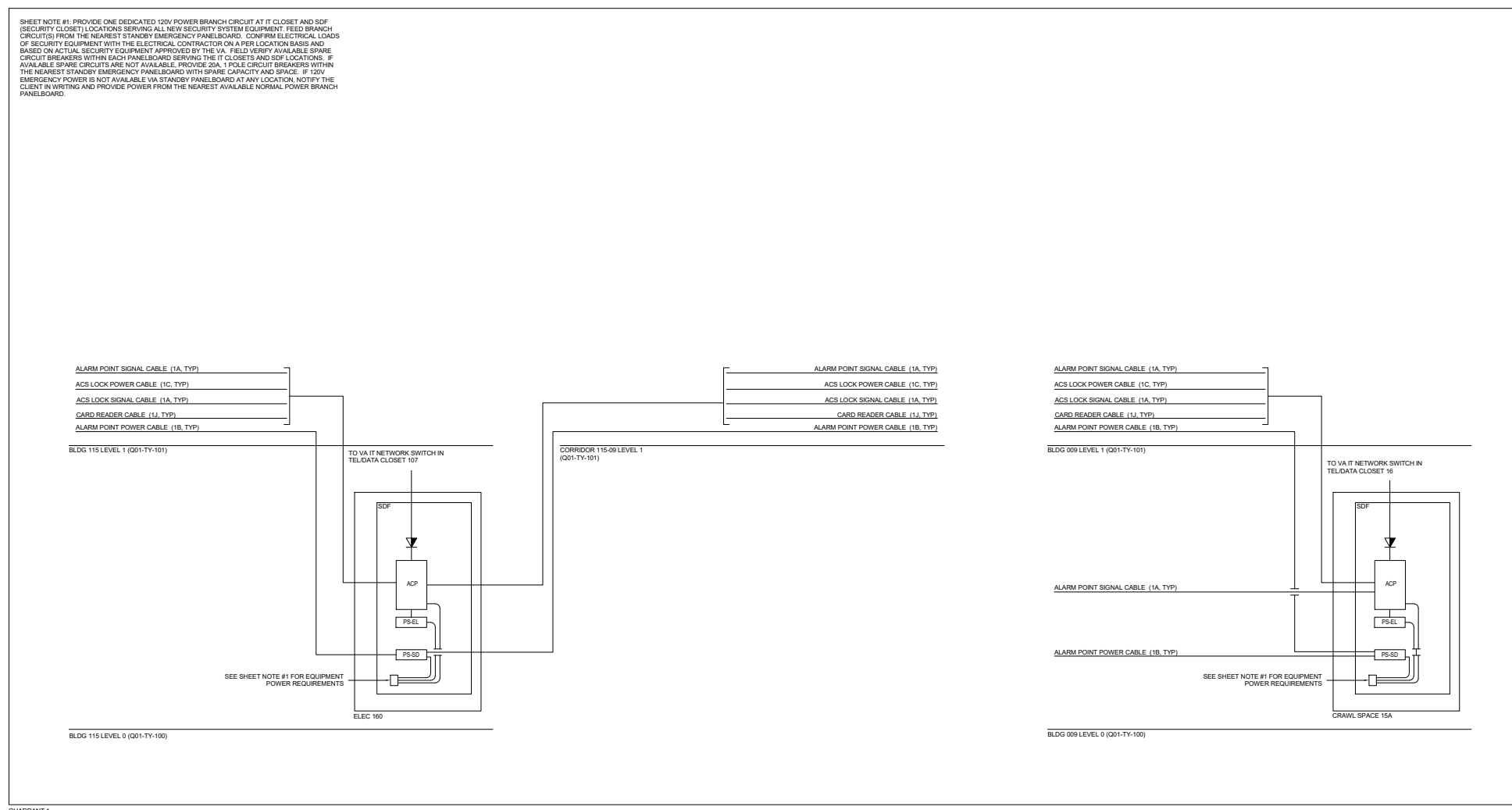
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APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

PROJECT TITLE <b>SECURITY RISER DIAGRAM</b>		PROJECT NO. 656-18-848	
DRAWING NO. 000-TY-300		DWG. 32 OF 61	
LOCATION: VA MEDICAL CENTER ST. CLOUD, MN 56303		PROJECT NO. 656-18-848	

**CONSTRUCTION SET**

**U.S. Department of Veterans Affairs**  
 Veterans Health Administration  
 St. Cloud VA Health Care System

05/11/2020 10:38:07 AM



01/11/2020 10:38:08 AM

NO	REVISION	DATE
NO	CONSTRUCTION SET	05/28/20

**Ross & Baruzzini**  
 6 SOUTH OLD ORCHARD  
 ST. LOUIS, MO 63119  
 T: 314.918.8363  
 F: 314.918.1766  
 www.rossbar.com

**DVS**  
 A Division of Ross & Baruzzini  
 1020 SHERMAN AVE  
 HAMDEN, CT 06514  
 T: 203.286.6490  
 www.dvssecurity.com

**HFS**  
 COMPANY  
 8718 BOTTS LANE,  
 SAN ANTONIO, TX 78217  
 T: 210.881.9714  
 F: 210.881.6808  
 www.hfscompany.com

The Professional Engineer, whose signature and personal seal appear hereon, and disclaims responsibility for all other plans, specifications, estimates, reports, documents or instruments not sealed by the Professional Engineer relating to, or intended to be used for, any part or parts of the engineering project to which this document refers. Prints sealed by the Engineer bear the electronic signature and date signed by the Engineer. Copies of this document, as signed and sealed, have been retained by the Professional Engineer. The Professional Engineer will not be responsible for subsequent changes to this document, unless the changes are made by the Engineer or with the Engineer's written authorization.

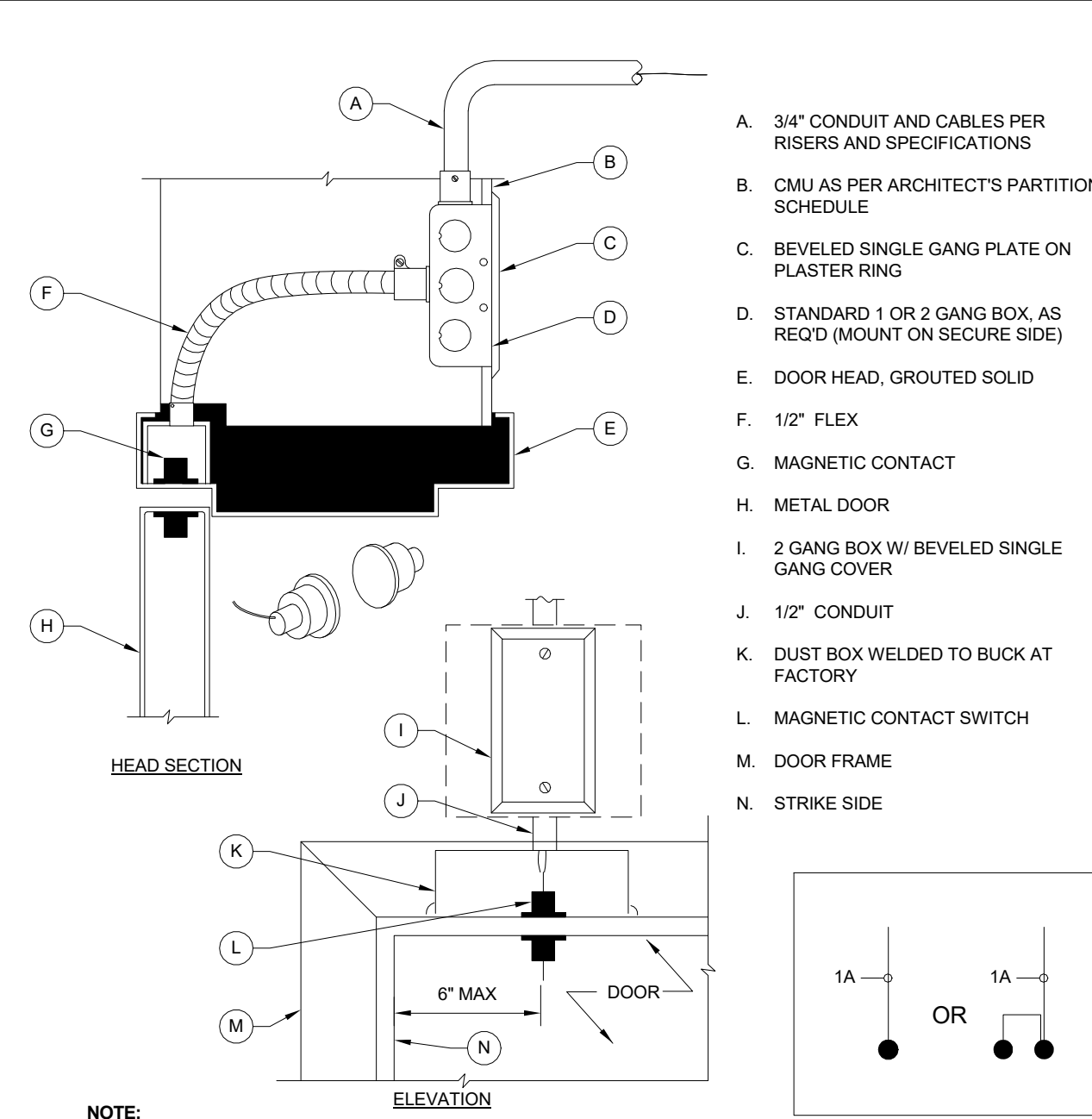
I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer within the State of Missouri.  
 Signature: [Signature]  
 Title or Printed Name: Timothy Blitch  
 Date: 05/11/2020 License Number: 95558

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: CHIEF OF POLICE	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF STAFF	DATE:	APPROVED: SAFETY MANAGER	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:		

DRAWING TITLE		PROJECT TITLE	
SECURITY INTERCONNECT DIAGRAM		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		BUILDING NO.	
DATE:		CHECKED BY	
		Author	
APPROVED: HEALTH CARE SYSTEM DIRECTOR		DRAWING NO.	
DATE:		000-TY-400	
		DWC 33 OF 61	

**CONSTRUCTION SET**

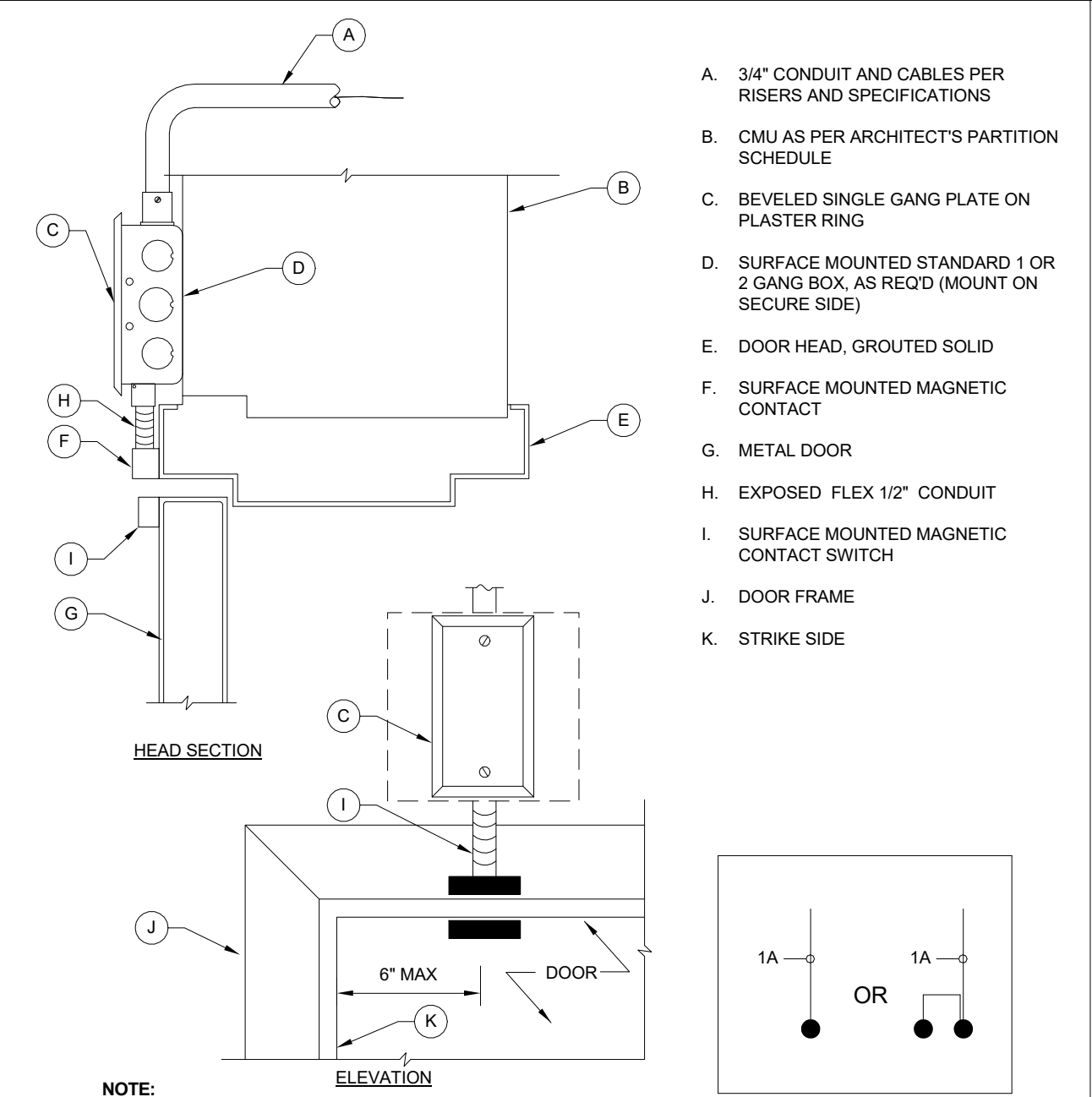
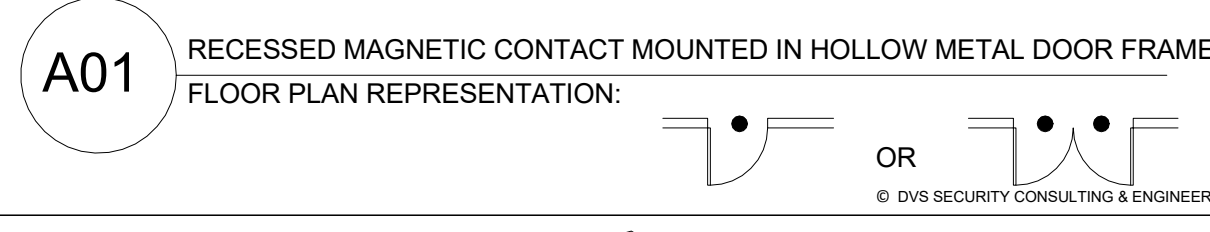
**VA** U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System



- SCHEDULE:**
- A. 3/4" CONDUIT AND CABLES PER RISERS AND SPECIFICATIONS
  - B. CMI AS PER ARCHITECT'S PARTITION SCHEDULE
  - C. BEVELED SINGLE GANG PLATE ON PLASTER RING
  - D. STANDARD 1 OR 2 GANG BOX AS REQ'D (MOUNT ON SECURE SIDE)
  - E. DOOR HEAD, GROUDED SOLID
  - F. 1/2" FLEX
  - G. MAGNETIC CONTACT
  - H. METAL DOOR
  - I. 2 GANG BOX W/ BEVELED SINGLE GANG COVER
  - J. 1/2" CONDUIT
  - K. DUST BOX WELDED TO BUCK AT FACTORY
  - L. MAGNETIC CONTACT SWITCH
  - M. DOOR FRAME
  - N. STRIKE SIDE

**NOTE:**

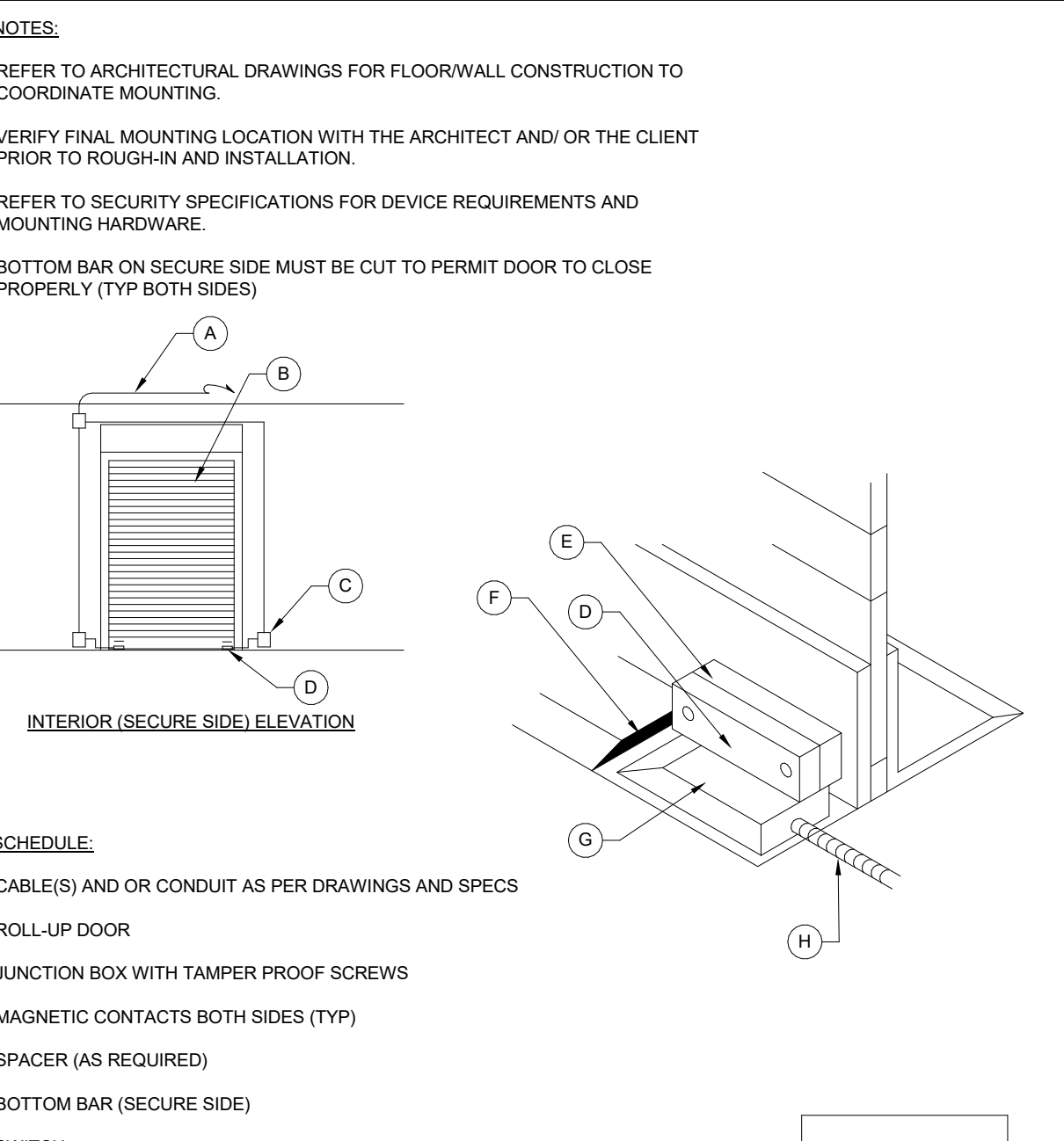
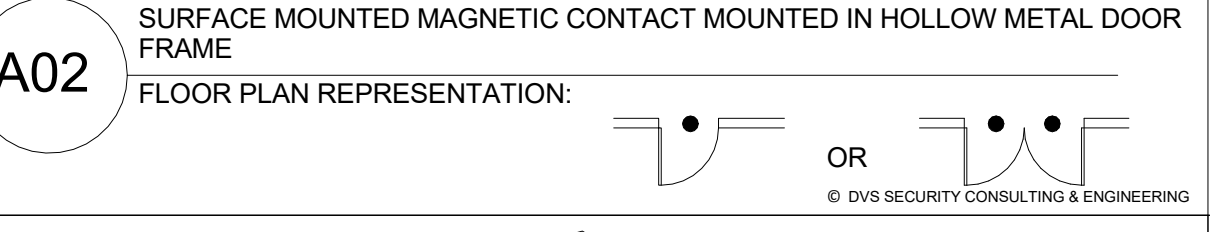
- HOLLOW METAL FACITOR SHALL TEMPLATE ALL DOORS & JAMBS IN ACCORDANCE WITH THIS DRAWING DETAIL TO ACCOMMODATE MOUNTING OF STANDARD RECESSED ANSI SWITCH, INSIDE WELDED DUST BOX.
- CONTRACTOR SHALL COORDINATE ALL DIMENSIONS FOR DOOR CONTACTS & CONDUIT AS REQUIRED. CONTRACTOR SHALL ENSURE THAT ALL CONTACTS ARE SECURELY FASTENED VIA THREAD & SCREW, UTILIZING FACTORY APPLIED MOUNTING TABS.



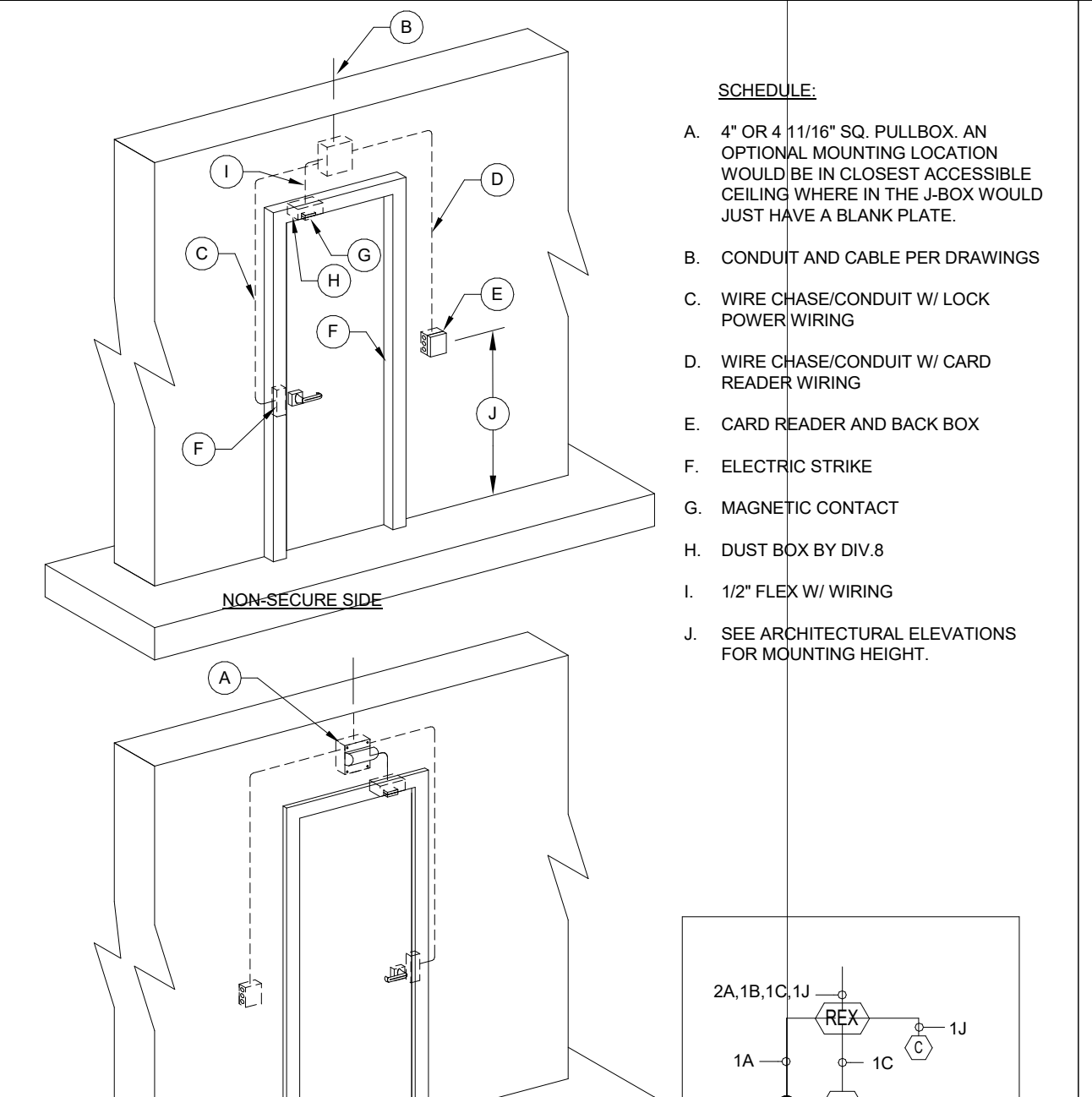
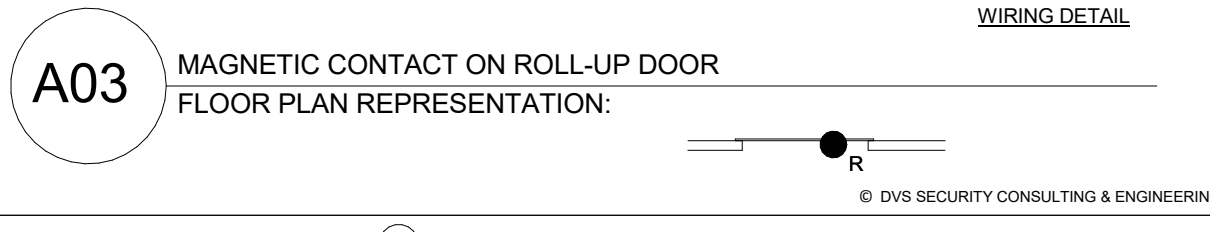
- SCHEDULE:**
- A. 3/4" CONDUIT AND CABLES PER RISERS AND SPECIFICATIONS
  - B. CMI AS PER ARCHITECT'S PARTITION SCHEDULE
  - C. BEVELED SINGLE GANG PLATE ON PLASTER RING
  - D. SURFACE MOUNTED STANDARD 1 OR 2 GANG BOX AS REQ'D (MOUNT ON SECURE SIDE)
  - E. DOOR HEAD, GROUDED SOLID
  - F. SURFACE MOUNTED MAGNETIC CONTACT
  - G. METAL DOOR
  - H. EXPOSED FLEX 1/2" CONDUIT
  - I. SURFACE MOUNTED MAGNETIC CONTACT SWITCH
  - J. DOOR FRAME
  - K. STRIKE SIDE

**NOTE:**

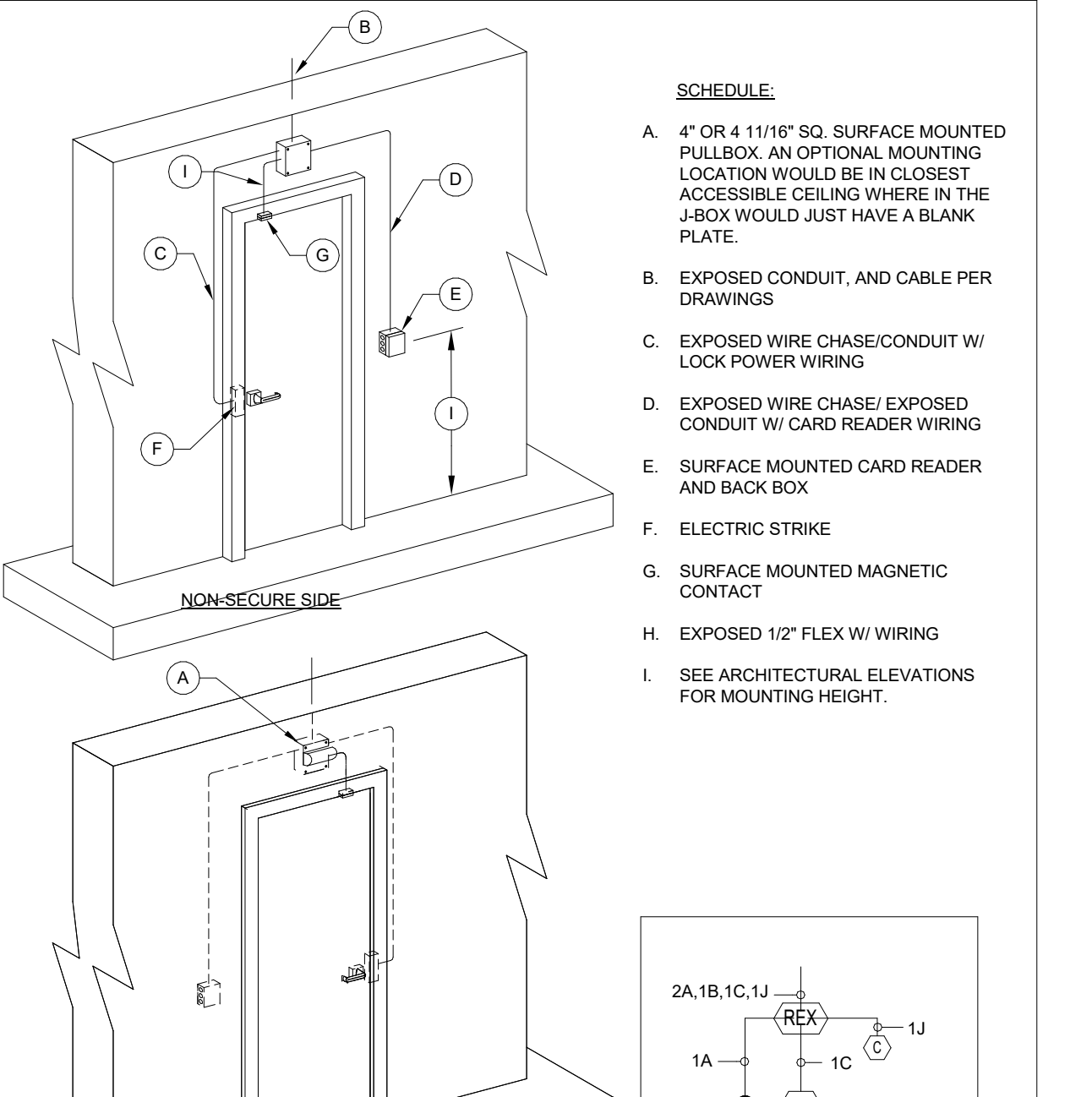
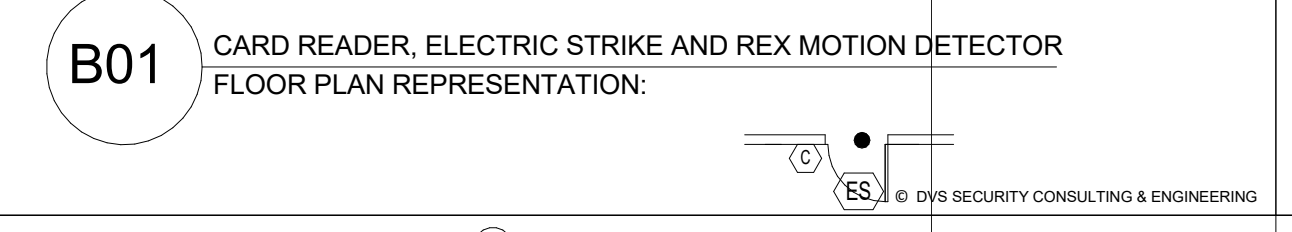
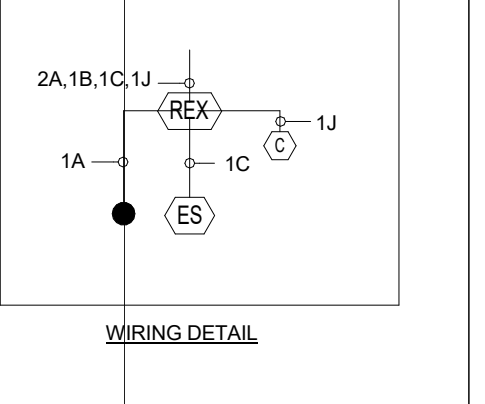
- HOLLOW METAL FACITOR SHALL TEMPLATE ALL DOORS & JAMBS IN ACCORDANCE WITH THIS DRAWING DETAIL TO ACCOMMODATE MOUNTING OF STANDARD RECESSED ANSI SWITCH, INSIDE WELDED DUST BOX.
- CONTRACTOR SHALL COORDINATE ALL DIMENSIONS FOR DOOR CONTACTS & CONDUIT AS REQUIRED. CONTRACTOR SHALL ENSURE THAT ALL CONTACTS ARE SECURELY FASTENED VIA THREAD & SCREW, UTILIZING FACTORY APPLIED MOUNTING TABS.



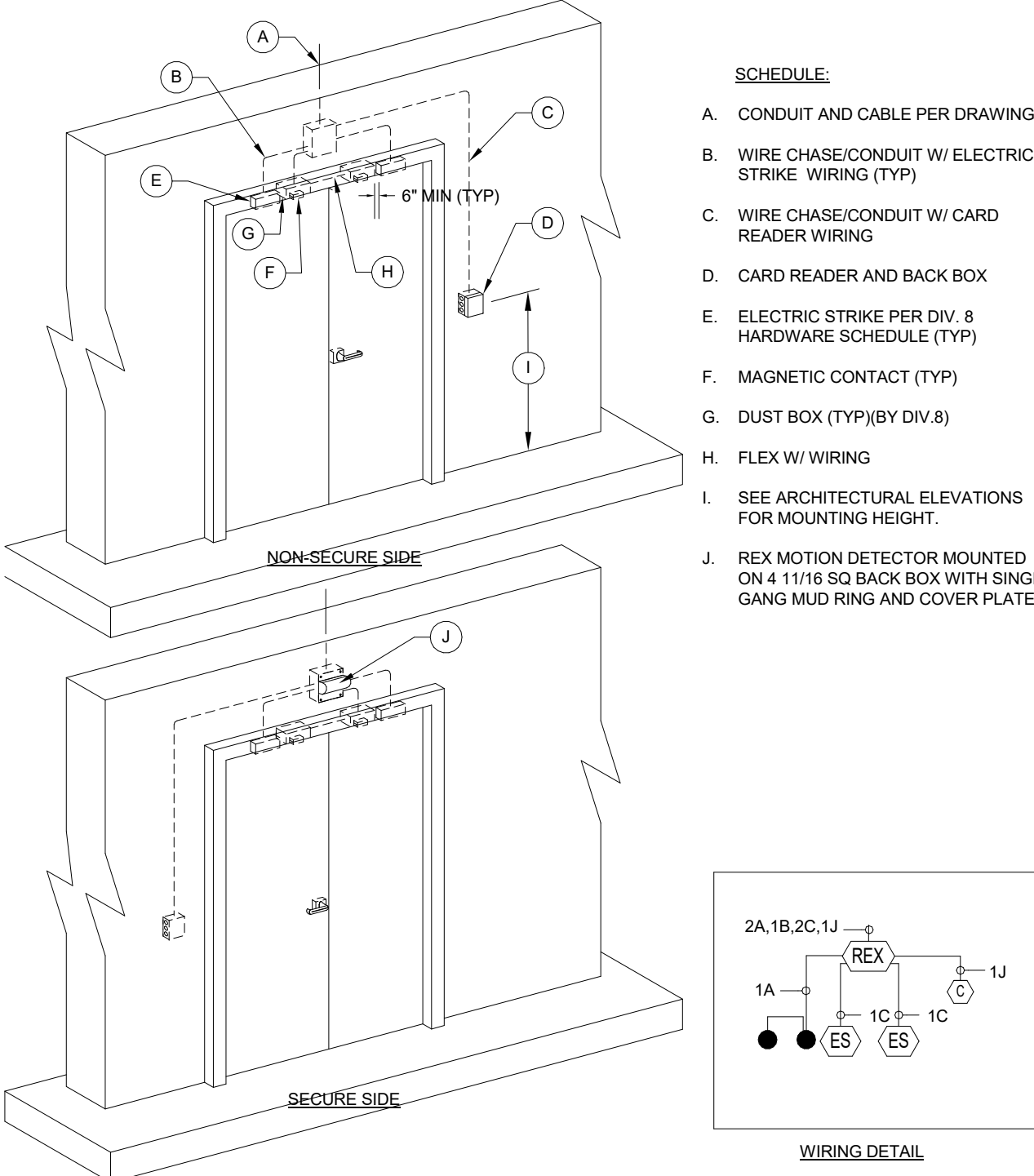
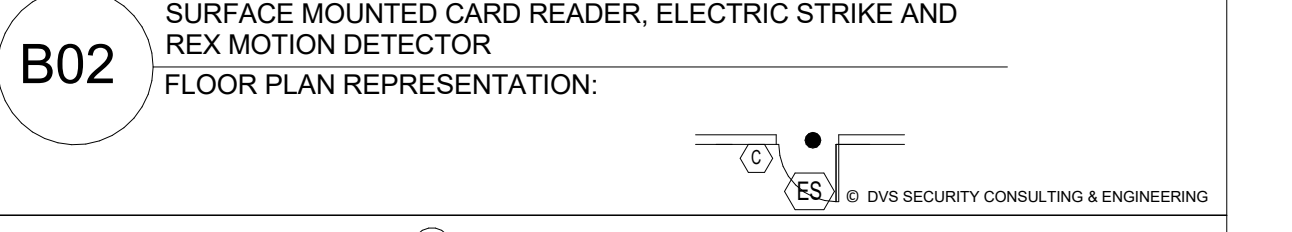
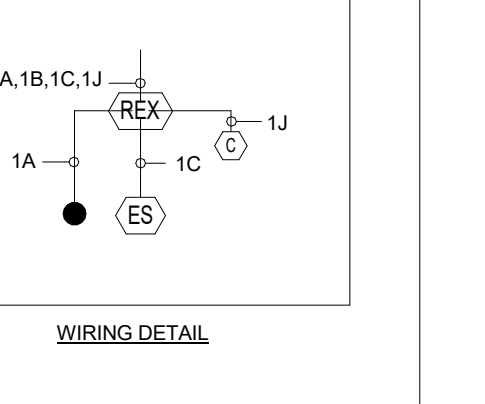
- SCHEDULE:**
- A. CABLE(S) AND OR CONDUIT AS PER DRAWINGS AND SPECS
  - B. ROLL-UP DOOR
  - C. JUNCTION BOX WITH TAMPER PROOF SCREWS
  - D. MAGNETIC CONTACTS BOTH SIDES (TYP)
  - E. SPACER (AS REQUIRED)
  - F. BOTTOM BAR (SECURE SIDE)
  - G. SWITCH
  - H. FACTORY CONFIGURED STAINLESS STEEL SHEATH TO JUNCTION BOX



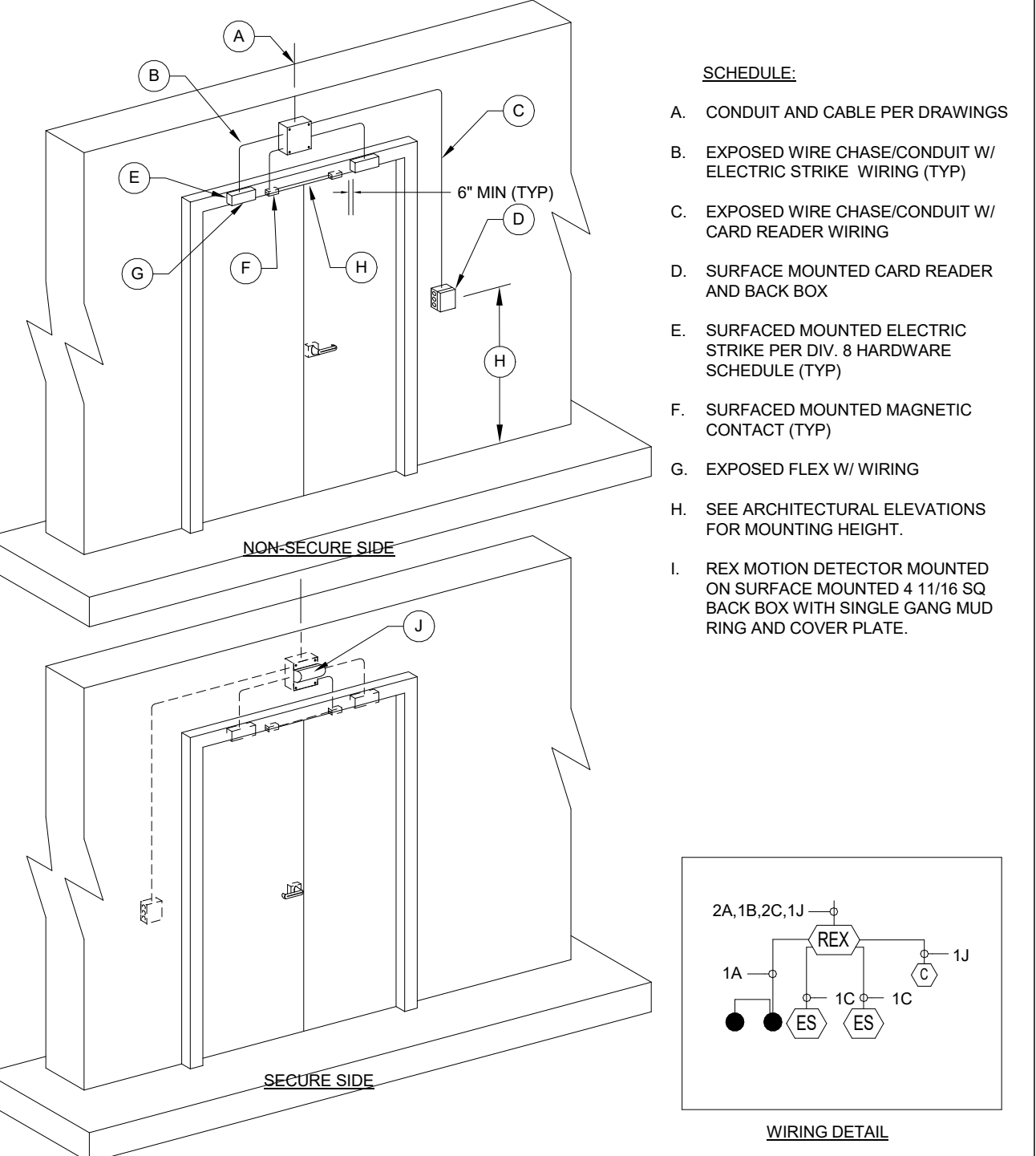
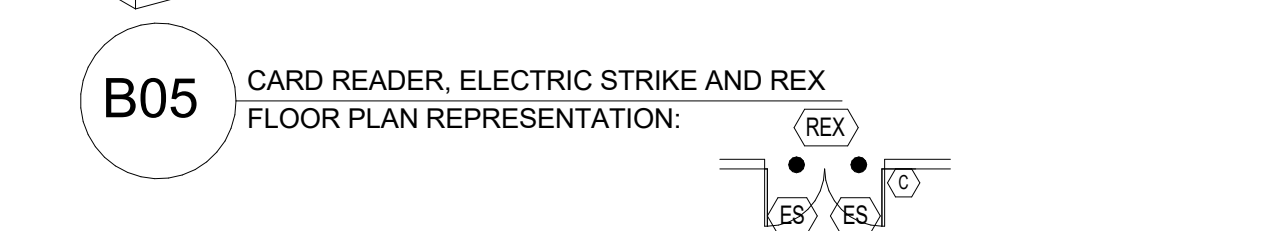
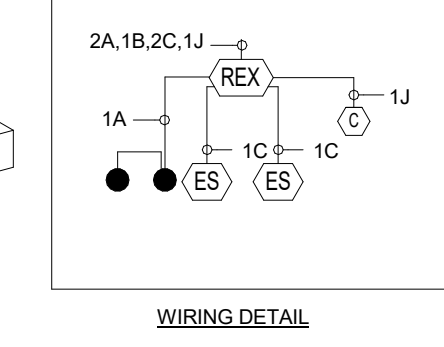
- SCHEDULE:**
- A. 4" OR 4 1/16" SQ. PULL BOX. AN OPTIONAL MOUNTING LOCATION WOULD BE IN CLOSEST ACCESSIBLE CEILING WHERE IN THE J-BOX WOULD JUST HAVE A BLANK PLATE.
  - B. CONDUIT AND CABLE PER DRAWINGS
  - C. WIRE CHASE/CONDUIT W/ LOCK POWER WIRING
  - D. WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - E. CARD READER AND BACK BOX
  - F. ELECTRIC STRIKE
  - G. MAGNETIC CONTACT
  - H. DUST BOX BY DIV.8
  - I. 1/2" FLEX W/ WIRING
  - J. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



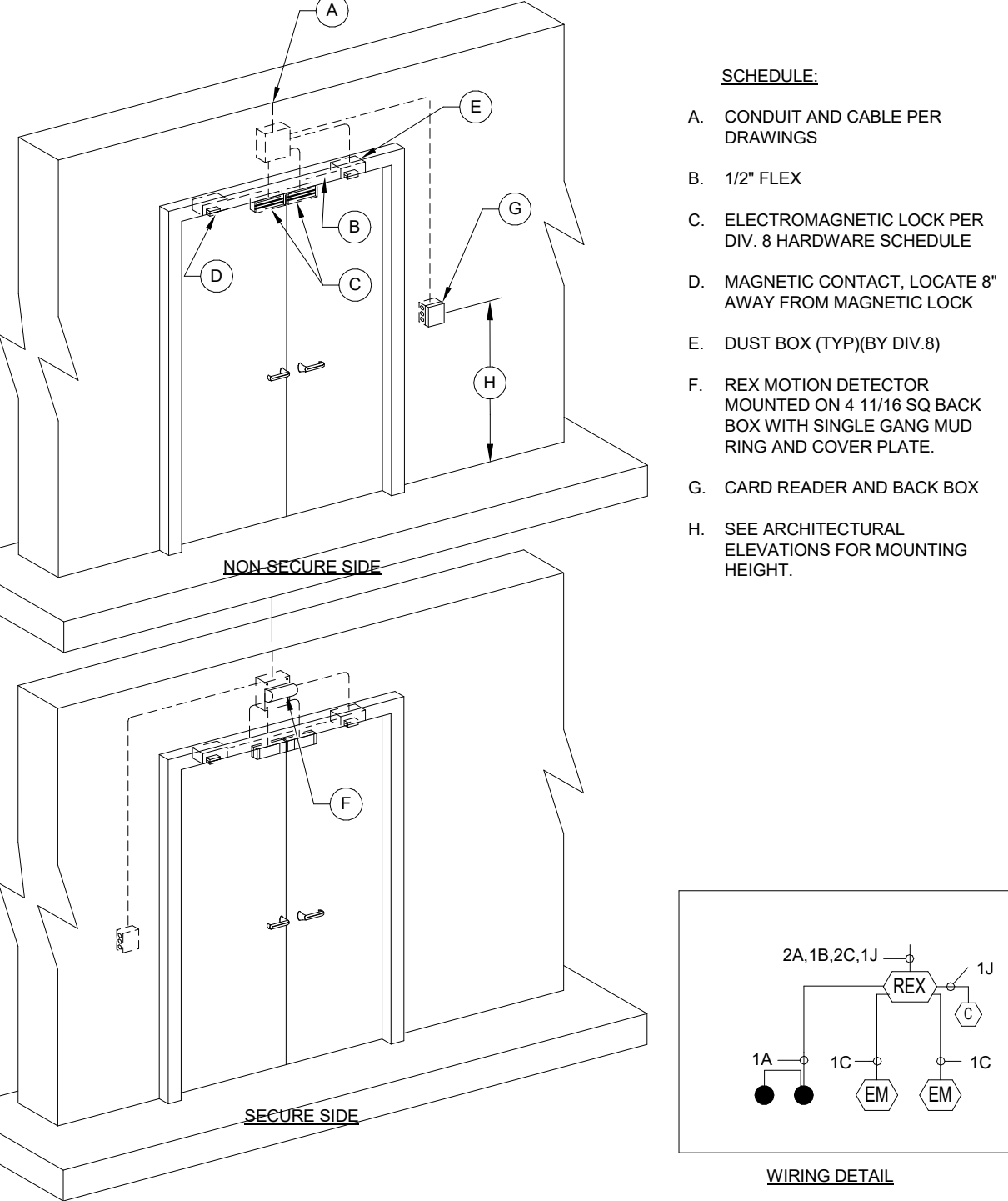
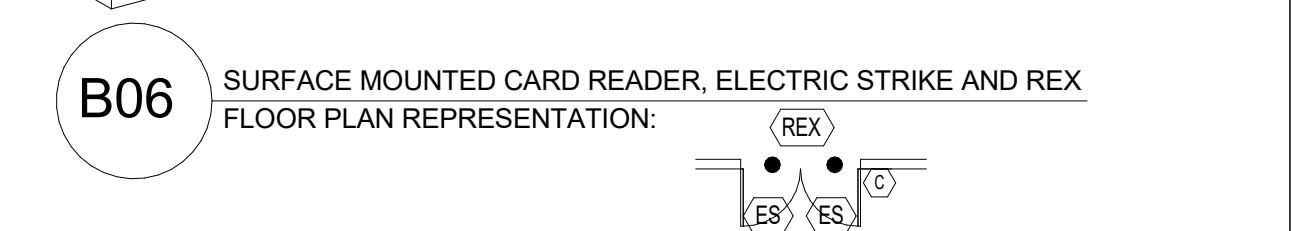
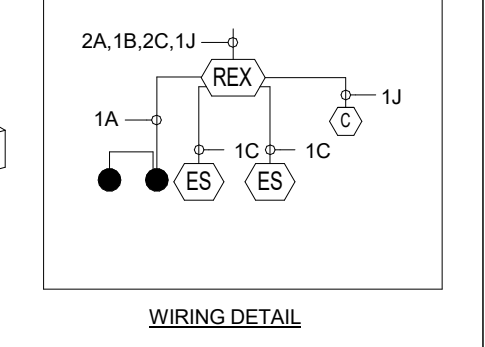
- SCHEDULE:**
- A. 4" OR 4 1/16" SQ. SURFACE MOUNTED PULL BOX. AN OPTIONAL MOUNTING LOCATION WOULD BE IN CLOSEST ACCESSIBLE CEILING WHERE IN THE J-BOX WOULD JUST HAVE A BLANK PLATE.
  - B. CONDUIT AND CABLE PER DRAWINGS
  - C. EXPOSED WIRE CHASE/CONDUIT W/ LOCK POWER WIRING
  - D. EXPOSED WIRE CHASE/ EXPOSED CONDUIT W/ CARD READER WIRING
  - E. SURFACE MOUNTED CARD READER AND BACK BOX
  - F. ELECTRIC STRIKE
  - G. SURFACE MOUNTED MAGNETIC CONTACT
  - H. EXPOSED 1/2" FLEX W/ WIRING
  - I. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



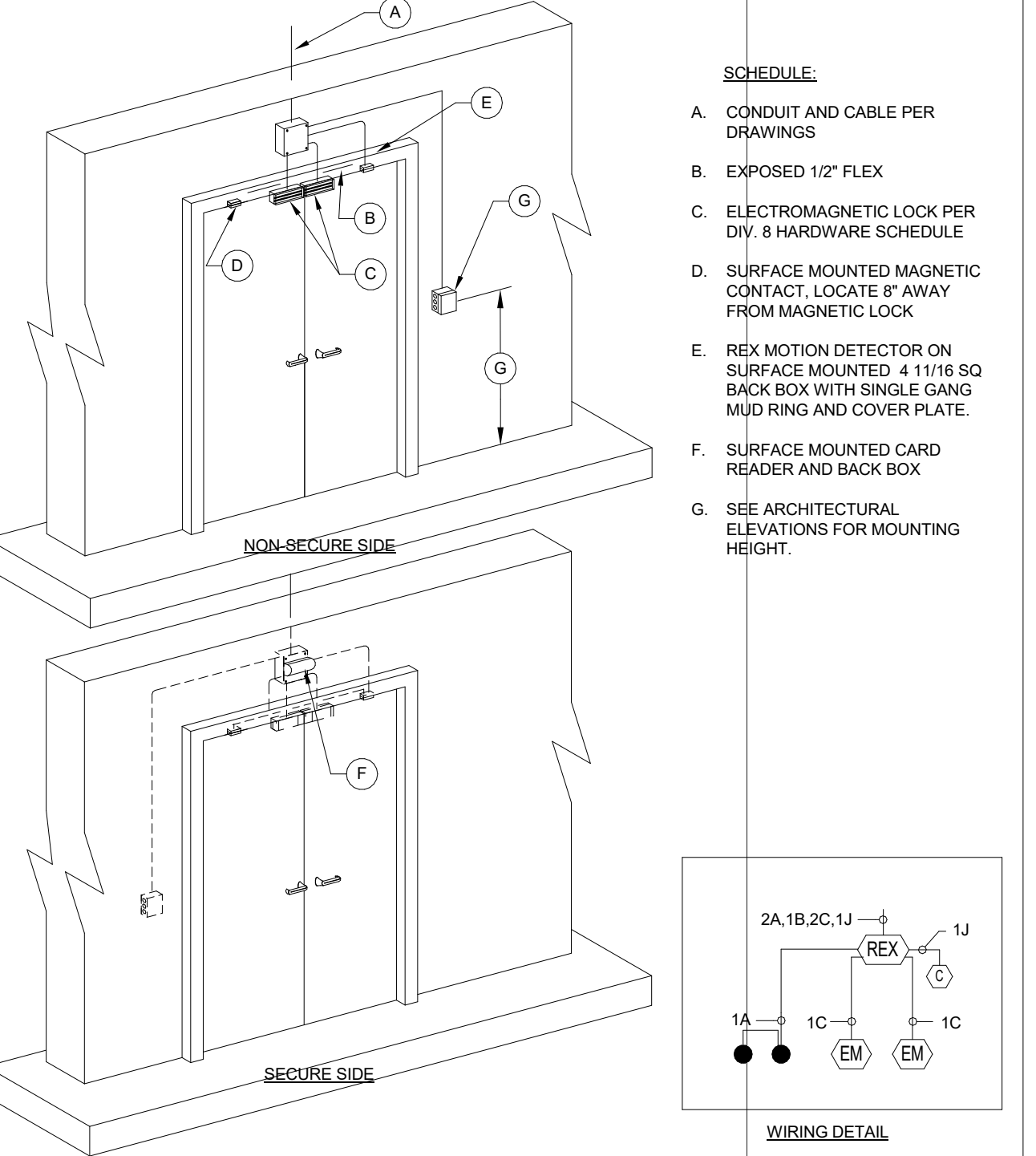
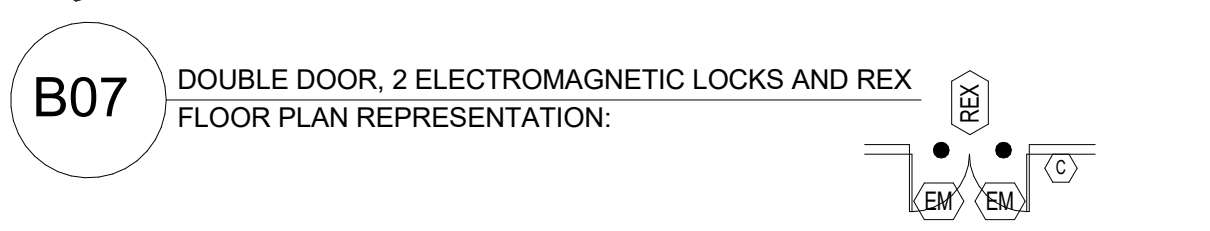
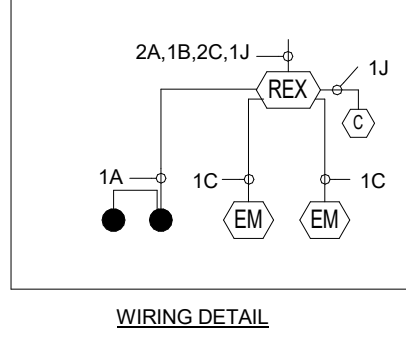
- SCHEDULE:**
- A. CONDUIT AND CABLE PER DRAWINGS
  - B. WIRE CHASE/CONDUIT W/ ELECTRIC STRIKE WIRING (TYP)
  - C. WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - D. CARD READER AND BACK BOX
  - E. ELECTRIC STRIKE PER DIV. 8 HARDWARE SCHEDULE (TYP)
  - F. MAGNETIC CONTACT (TYP)
  - G. DUST BOX (TYP) (BY DIV.8)
  - H. FLEX W/ WIRING
  - I. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.
  - J. REX MOTION DETECTOR MOUNTED ON 4 1/16 SQ BACK BOX WITH SINGLE GANG MUD RING AND COVER PLATE.



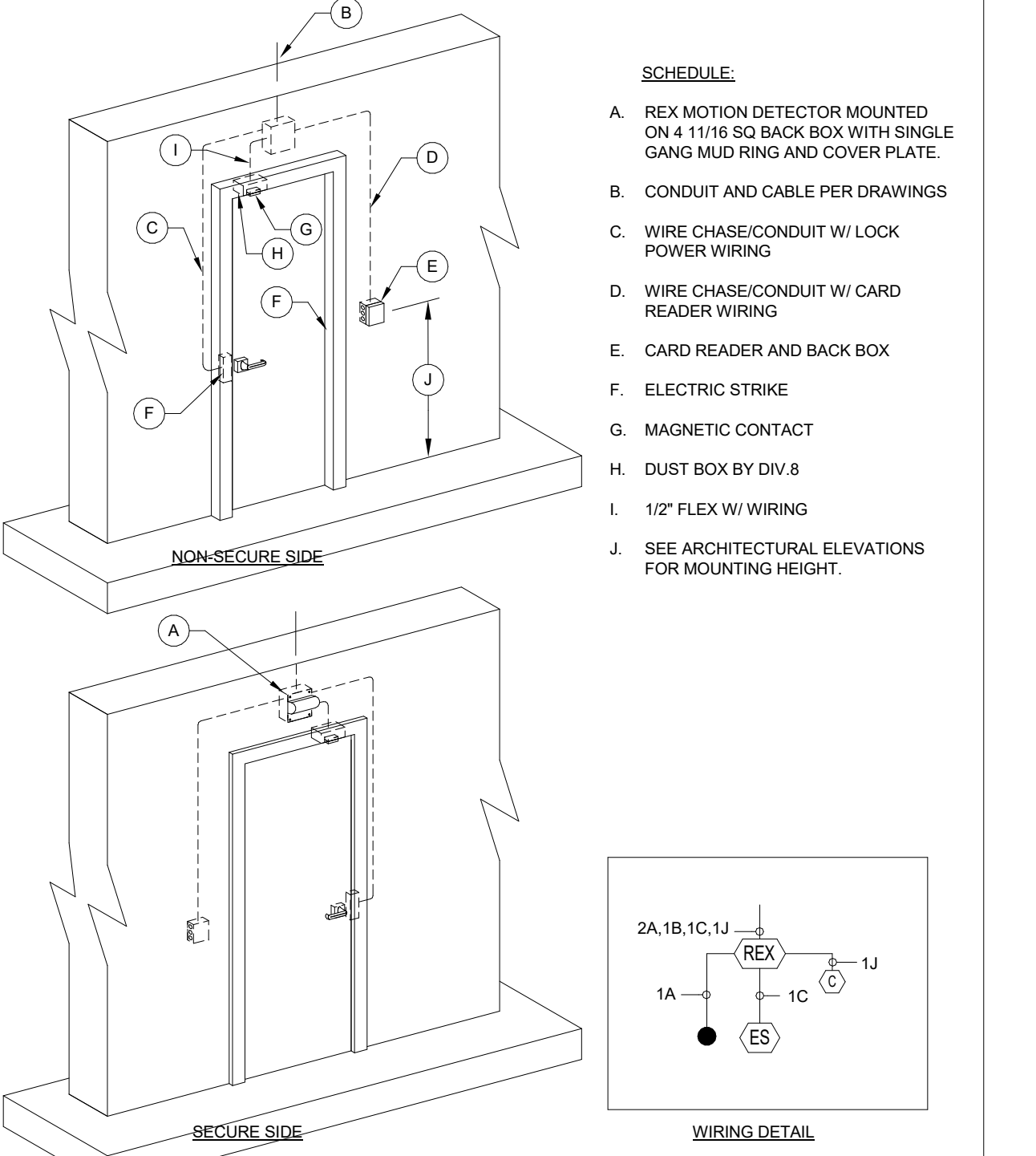
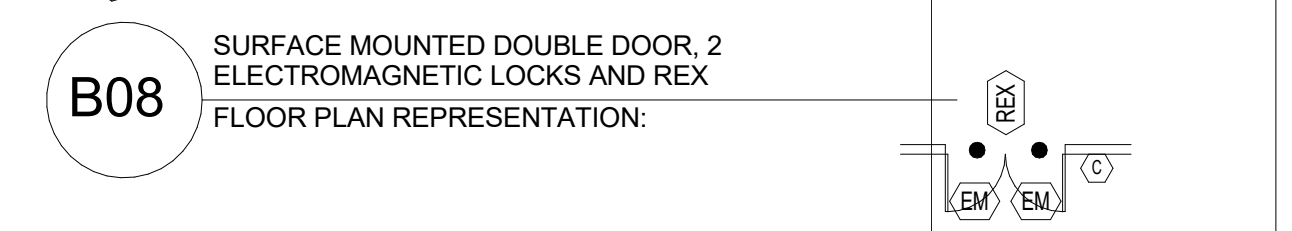
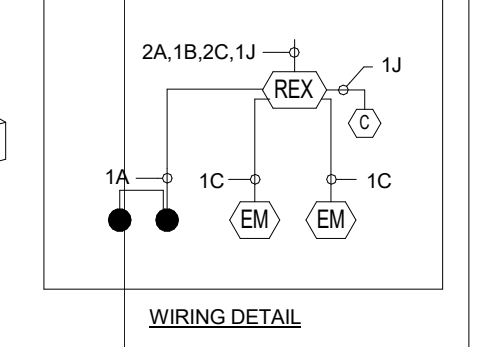
- SCHEDULE:**
- A. CONDUIT AND CABLE PER DRAWINGS
  - B. EXPOSED WIRE CHASE/CONDUIT W/ ELECTRIC STRIKE WIRING (TYP)
  - C. EXPOSED WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - D. SURFACE MOUNTED CARD READER AND BACK BOX
  - E. SURFACE MOUNTED ELECTRIC STRIKE PER DIV. 8 HARDWARE SCHEDULE (TYP)
  - F. SURFACE MOUNTED MAGNETIC CONTACT (TYP)
  - G. EXPOSED FLEX W/ WIRING
  - H. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.
  - I. REX MOTION DETECTOR MOUNTED ON SURFACE MOUNTED 4 1/16 SQ BACK BOX WITH SINGLE GANG MUD RING AND COVER PLATE.



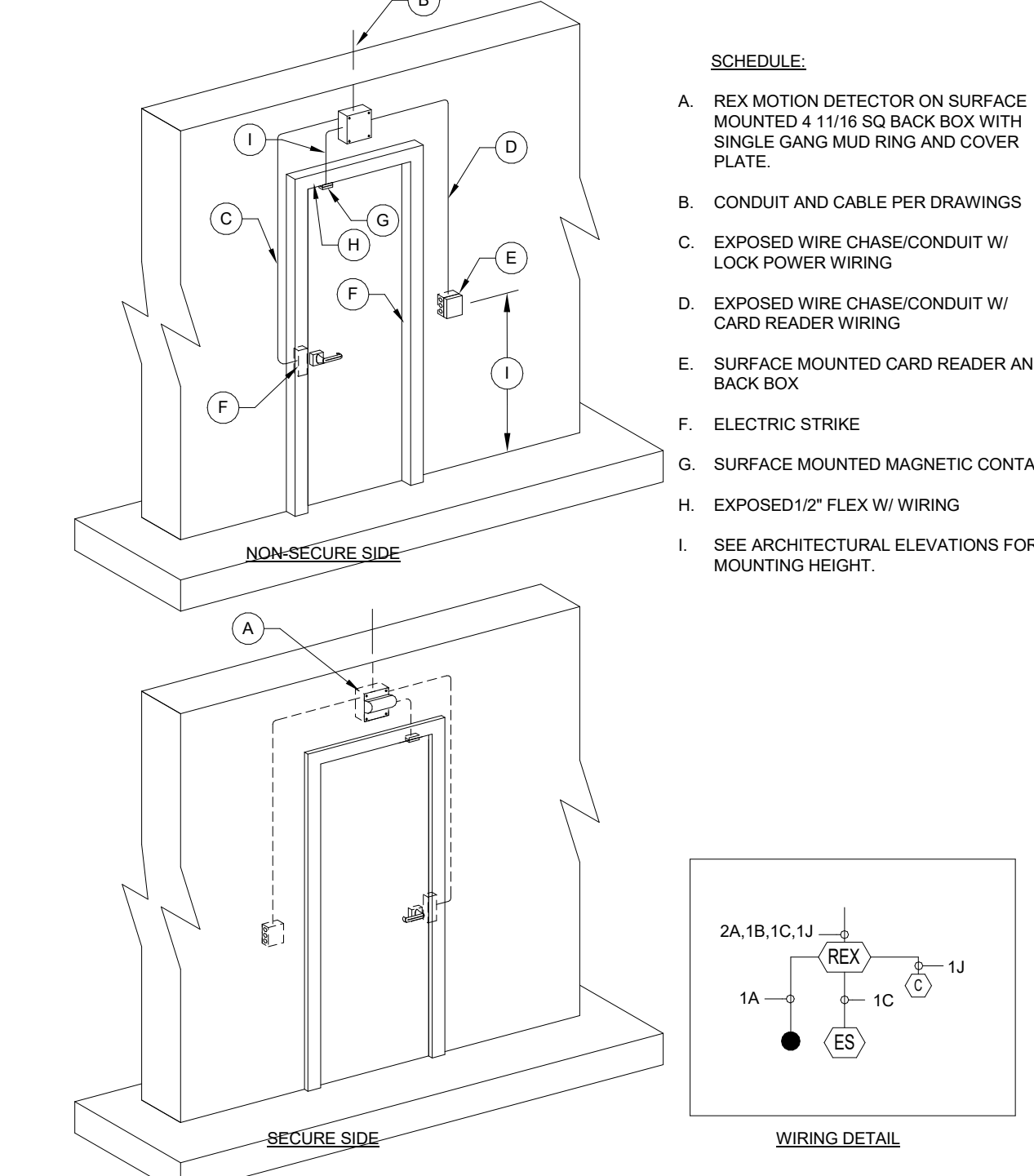
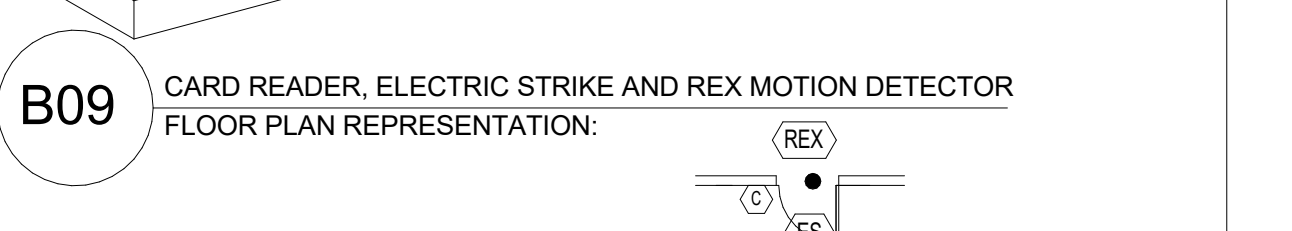
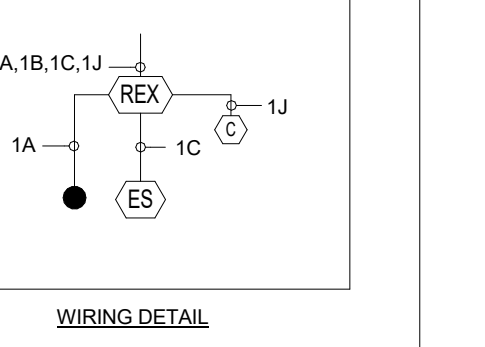
- SCHEDULE:**
- A. CONDUIT AND CABLE PER DRAWINGS
  - B. 1/2" FLEX
  - C. ELECTROMAGNETIC LOCK PER DIV. 8 HARDWARE SCHEDULE
  - D. MAGNETIC CONTACT, LOCATE 8" AWAY FROM MAGNETIC LOCK
  - E. DUST BOX (TYP) (BY DIV.8)
  - F. REX MOTION DETECTOR MOUNTED ON 4 1/16 SQ BACK BOX WITH SINGLE GANG MUD RING AND COVER PLATE.
  - G. CARD READER AND BACK BOX
  - H. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



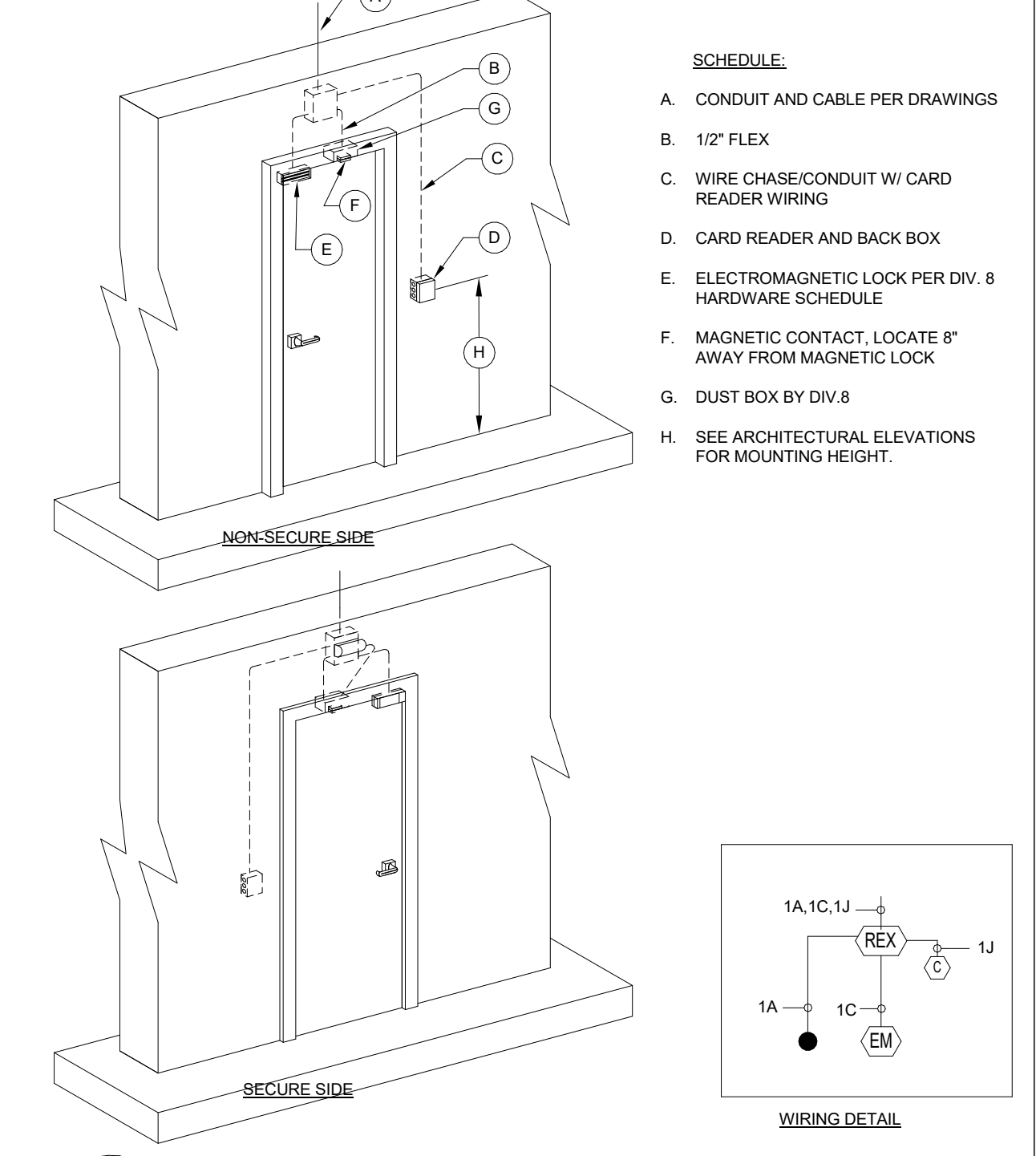
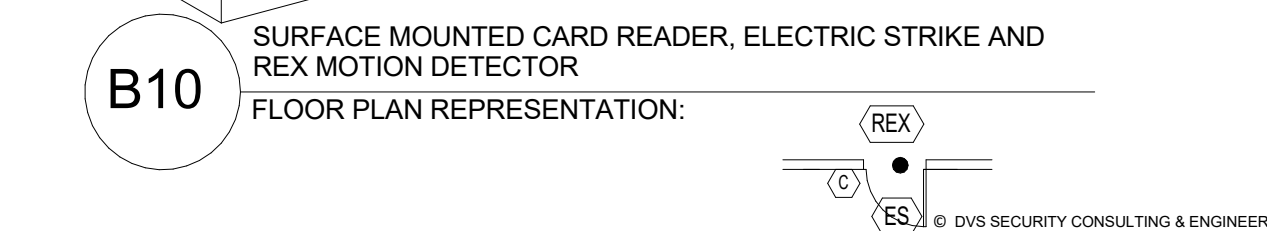
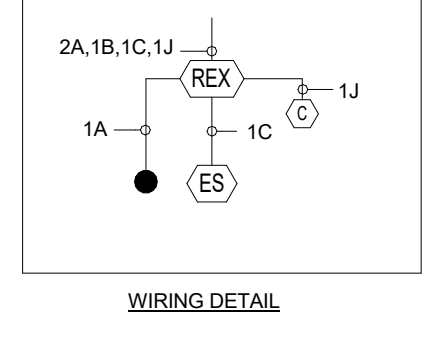
- SCHEDULE:**
- A. CONDUIT AND CABLE PER DRAWINGS
  - B. EXPOSED 1/2" FLEX
  - C. ELECTROMAGNETIC LOCK PER DIV. 8 HARDWARE SCHEDULE
  - D. SURFACE MOUNTED MAGNETIC CONTACT, LOCATE 8" AWAY FROM MAGNETIC LOCK
  - E. DUST BOX BY DIV.8
  - F. REX MOTION DETECTOR ON SURFACE MOUNTED 4 1/16 SQ BACK BOX WITH SINGLE GANG MUD RING AND COVER PLATE.
  - G. SURFACE MOUNTED CARD READER AND BACK BOX
  - H. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



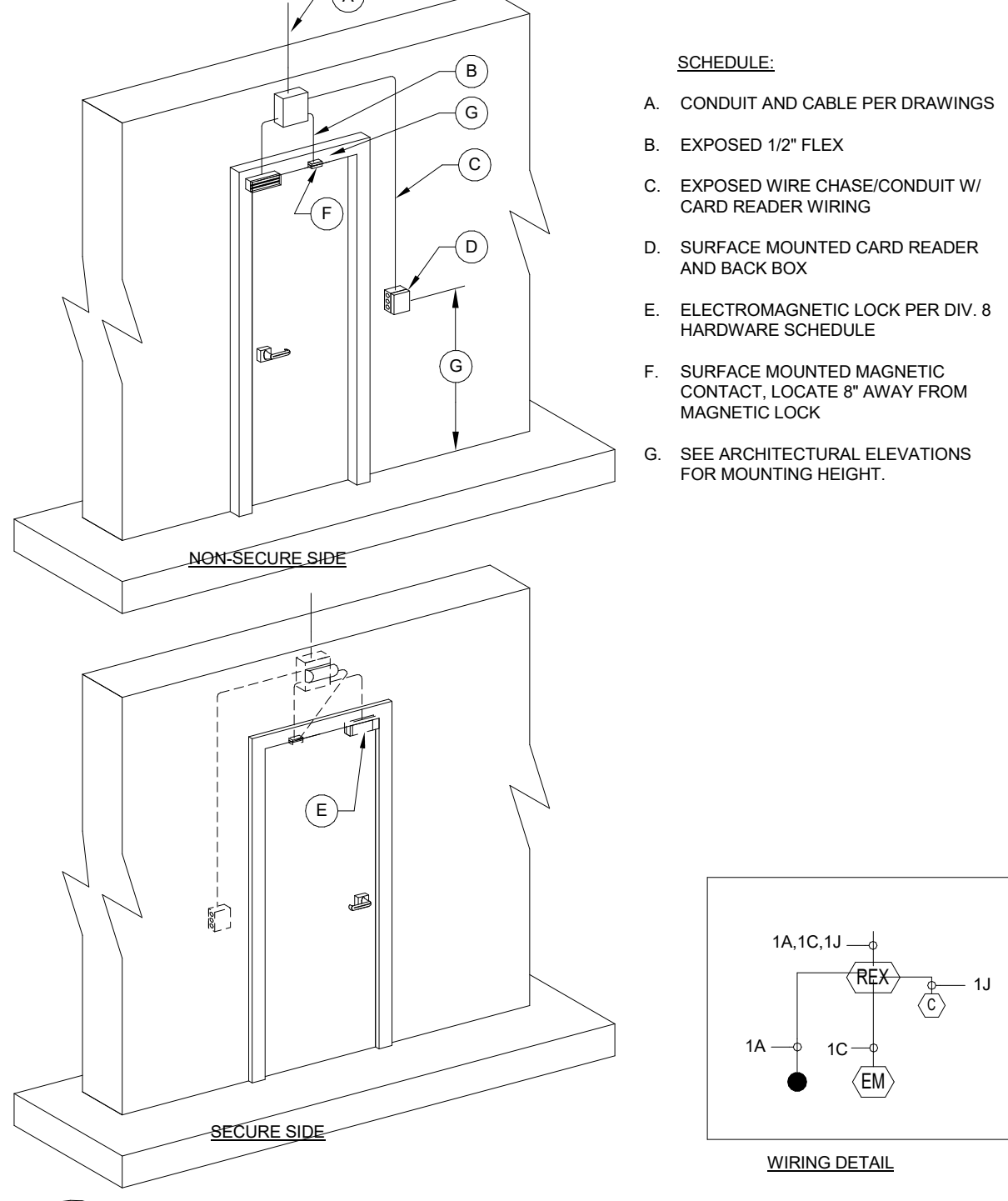
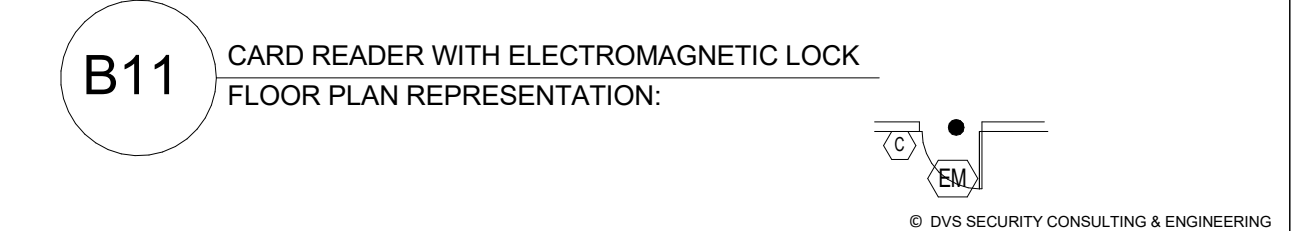
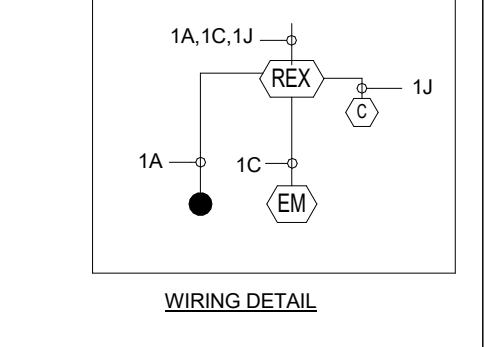
- SCHEDULE:**
- A. REX MOTION DETECTOR MOUNTED ON 4 1/16 SQ BACK BOX WITH SINGLE GANG MUD RING AND COVER PLATE.
  - B. CONDUIT AND CABLE PER DRAWINGS
  - C. WIRE CHASE/CONDUIT W/ LOCK POWER WIRING
  - D. WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - E. CARD READER AND BACK BOX
  - F. ELECTRIC STRIKE
  - G. MAGNETIC CONTACT
  - H. DUST BOX BY DIV.8
  - I. 1/2" FLEX W/ WIRING
  - J. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



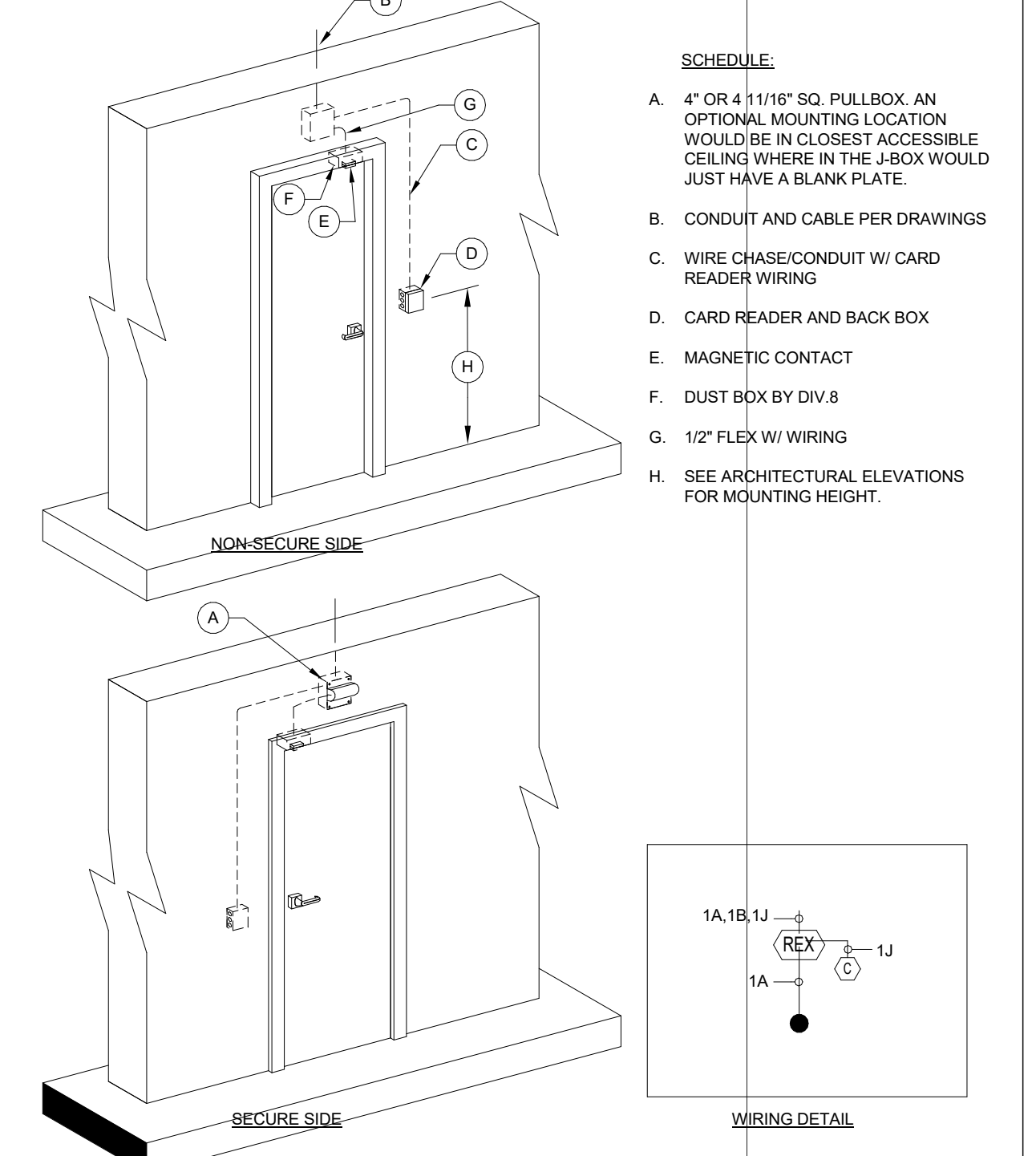
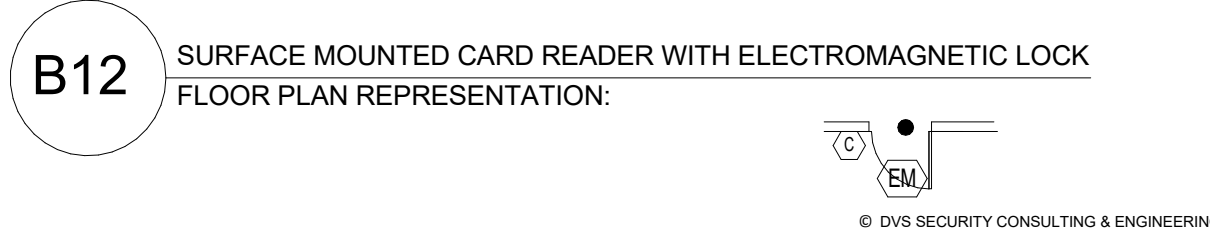
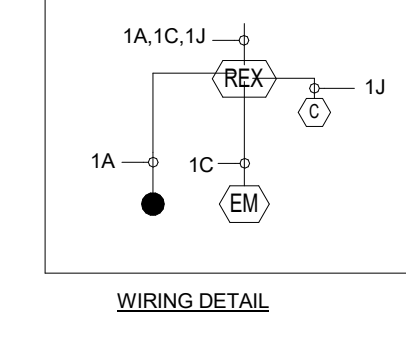
- SCHEDULE:**
- A. REX MOTION DETECTOR ON SURFACE MOUNTED 4 1/16 SQ BACK BOX WITH SINGLE GANG MUD RING AND COVER PLATE.
  - B. CONDUIT AND CABLE PER DRAWINGS
  - C. EXPOSED WIRE CHASE/CONDUIT W/ LOCK POWER WIRING
  - D. EXPOSED WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - E. SURFACE MOUNTED CARD READER AND BACK BOX
  - F. ELECTRIC STRIKE
  - G. SURFACE MOUNTED MAGNETIC CONTACT
  - H. EXPOSED 1/2" FLEX W/ WIRING
  - I. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



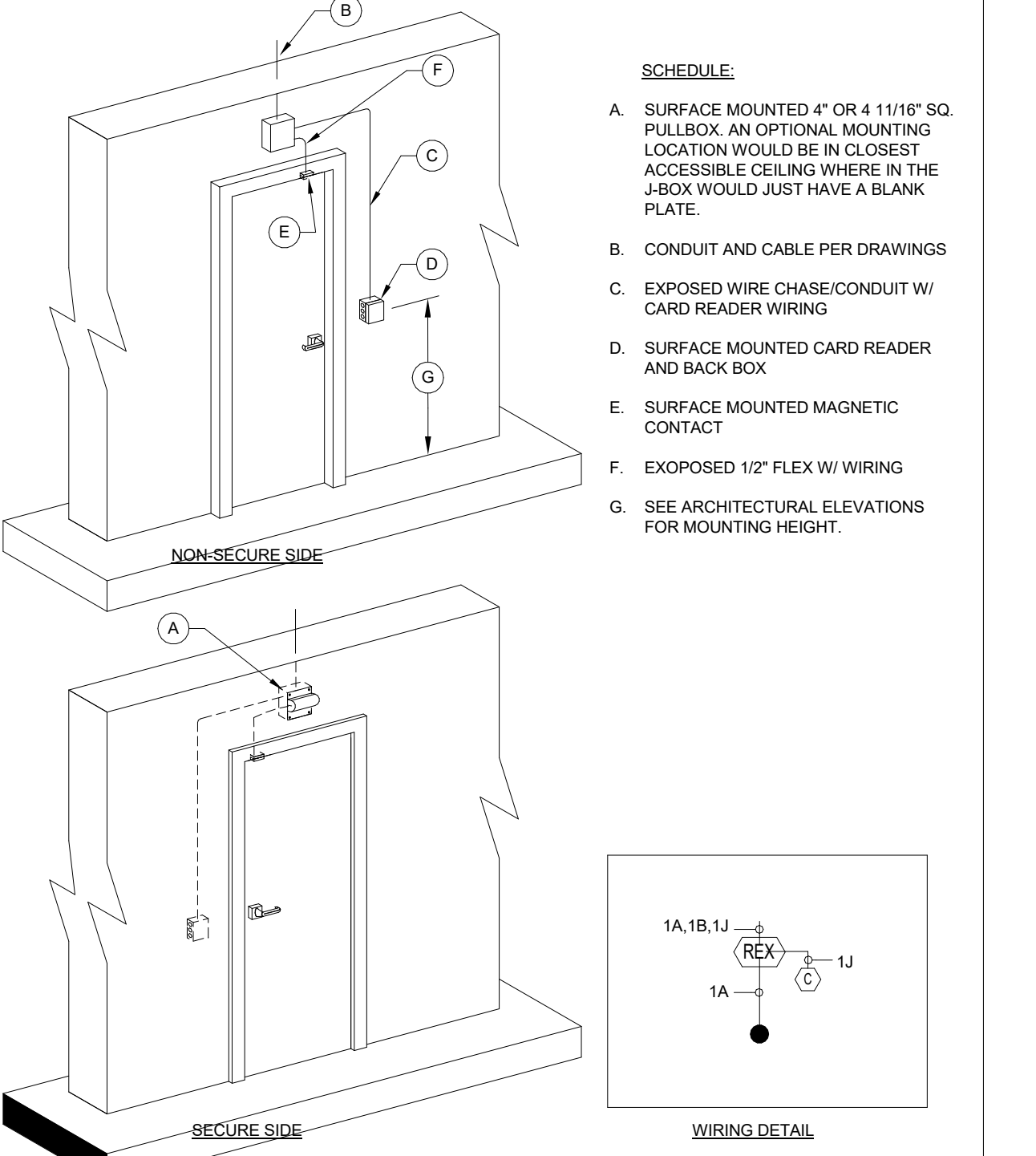
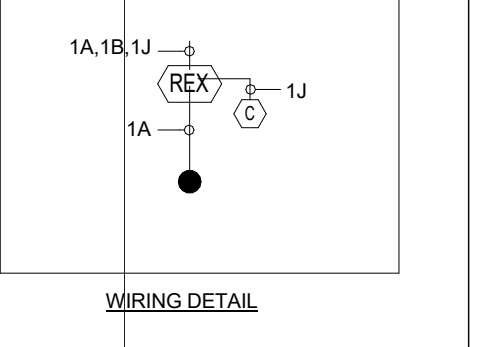
- SCHEDULE:**
- A. CONDUIT AND CABLE PER DRAWINGS
  - B. 1/2" FLEX
  - C. WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - D. CARD READER AND BACK BOX
  - E. ELECTROMAGNETIC LOCK PER DIV. 8 HARDWARE SCHEDULE
  - F. MAGNETIC CONTACT, LOCATE 8" AWAY FROM MAGNETIC LOCK
  - G. DUST BOX BY DIV.8
  - H. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



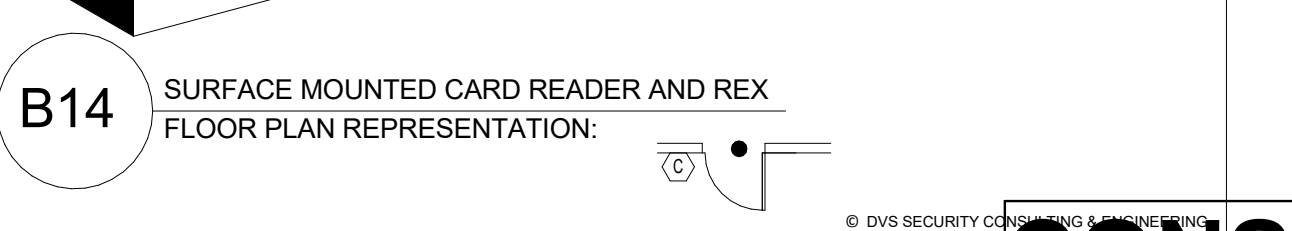
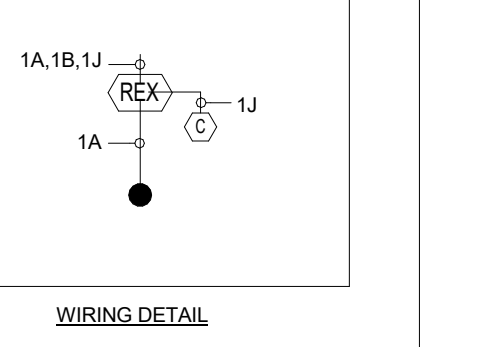
- SCHEDULE:**
- A. CONDUIT AND CABLE PER DRAWINGS
  - B. EXPOSED 1/2" FLEX
  - C. EXPOSED WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - D. SURFACE MOUNTED CARD READER AND BACK BOX
  - E. ELECTROMAGNETIC LOCK PER DIV. 8 HARDWARE SCHEDULE
  - F. SURFACE MOUNTED MAGNETIC CONTACT, LOCATE 8" AWAY FROM MAGNETIC LOCK
  - G. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



- SCHEDULE:**
- A. 4" OR 4 1/16" SQ. PULL BOX. AN OPTIONAL MOUNTING LOCATION WOULD BE IN CLOSEST ACCESSIBLE CEILING WHERE IN THE J-BOX WOULD JUST HAVE A BLANK PLATE.
  - B. CONDUIT AND CABLE PER DRAWINGS
  - C. WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - D. CARD READER AND BACK BOX
  - E. MAGNETIC CONTACT
  - F. DUST BOX BY DIV.8
  - G. 1/2" FLEX W/ WIRING
  - H. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



- SCHEDULE:**
- A. SURFACE MOUNTED 4" OR 4 1/16" SQ. PULL BOX. AN OPTIONAL MOUNTING LOCATION WOULD BE IN CLOSEST ACCESSIBLE CEILING WHERE IN THE J-BOX WOULD JUST HAVE A BLANK PLATE.
  - B. CONDUIT AND CABLE PER DRAWINGS
  - C. EXPOSED WIRE CHASE/CONDUIT W/ CARD READER WIRING
  - D. SURFACE MOUNTED CARD READER AND BACK BOX
  - E. SURFACE MOUNTED MAGNETIC CONTACT
  - F. EXPOSED 1/2" FLEX W/ WIRING
  - G. SEE ARCHITECTURAL ELEVATIONS FOR MOUNTING HEIGHT.



**CONSTRUCTION SET**

01/11/2020 10:38:08 AM

NO	REVISION	DATE
	CONSTRUCTION SET	01/20/20

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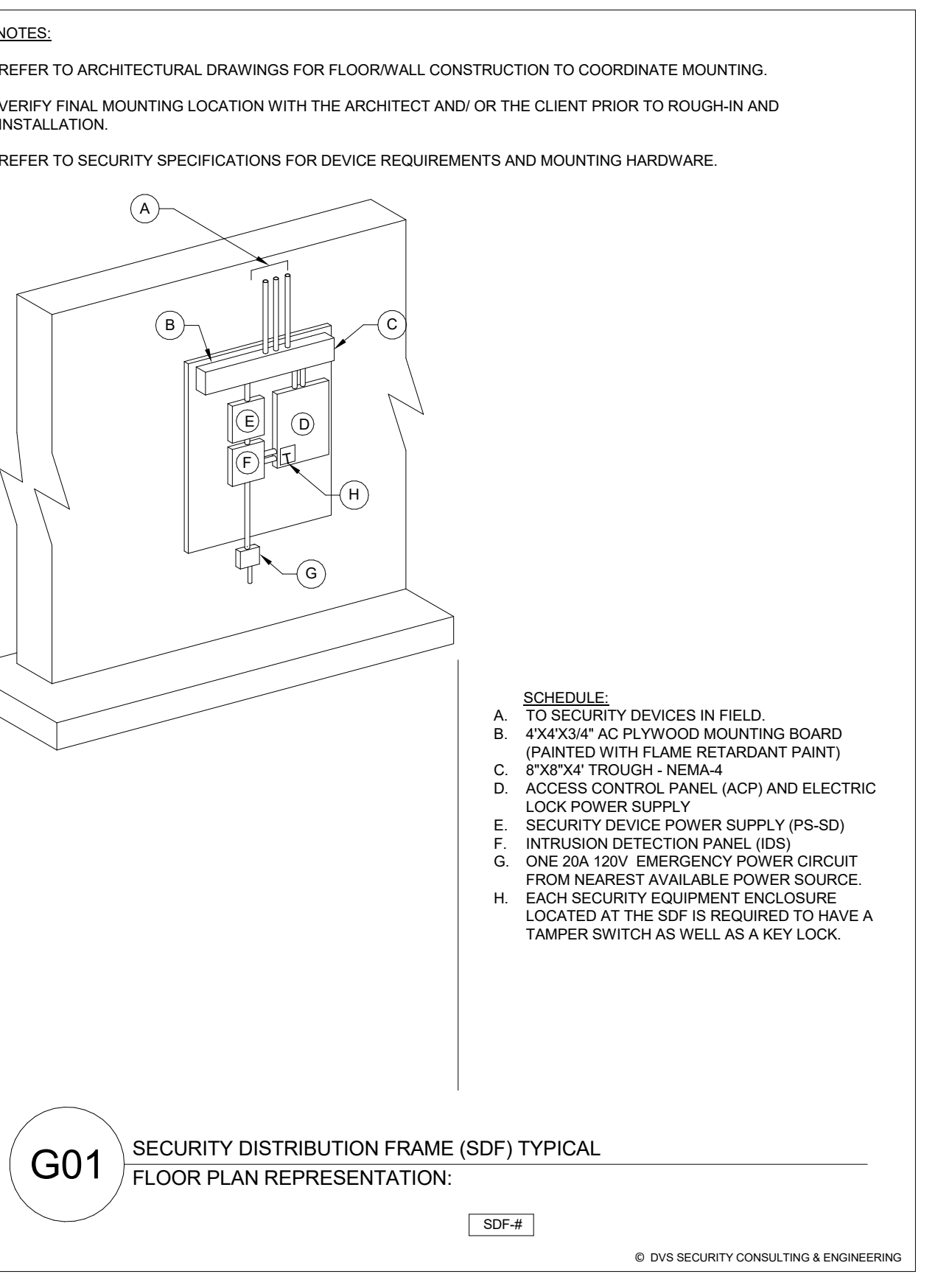
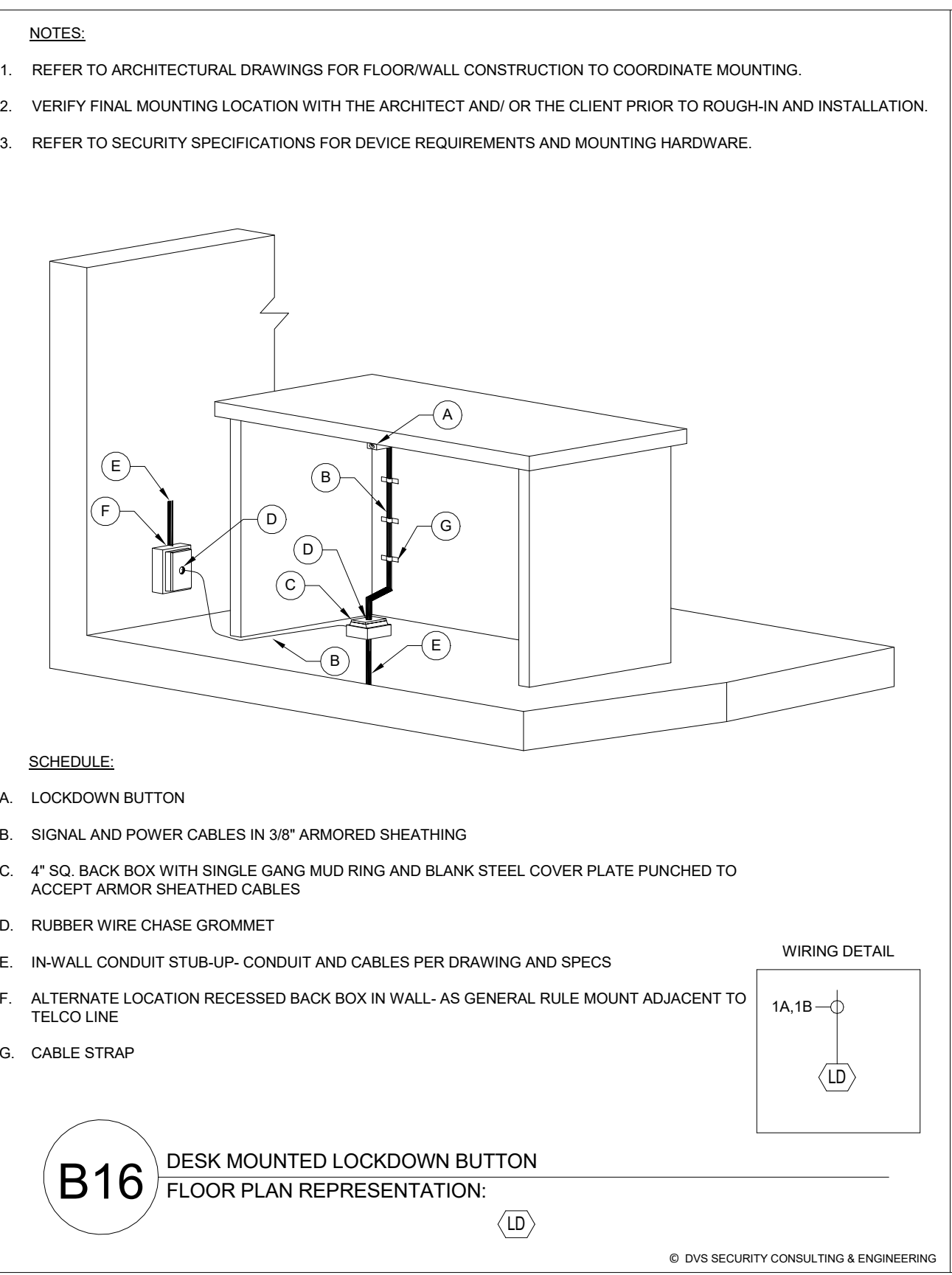
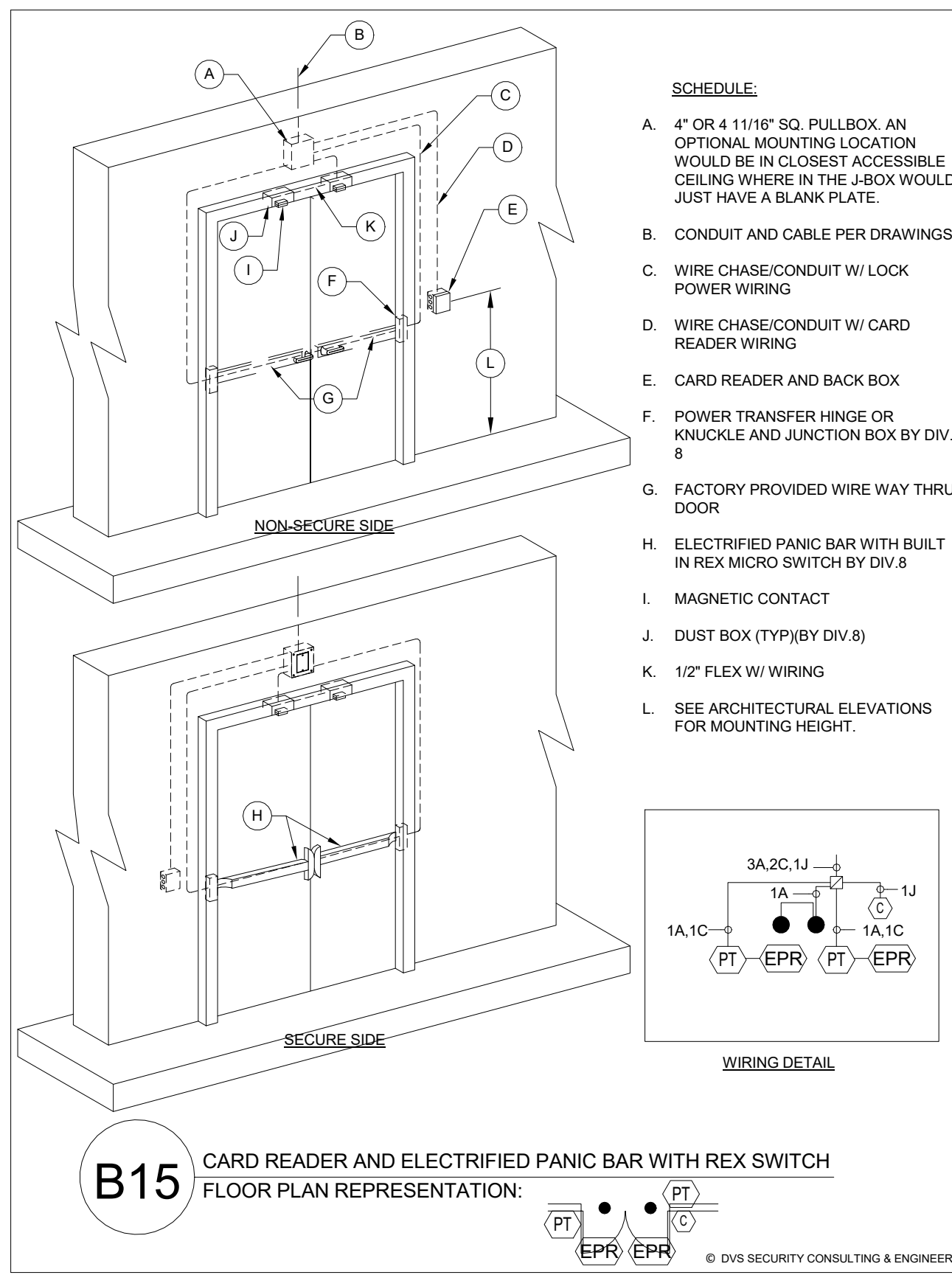
I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Missouri.  
 Signature: [Signature]  
 Title: Project Engineer  
 License Number: 95558

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:

DRAWING TITLE		PROJECT TITLE	
SECURITY DETAILS		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:	BUILDING NO.	CHECKED BY:
		000-TY-500	CM
APPROVED: CHIEF OF STAFF	DATE:	LOCATION:	ISSUED BY:
		VA MEDICAL CENTER	000-TY-500
APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	ST. CLOUD, MN 56303	DWG. 34 OF 61

**VA**

**U.S. Department of Veterans Affairs**  
 Veterans Health Administration  
 St. Cloud VA Health Care System



01/11/2020 10:38:09 AM

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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 Professional Engineer under the laws of the State of Minnesota.  
Signature: *[Signature]*  
Title or Printed Name: Timothy Blott  
Date: 08/11/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: ORMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

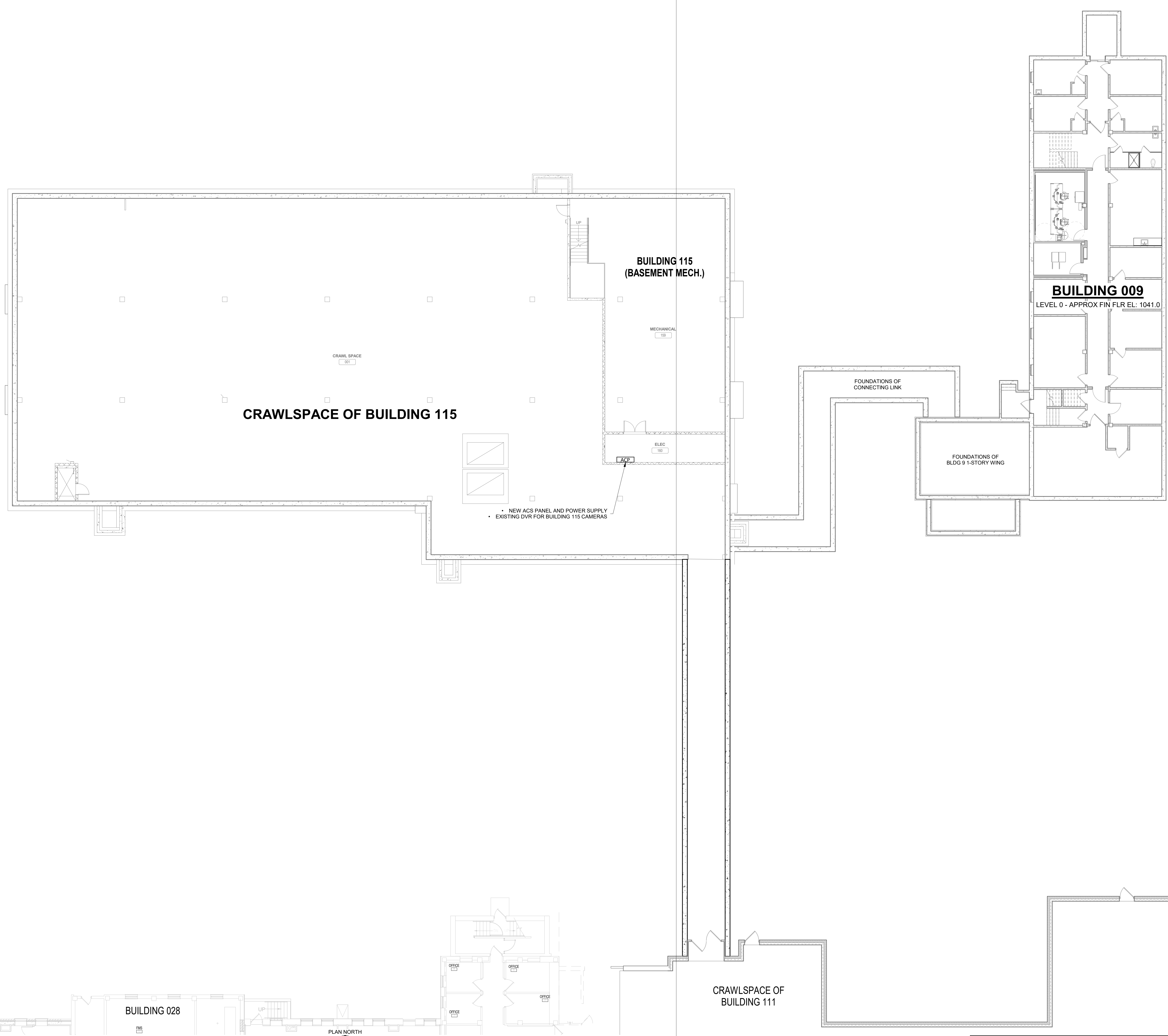
<b>SECURITY DETAILS</b>			
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:			
APPROVED: CHIEF OF STAFF DATE:			
APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:			
BUILDING NO.	CHECKED BY	DRAWN	DATE
	JZ	CM	
LOCATION: VA MEDICAL CENTER ST. CLOUD, MN 56303		DRAWING NO. <b>000-TY-501</b> DWG. 35 OF 61	

**CONSTRUCTION SET**

**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
St. Cloud VA Health Care System

**VA**





PLAN NORTH  
 1 Quad 01 - 00 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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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 Professional Engineer under the laws of the State of Minnesota.  
 Signature: *[Signature]* Title: *[Title]*  
 Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: ORMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

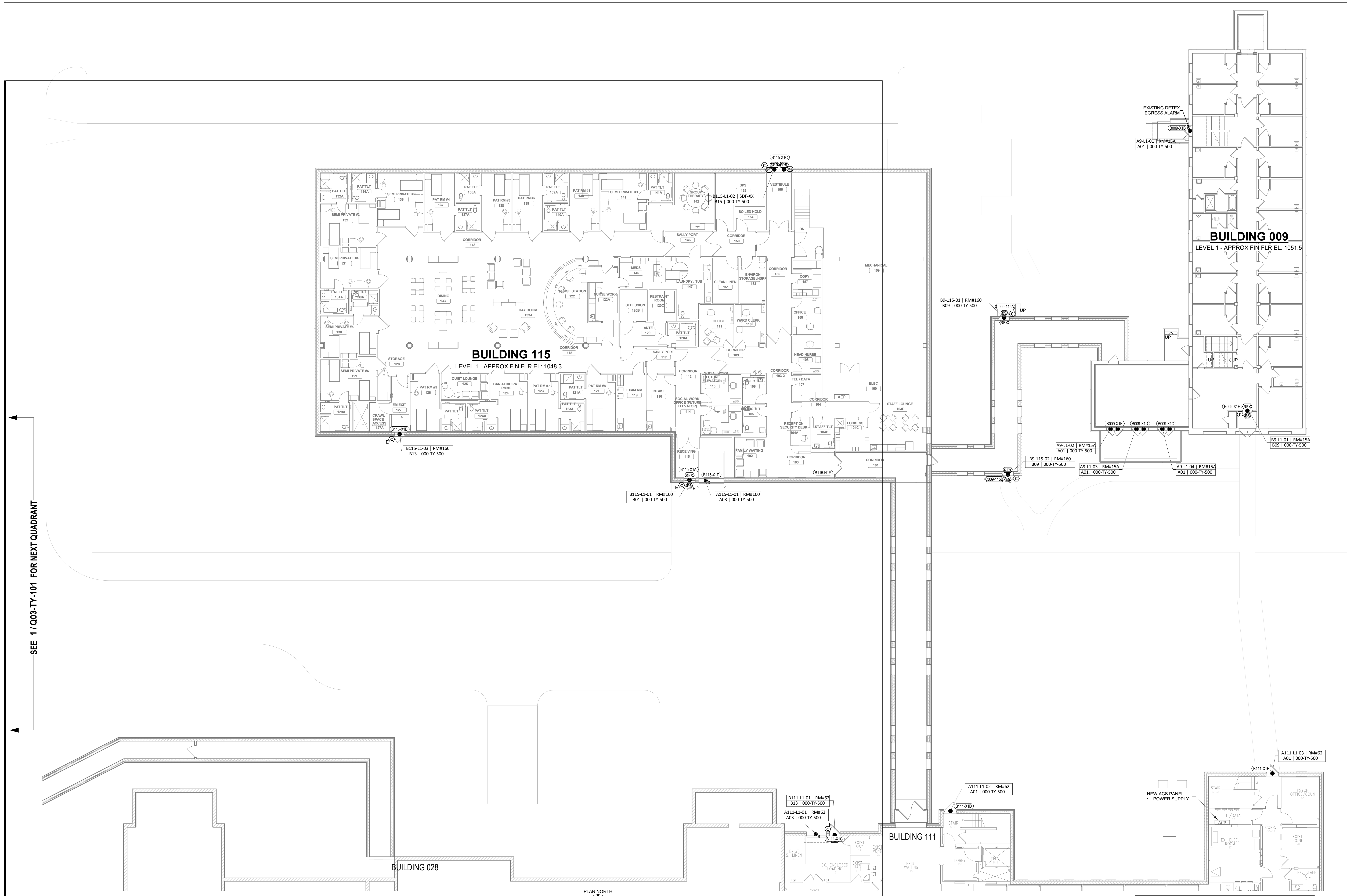
DRAWING TITLE		PROJECT TITLE	
SECURITY-LOCKDOWN PLAN QUADRANT 1 LEVEL 00		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
PROJECT NO: 656-18-848		PLOT SCALE	
BUILDING NO:	CHECKED BY:	DRAWN:	DRAWING NO:
	JZ	CM	Q01-TY-099
LOCATION: VA MEDICAL CENTER ST. CLOUD, MN 56303		DWG. 38 OF 61	

**VA**

U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

01/17/2020 10:38:12 AM





SEE 1 / Q03-TY-101 FOR NEXT QUADRANT

PLAN NORTH  
 ① Quad 01 - L1 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO.	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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APPROVED: PROJECT COORDINATOR DATE: \_\_\_\_\_  
 APPROVED: SERVICE LINE DIRECTOR DATE: \_\_\_\_\_  
 APPROVED: INFECTION CONTROL NURSE DATE: \_\_\_\_\_  
 APPROVED: GEMS COORDINATOR DATE: \_\_\_\_\_  
 APPROVED: PATIENT SAFETY DATE: \_\_\_\_\_  
 APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE: \_\_\_\_\_  
 APPROVED: CHIEF OF POLICE DATE: \_\_\_\_\_  
 APPROVED: CHIEF OF STAFF DATE: \_\_\_\_\_  
 APPROVED: DIRECTOR FMS DATE: \_\_\_\_\_  
 APPROVED: SAFETY MANAGER DATE: \_\_\_\_\_  
 APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE: \_\_\_\_\_

PROJECT TITLE		PROJECT NO.		DRAWING NO.	
DESIGN SECURITY LOCKDOWN EXTERIOR DOORS		656-18-848		Q01-TY-101	
BUILDING NO.		CHECKED BY	DRAWN	DRAWING NO.	
VA MEDICAL CENTER		JZ	CM	Q01-TY-101	
ST. CLOUD, MN 56303				DWG. 38 OF 61	

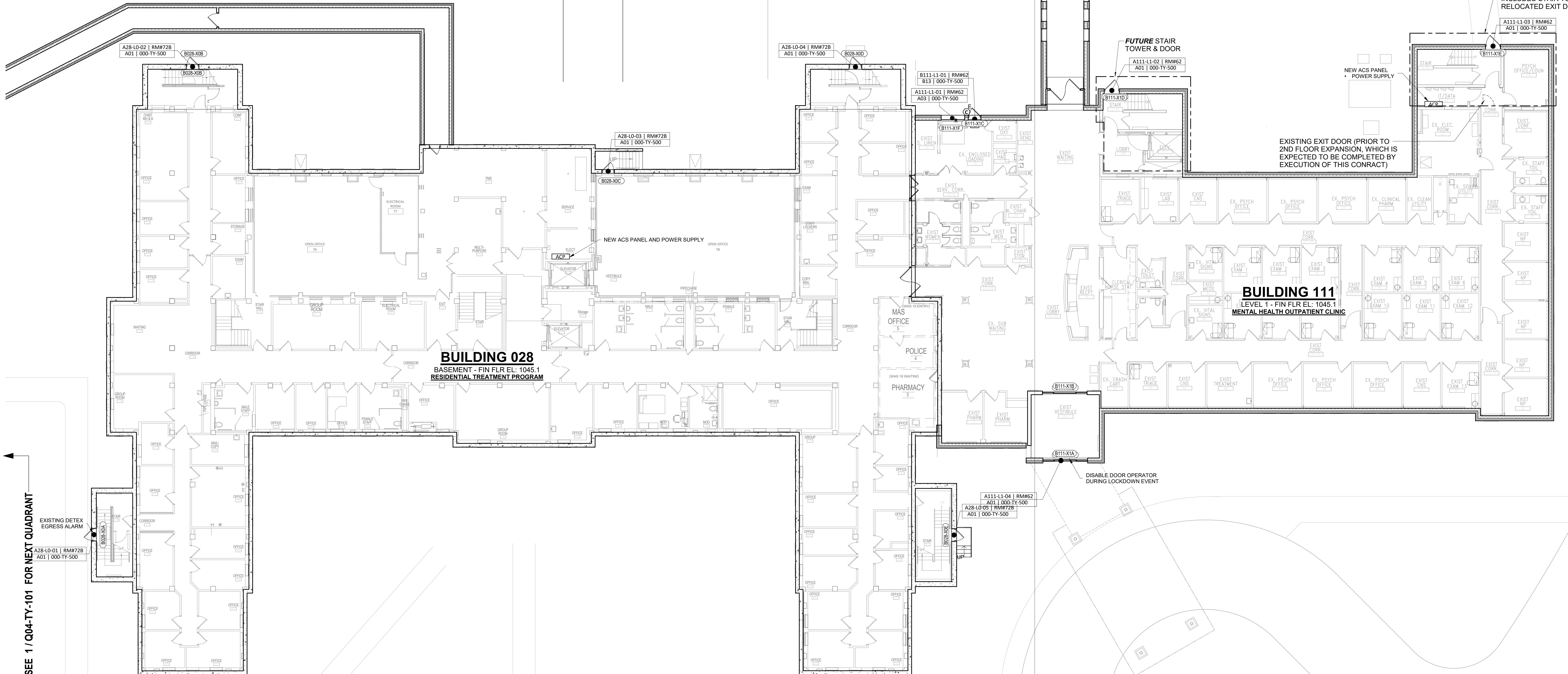
**VA**

U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

7/15/2020 10:25:27 AM

SEE 1/Q01-TY-101 FOR NEXT QUADRANT

PART OF FUTURE 2ND FLOOR ADDITION WHICH INCLUDES STAIR TOWER & RELOCATED EXIT DOOR



SEE 1/Q04-TY-101 FOR NEXT QUADRANT

PLAN NORTH  
2 SECURITY-LOCKDOWN PLAN QUADRANT 2 - LEVEL 0  
3/32" = 1'-0"

CONSTRUCTION SET

NO	REVISION	DATE

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I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.  
Type or Printed Name: Timothy Blitch  
Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR DATE:	APPROVED: SERVICE LINE DIRECTOR DATE:	APPROVED: INFECTION CONTROL NURSE DATE:	DRAWING TITLE SECURITY-LOCKDOWN PLAN QUADRANT 2 LEVEL 1	PROJECT TITLE DESIGN SECURITY LOCKDOWN EXTERIOR DOORS
APPROVED: OIGS COORDINATOR DATE:	APPROVED: PATIENT SAFETY DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING NO. CHECKED BY DRAWN BY PROJECT NO. 656-18-848 CM
APPROVED: PROJECTS SECTION MANAGER DATE:	APPROVED: CHIEF OF POLICE DATE:	APPROVED: CHIEF OF STAFF DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303
APPROVED: DIRECTOR FMS DATE:	APPROVED: SAFETY MANAGER DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:		DRAWING NO. Q02-TY-100 DWG. 39 OF 61

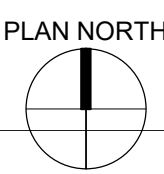
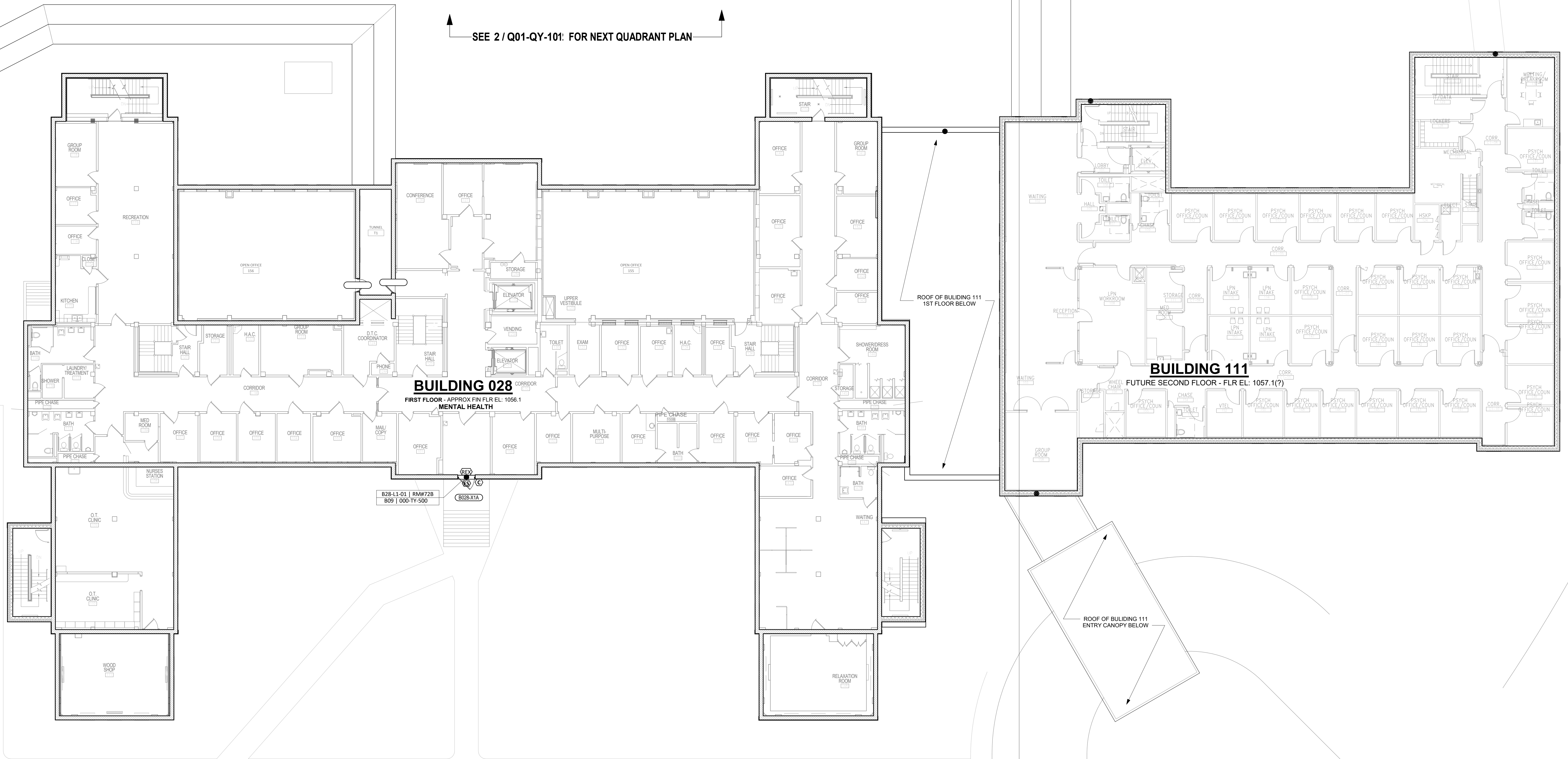
**VA**

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Veterans Health Administration  
St. Cloud VA Health Care System

8/11/2020 10:38:24 AM

SEE 2 / Q01-QY-101: FOR NEXT QUADRANT PLAN

SEE 1 / Q04-TY-100 AND 1 / Q04-TY-101 FOR NEXT QUADRANT PLANS



PLAN NORTH  
**2** SECURITY-LOCKDOWN PLAN QUADRANT 2 - LEVEL 1 (B028) / LEVEL 2 (B111)  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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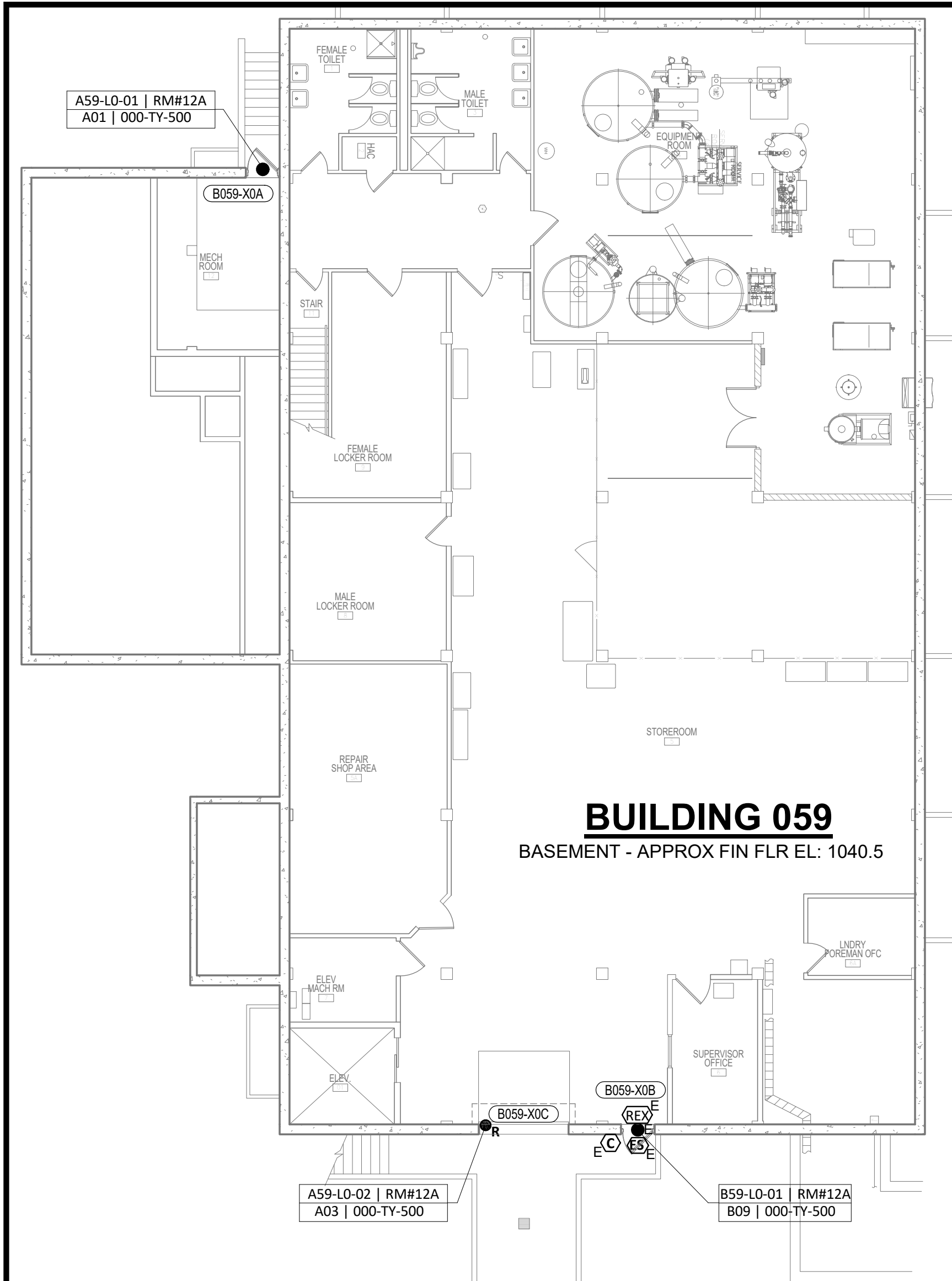
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 Signature: [Signature] Title: [Title] Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

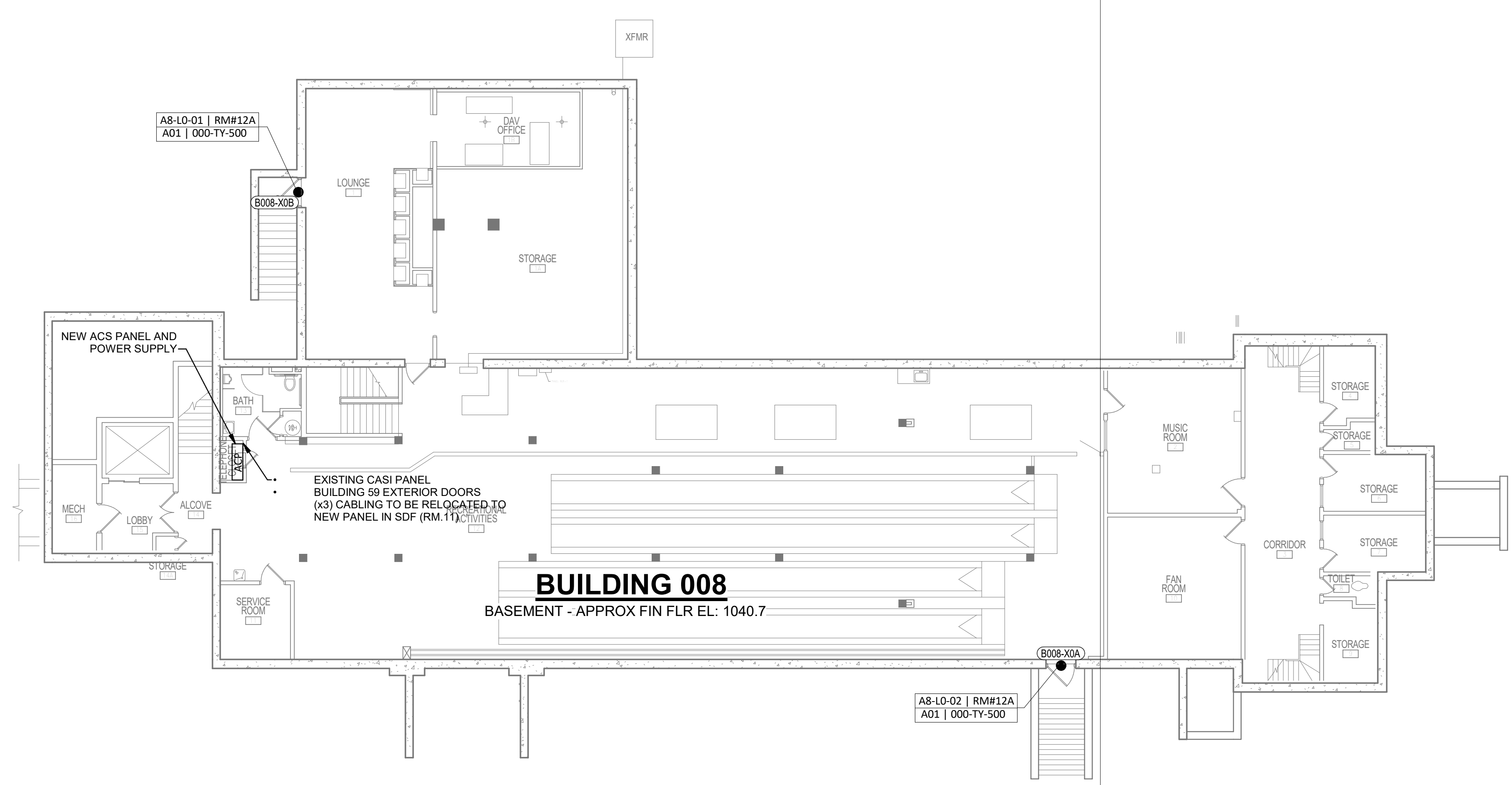
DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 2 LEVEL 2</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:	BUILDING NO.	CHECKED BY
APPROVED: CHIEF OF STAFF	DATE:	JZ	CM
APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303	DRAWING NO. <b>Q02-TY-101</b> DWG. 40 OF 61

**VA** U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

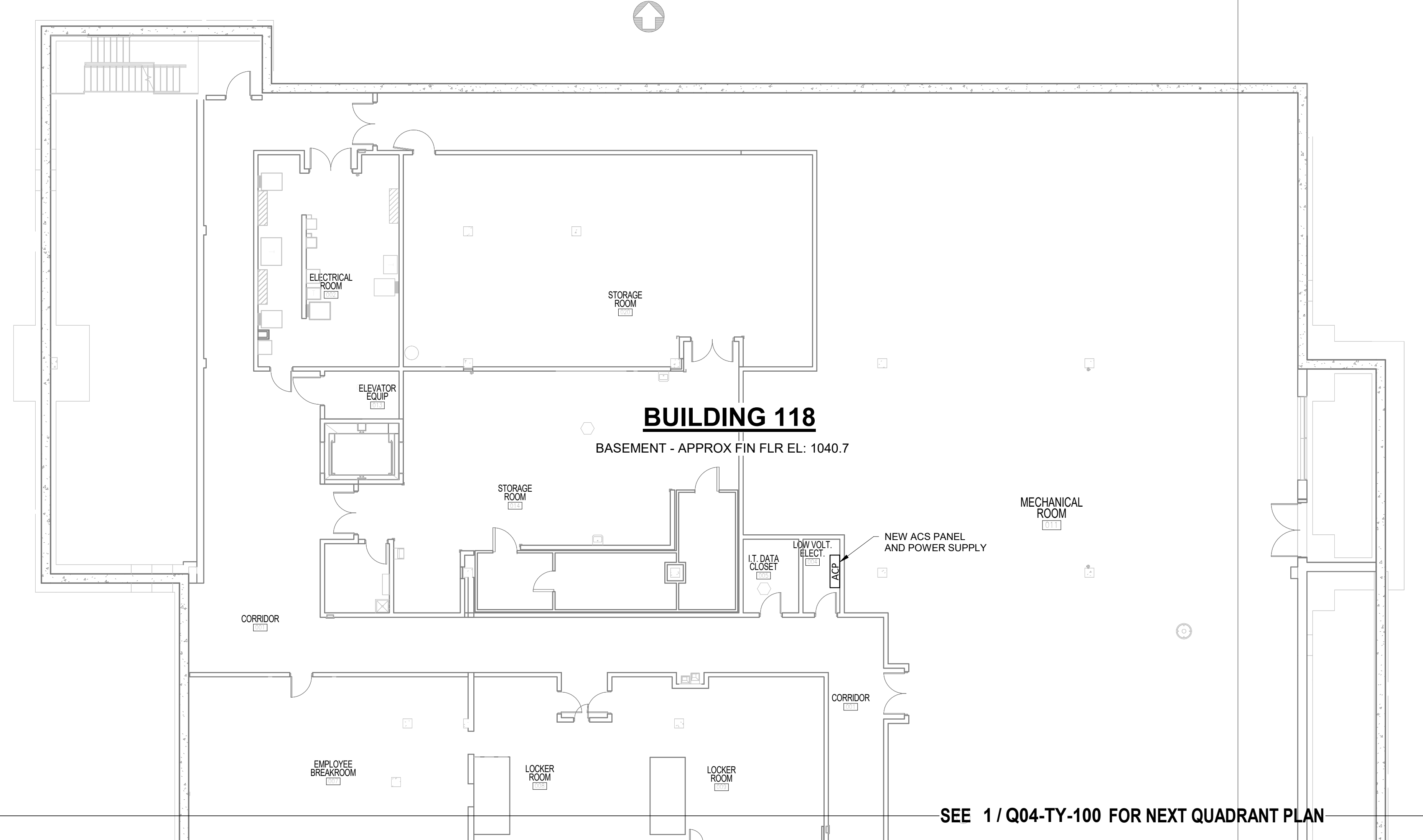
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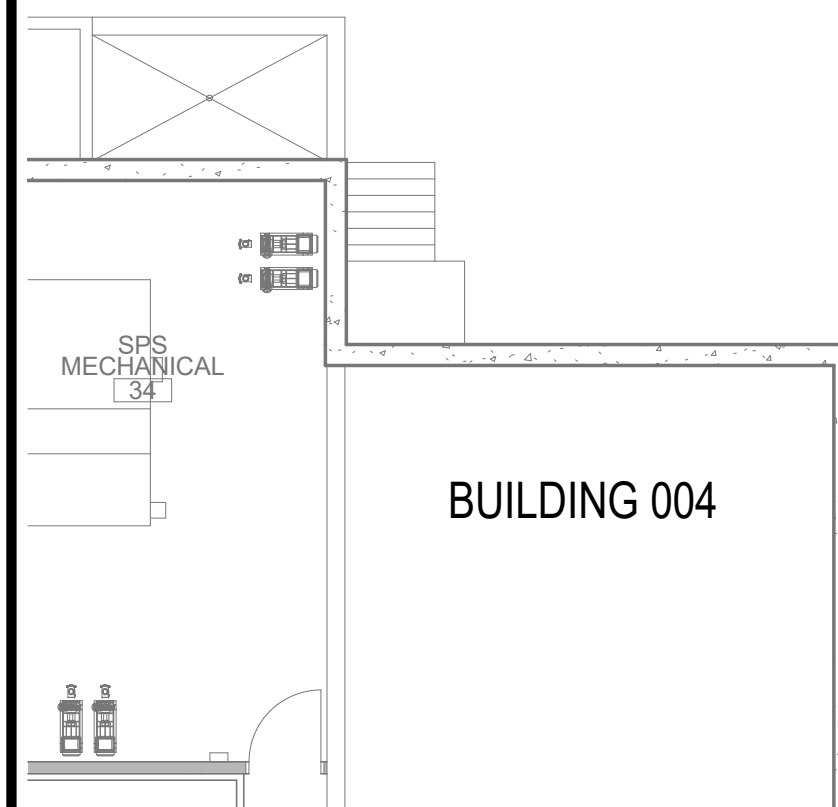
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BASEMENT - APPROX FIN FLR EL: 1040.5



**BUILDING 008**  
BASEMENT - APPROX FIN FLR EL: 1040.7



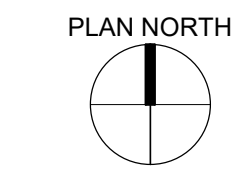
**BUILDING 118**  
BASEMENT - APPROX FIN FLR EL: 1040.7



**BUILDING 004**

SEE 1 / Q01-TY-100 FOR NEXT QUADRANT

SEE 1 / Q04-TY-100 FOR NEXT QUADRANT PLAN



1 Quad 03 - L0 Lockdown  
3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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Signature: *[Signature]* Title: *[Title]* Date: 08/12/2020 License Number: 95538

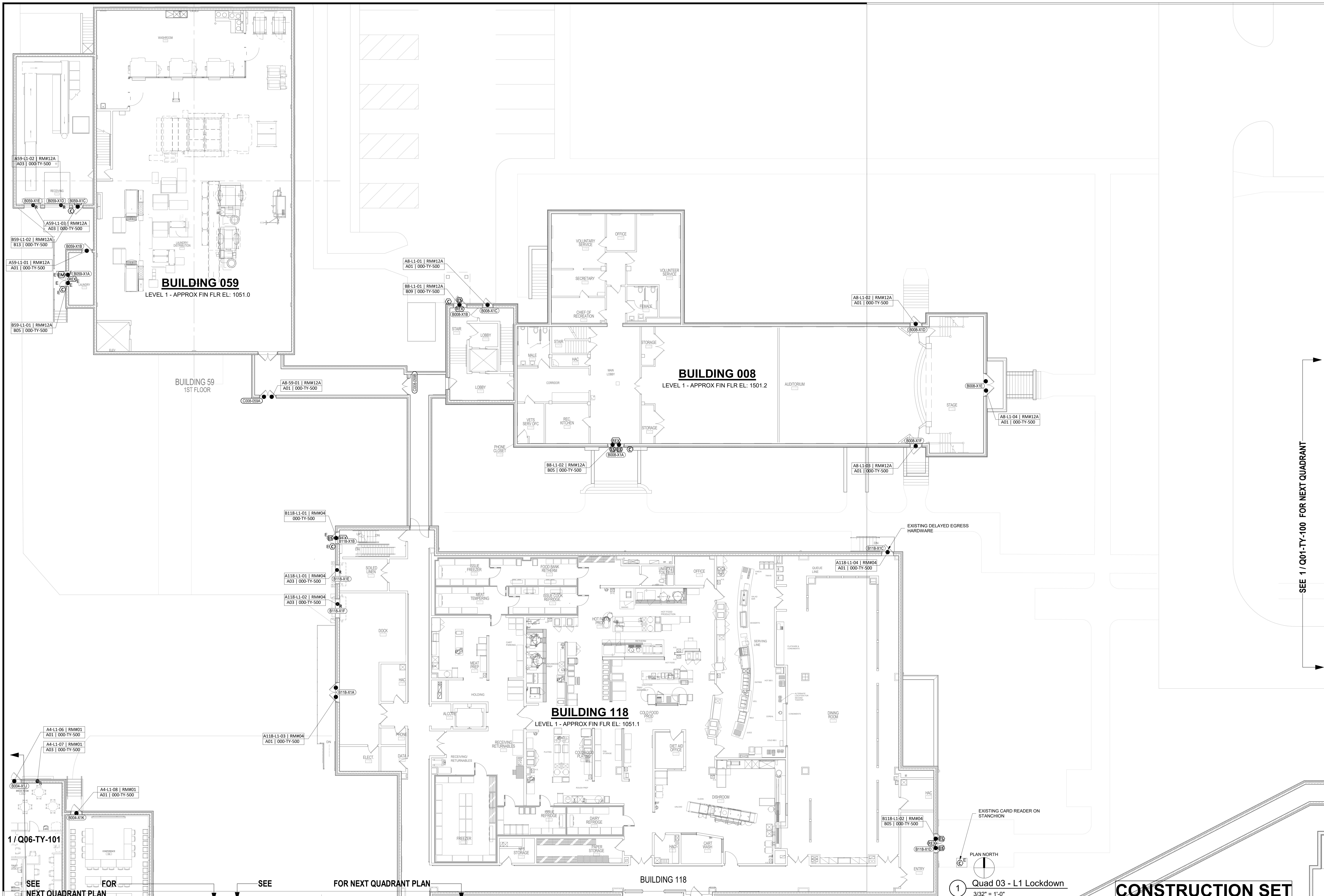
APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GRMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 3 LEVEL 0</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		PROJECT NO. 656-18-848	
APPROVED: CHIEF OF STAFF	DATE:	BUILDING NO.	CHECKED BY
APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL CENTER	JZ
DRAWING NO. <b>Q03-TY-100</b>		DRAWN BY	CM
DWG. 41 OF 61		LOCATION: ST. CLOUD, MN 56303	

**VA**

U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

08/12/2020 10:38:30 AM



SEE 1 / Q01-TY-100 FOR NEXT QUADRANT

SEE FOR NEXT QUADRANT PLAN

SEE FOR NEXT QUADRANT PLAN

1 Quad 03 - L1 Lockdown  
3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Missouri.  
Signature: [Signature]  
Date: 08/12/2020 License Number: 95558

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GRMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

PROJECT TITLE		DRAWING TITLE	
DESIGN SECURITY LOCKDOWN EXTERIOR DOORS		SECURITY-LOCKDOWN PLAN QUADRANT 3 LEVEL 1	
BUILDING NO	CHECKED BY	DRAWN	DATE
VA MEDICAL CENTER	JZ	CM	
ST. CLOUD, MN 56303			
PROJECT NO		DRAWING NO	
656-18-848		Q03-TY-101	
		DWG 42 OF 61	

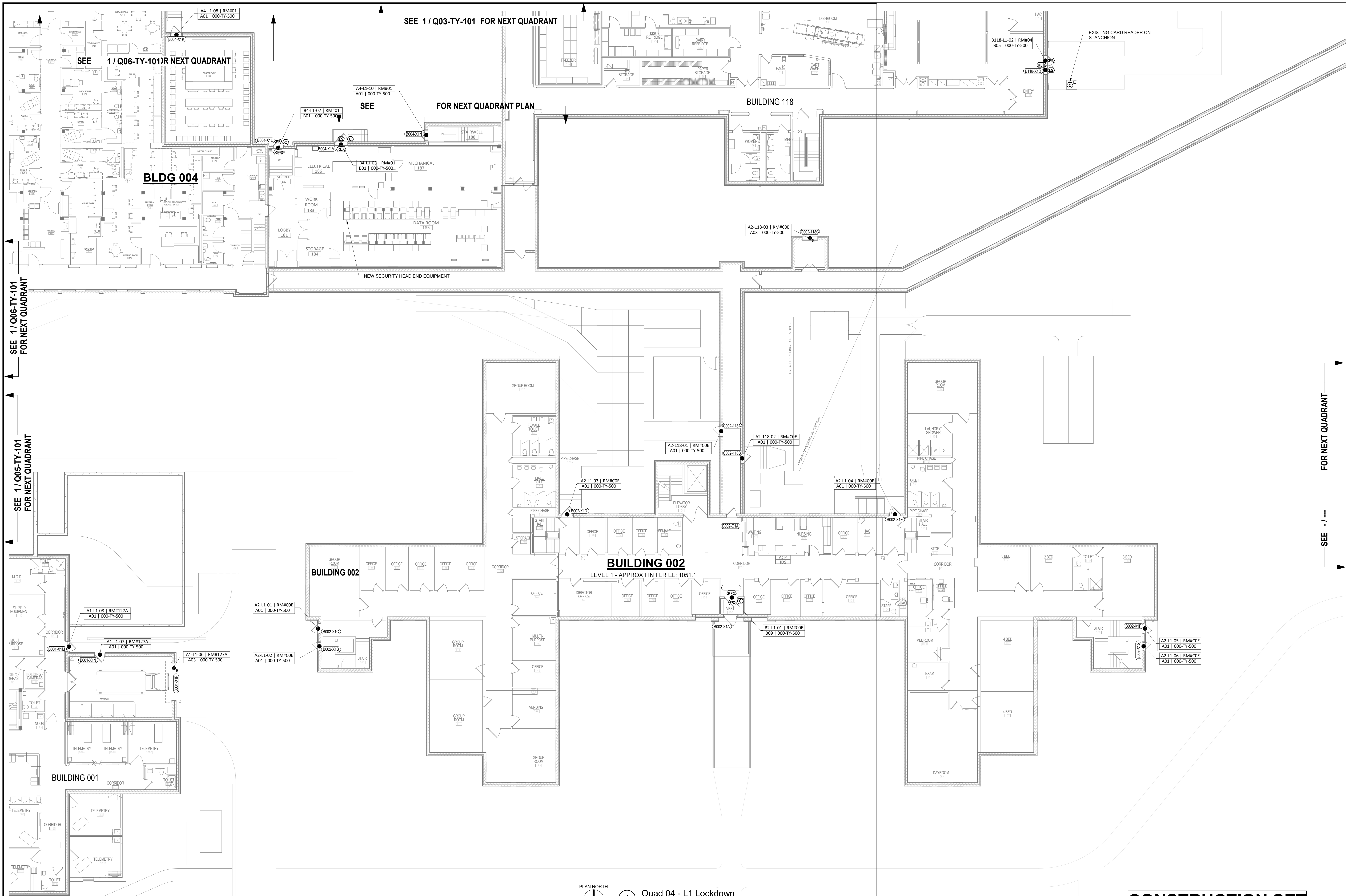
**VA**

U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

8/11/2020 10:38:35 AM







PLAN NORTH  
 1 Quad 04 - L1 Lockdown  
 3/32" = 1'-0"

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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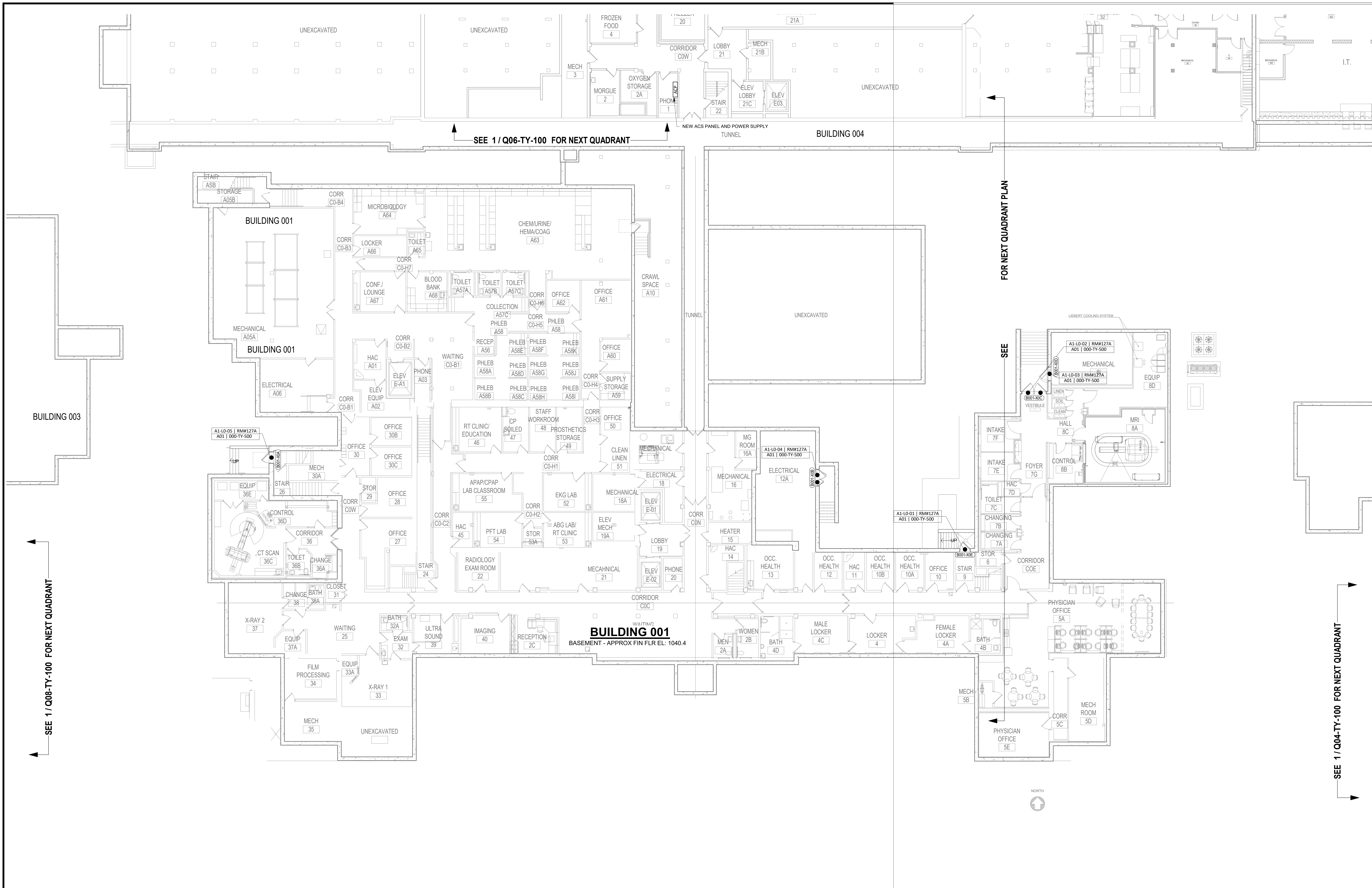
I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.  
 Signature: [Signature]  
 Title: Project Engineer  
 Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR DATE:	APPROVED: SERVICE LINE DIRECTOR DATE:	APPROVED: INFECTION CONTROL NURSE DATE:	DRAWING TITLE SECURITY-LOCKDOWN PLAN QUADRANT 4 LEVEL 1
APPROVED: GEMS COORDINATOR DATE:	APPROVED: PATIENT SAFETY DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	PROJECT TITLE DESIGN SECURITY LOCKDOWN EXTERIOR DOORS
APPROVED: PROJECTS SECTION MANAGER DATE:	APPROVED: CHIEF OF POLICE DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING NO. VA MEDICAL CENTER ST. CLOUD, MN 56303
APPROVED: DIRECTOR RMS DATE:	APPROVED: SAFETY MANAGER DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	CHECKED BY JZ DRAWN BY CM PROJECT NO. 656-18-848 DRAWING NO. Q04-TY-101 DWG. 44 OF 61

**CONSTRUCTION SET**

**U.S. Department of Veterans Affairs**  
 Veterans Health Administration  
 St. Cloud VA Health Care System

01/11/2020 10:38:47 AM



SEE 1 / Q06-TY-100 FOR NEXT QUADRANT

FOR NEXT QUADRANT PLAN

SEE 1 / Q08-TY-100 FOR NEXT QUADRANT

SEE 1 / Q04-TY-100 FOR NEXT QUADRANT

PLAN NORTH  
 1 Quad 05 - L0 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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 Signature: [Signature]  
 Title or Printed Name: Timothy Blom  
 Date: 08/12/2020 License Number: 05558

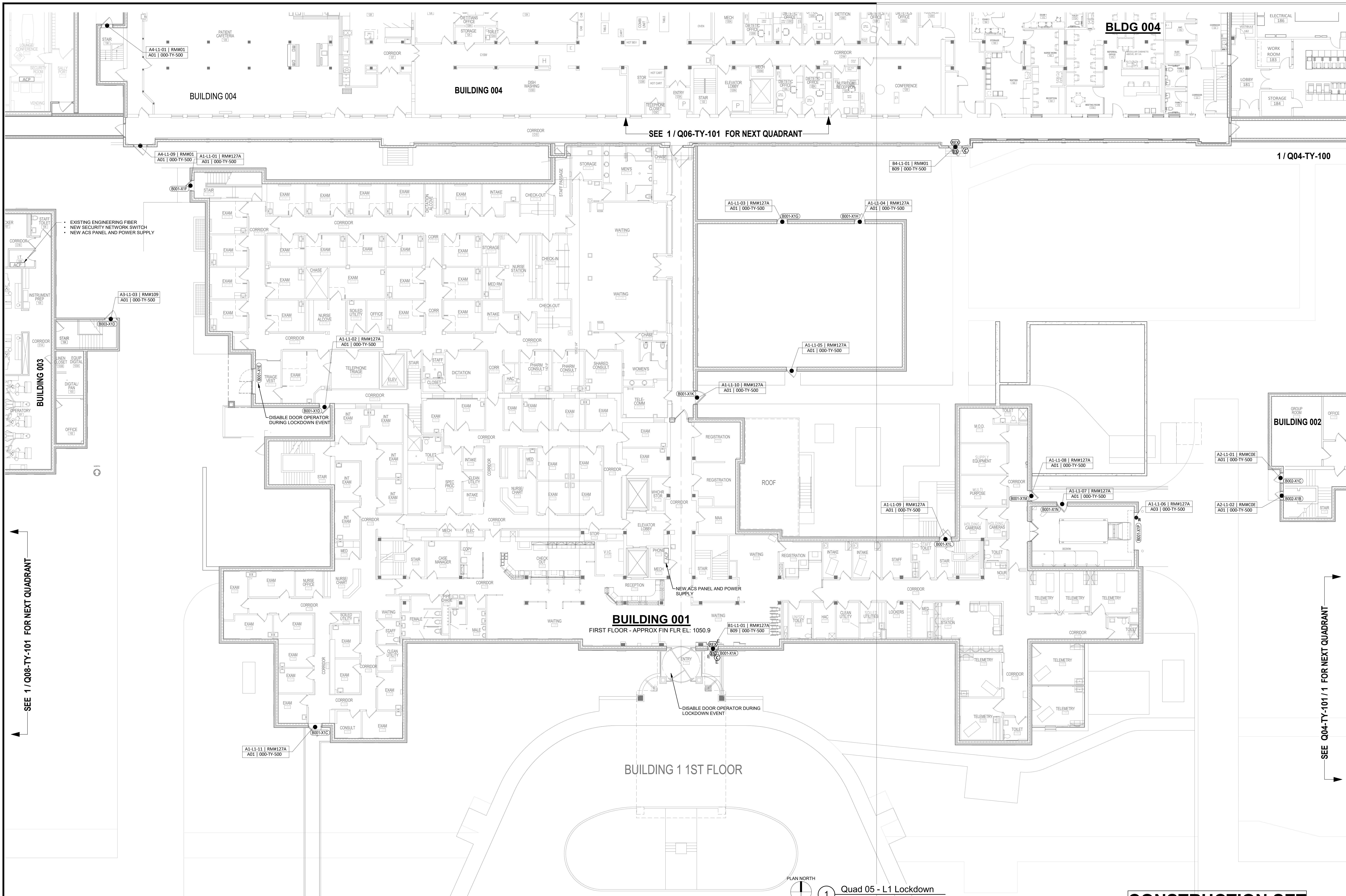
APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: CHIEF OF POLICE	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF STAFF	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 5 LEVEL 0</b>			
PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>			
BUILDING NO.	CHECKED BY	DRAWN BY	PROJECT NO.
VA MEDICAL CENTER	JZ	CM	656-18-848
ST. CLOUD, MN 56303			DWG. NO.
			<b>Q05-TY-100</b>
			45 OF 61

**VA**

U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

8/11/2020 10:38:52 AM



**BUILDING 001**  
FIRST FLOOR - APPROX FIN FLR EL: 1050.9

**BUILDING 1 1ST FLOOR**

1 Quad 05 - L1 Lockdown  
3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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Signature: [Signature]  
Title or Printed Name: Timothy Bloch  
Date: 08/11/2020 License Number: 95558

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

**DESIGN TITLE**  
SECURITY-LOCKDOWN PLAN  
QUADRANT 5 LEVEL 1

**PROJECT TITLE**  
DESIGN SECURITY  
LOCKDOWN EXTERIOR  
DOORS

**PROJECT NO**  
656-18-848

**DRAWING NO**  
Q05-TY-101

**DATE**  
01/20/20

**DRAWN BY**  
CM

**CHECKED BY**  
JZ

**LOCATION**  
VA MEDICAL CENTER  
ST. CLOUD, MN 56303

**DWG. NO.**  
46 OF 61

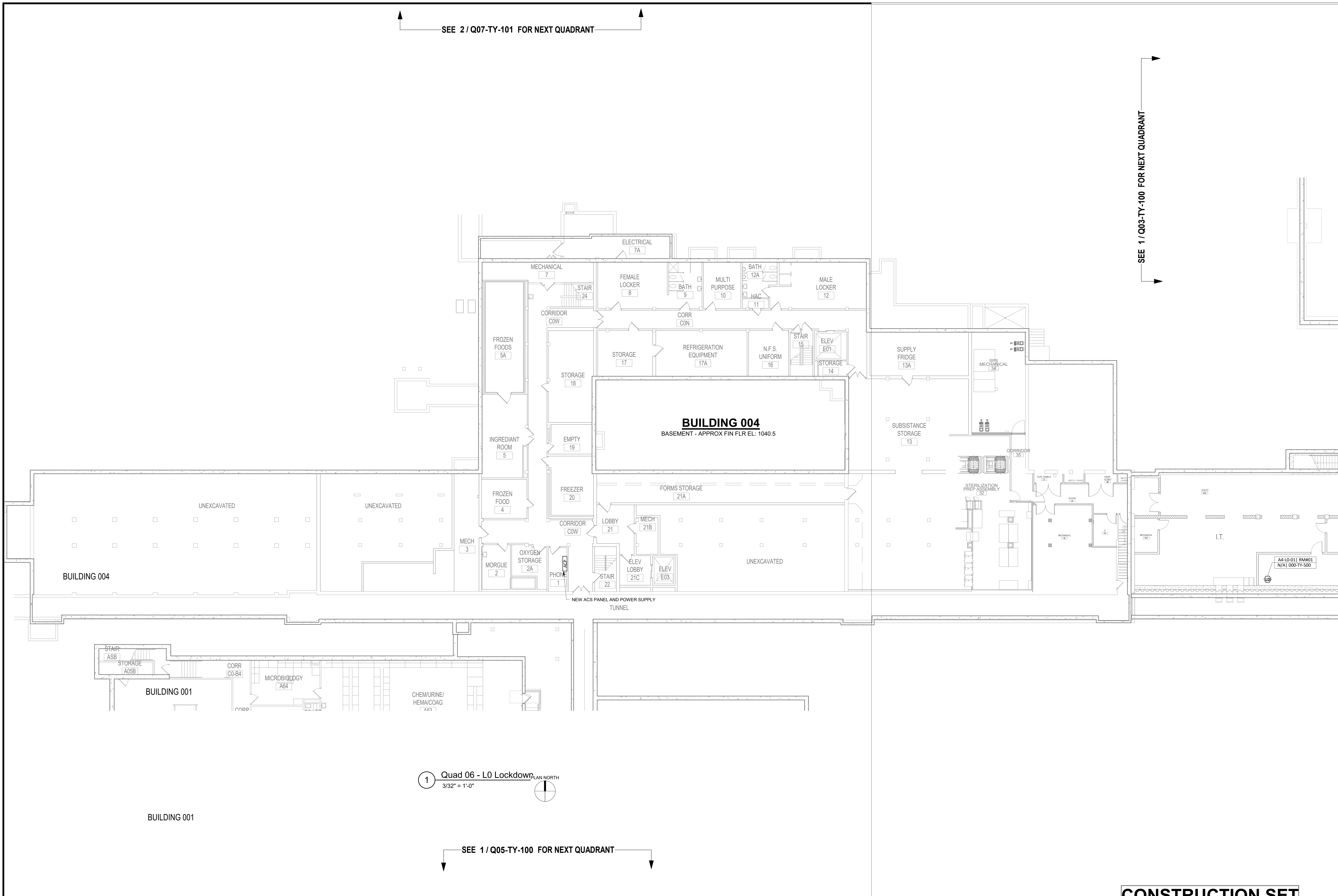
**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
St. Cloud VA Health Care System

**VA**

01/11/2020 10:38:57 AM

SEE 2 / Q07-TY-101 FOR NEXT QUADRANT

SEE 1 / Q03-TY-100 FOR NEXT QUADRANT



1 Quad 06 - L0 Lockdown  
3/32" = 1'-0"

SEE 1 / Q05-TY-100 FOR NEXT QUADRANT

### CONSTRUCTION SET

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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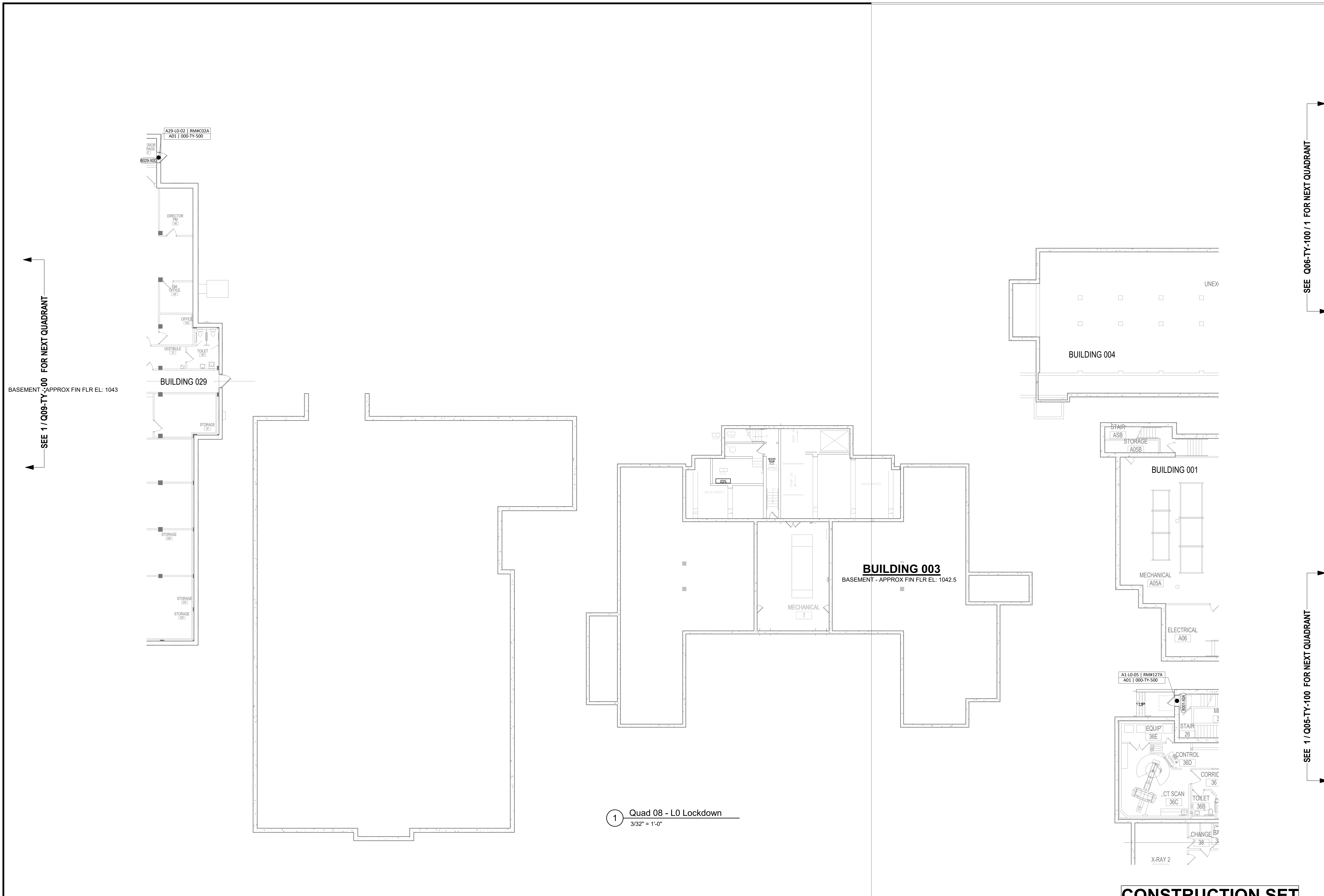
APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE		PROJECT TITLE
SECURITY-LOCKDOWN PLAN QUADRANT 6 LEVEL 0		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:	BUILDING NO.
APPROVED: CHIEF OF STAFF	DATE:	CHECKED BY
APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	JZ
		DRAWN BY
		CM
		LOCATION
		VA MEDICAL CENTER
		ST. CLOUD, MN 56303
		DRAWING NO.
		Q06-TY-100
		DWG. 47 OF 61



01/12/2020 10:39:01 AM





SEE 1 / Q09-TY-00 FOR NEXT QUADRANT

SEE Q06-TY-100 / 1 FOR NEXT QUADRANT

SEE 1 / Q06-TY-100 FOR NEXT QUADRANT

1 Quad 08 - L0 Lockdown  
3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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Signature: *[Signature]* Title: *[Title]*  
Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEIMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE		PROJECT TITLE	
SECURITY-LOCKDOWN PLAN QUADRANT 8 LEVEL 0		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		DATE:	
APPROVED: CHIEF OF STAFF		DATE:	
APPROVED: HEALTH CARE SYSTEM DIRECTOR		DATE:	
BUILDING NO.	CHECKED BY	DRAWN	PROJECT NO.
VA MEDICAL CENTER	JZ	CM	656-18-848
ST. CLOUD, MN 56303			
			PROJECT NO.
			Q08-TY-100
			DWG. 49 OF 61

**VA**

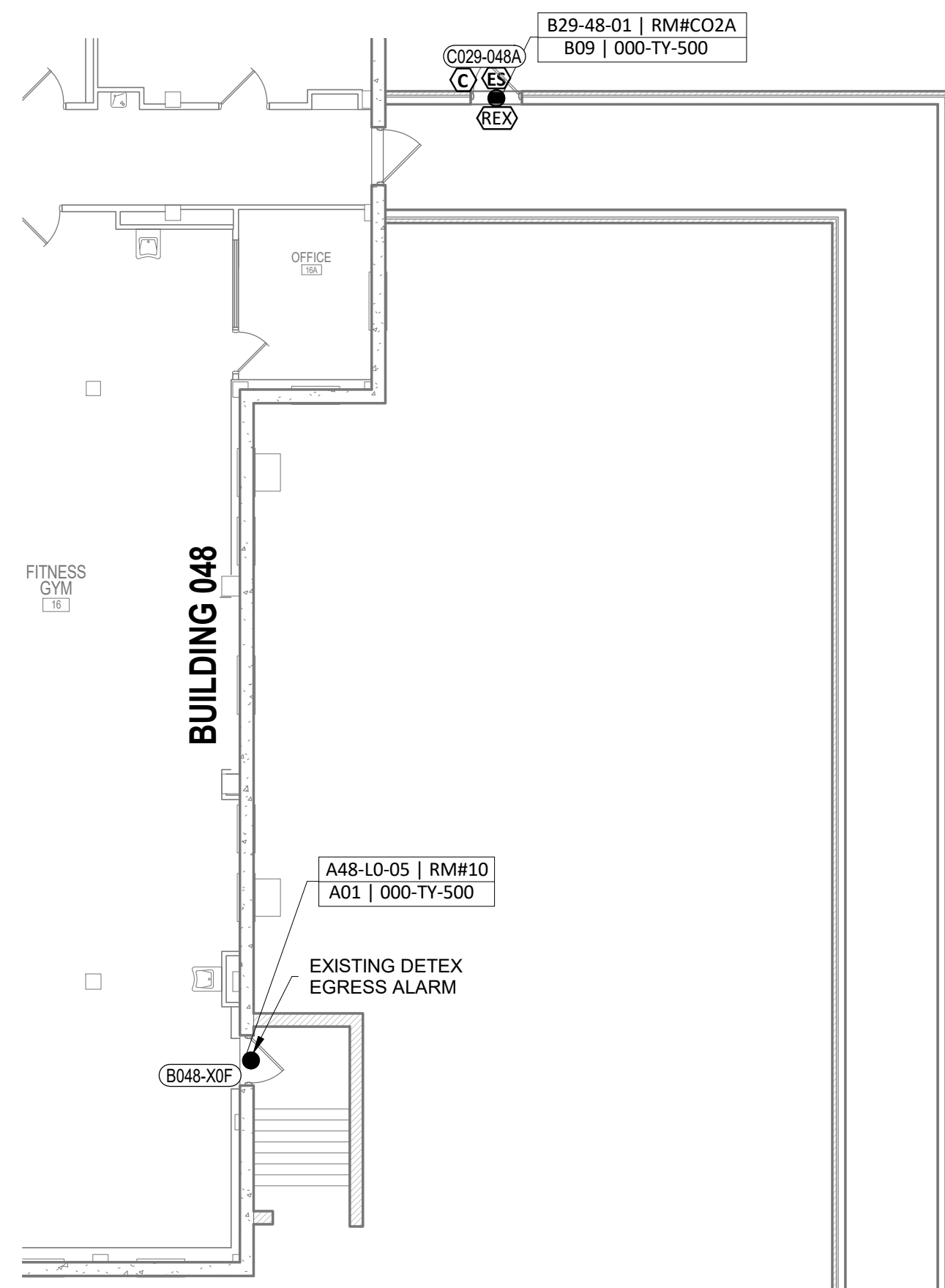
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Veterans Health Administration  
St. Cloud VA Health Care System

08/12/2020 10:39:11 AM



**BUILDING 048**

BASEMENT - APPROX FIN FLR EL: 1043.6



BUILDING 048

A48-L0-05 | RMM10  
A01 | 000-TY-500

EXISTING DETEX  
EGRESS ALARM

B048-X0F

B29-48-01 | RMMCO2A  
B09 | 000-TY-500

C029-048A  
C06  
R05

A29-L0-01 | RMMCO2A  
A01 | 000-TY-500

(B029-X0E)

STAIR (S01)

STAIR (S02)

STAIR (S03)

STAIR (S04)

STAIR (S05)

STAIR (S06)

STAIR (S07)

STAIR (S08)

STAIR (S09)

STAIR (S10)

STAIR (S11)

STAIR (S12)

STAIR (S13)

STAIR (S14)

STAIR (S15)

STAIR (S16)

STAIR (S17)

STAIR (S18)

STAIR (S19)

STAIR (S20)

STAIR (S21)

STAIR (S22)

STAIR (S23)

STAIR (S24)

STAIR (S25)

STAIR (S26)

STAIR (S27)

STAIR (S28)

STAIR (S29)

STAIR (S30)

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-04 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-02 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

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A01 | 000-TY-500

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A01 | 000-TY-500

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A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

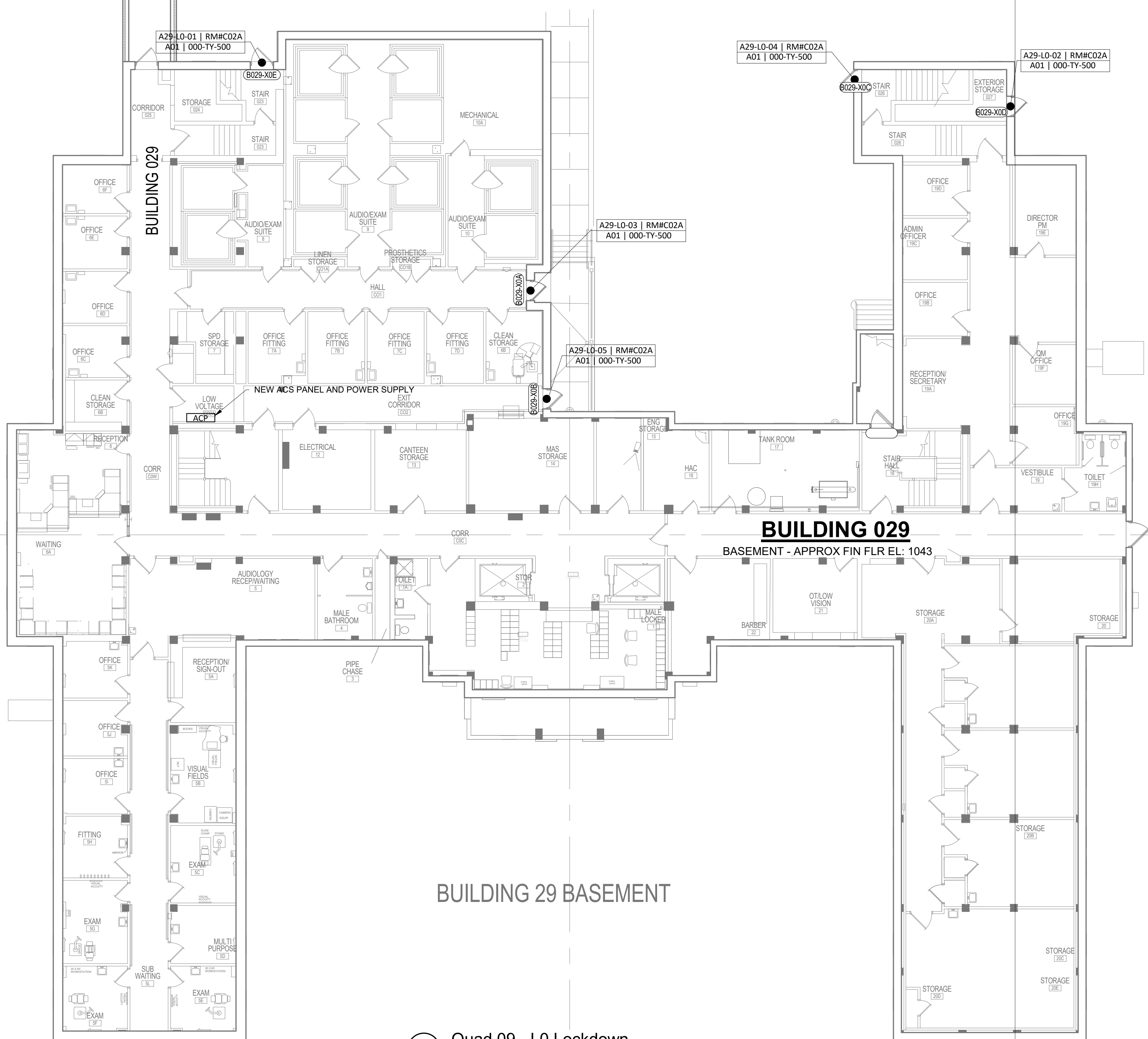
A29-L0-03 | RMMCO2A  
A01 | 000-TY-500

A29-L0-05 | RMMCO2A  
A01 | 000-TY-500

1 Quad 09 - L0 Lockdown  
3/32" = 1'-0"

SEE 1 / Q10-TY-100 FOR NEXT QUADRANT

SEE 1 / Q08-TY-100 FOR NEXT QUADRANT



**BUILDING 029**

BASEMENT - APPROX FIN FLR EL: 1043

**BUILDING 29 BASEMENT**

**CONSTRUCTION SET**

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: CHIEF OF POLICE	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF STAFF	DATE:	APPROVED: SAFETY MANAGER	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:		

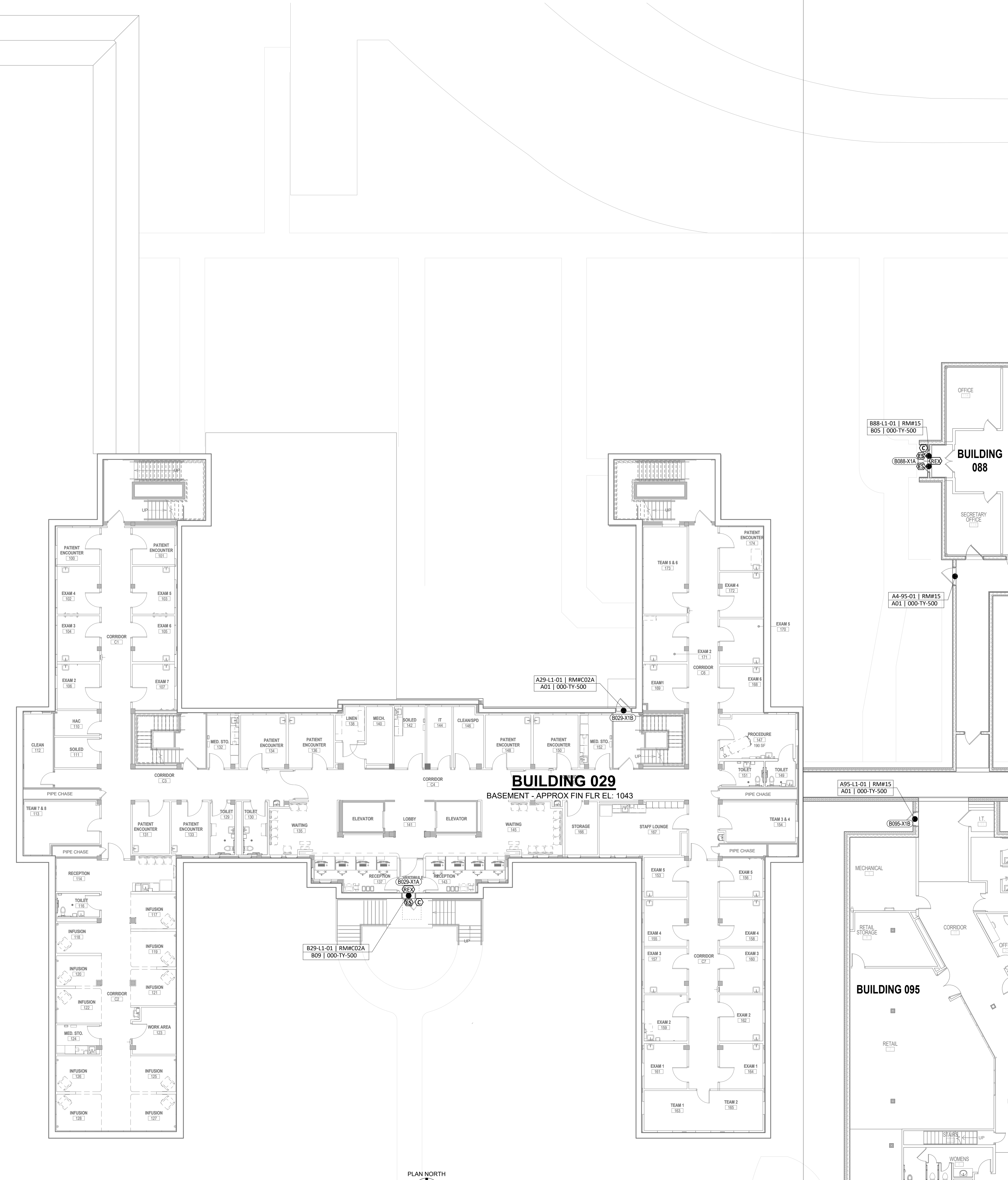
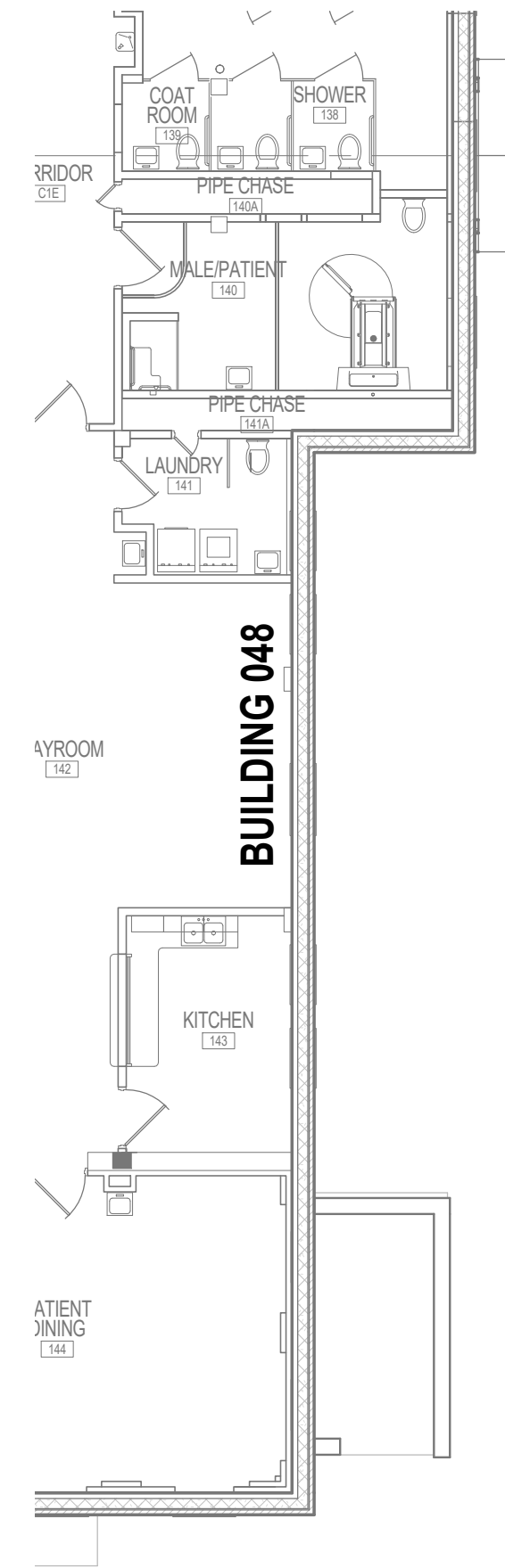
DRAWING TITLE		PROJECT TITLE	
SECURITY-LOCKDOWN PLAN QUADRANT 9 LEVEL 0		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		DATE:	
APPROVED: CHIEF OF STAFF		DATE:	
APPROVED: HEALTH CARE SYSTEM DIRECTOR		DATE:	
BUILDING NO.	CHECKED BY	DRAWN BY	DRAWN NO.
VA MEDICAL CENTER	JZ	CM	Q09-TY-100
ST. CLOUD, MN 56303			DWG. 61 OF 61

**VA**

U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

01/11/2020 10:39:20 AM





SEE 1/Q10-TY-101 FOR NEXT QUADRANT

SEE Q08-TY-101 / 1 FOR NEXT QUADRANT

PLAN NORTH  
 1 Quad 09 - L1 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.  
 Signature: [Signature] Title: [Title] Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

PROJECT TITLE		PROJECT NO.	PLLOT SCALE
DESIGN SECURITY LOCKDOWN EXTERIOR DOORS		656-18-848	
BUILDING NO.	CHECKED BY	DRAWN BY	DRAWN DATE
VA MEDICAL CENTER	JZ	CM	08/12/2020
ST. CLOUD, MN 56303			
DRAWING NO.		DWG. 82 OF 61	
Q09-TY-101			

**VA**

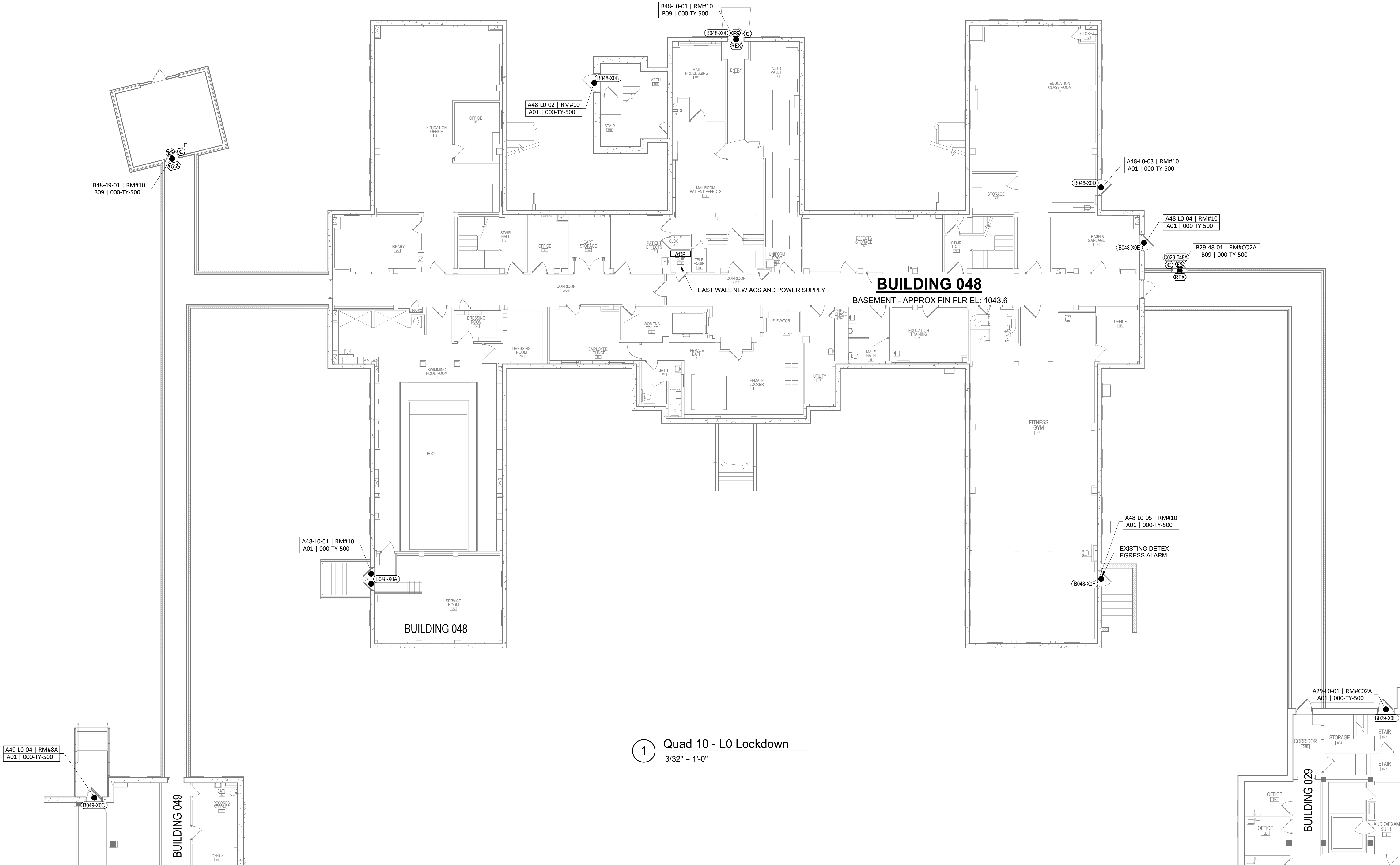
U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

8/11/2020 10:39:26 AM

01/11/2020 10:39:29 AM

SEE 1/Q11-TY-100 FOR NEXT QUADRANT

SEE 1/Q09-TY-100 FOR NEXT QUADRANT



1 Quad 10 - L0 Lockdown  
3/32" = 1'-0"

CONSTRUCTION SET

NO	REVISION	DATE

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 F: 314.918.1766  
 www.rossbar.com

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 T: 203.288.6490  
 www.dvssecurity.com

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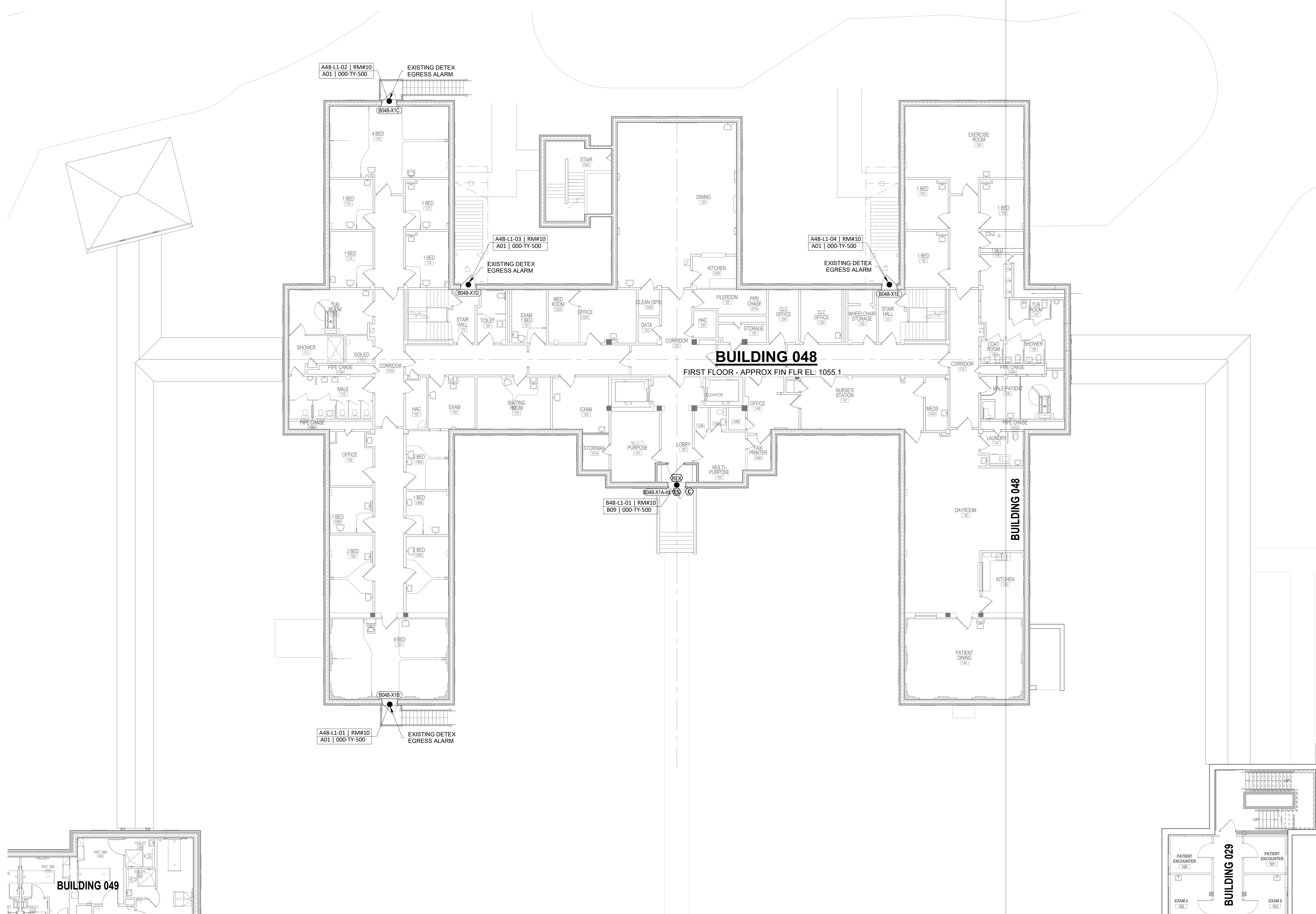
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I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.  
 Signature: [Signature]  
 Title or Printed Name: Timothy Blich  
 Date: 08/11/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: OMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

PROJECT TITLE		PROJECT NO.	
SECURITY-LOCKDOWN PLAN QUADRANT 10 LEVEL 0		656-18-848	
BUILDING NO.	CHECKED BY	DRAWN	DRAWN DATE
VA MEDICAL CENTER	JZ	CM	01/11/2020
ST. CLOUD, MN 56303			
DRAWING NO.		DWG. NO.	
Q10-TY-100		83 OF 61	





SEE 1 / Q11-TY-101 FOR NEXT QUADRANT

SEE 1 / Q09-TY-101 FOR NEXT QUADRANT

PLAN NORTH  
 1 Quad 10 - L1 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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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 Professional Engineer under the laws of the State of Missouri.  
 Signature: *[Signature]*  
 Title: Project Engineer  
 Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: ORMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: CHIEF OF POLICE	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF STAFF	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:		

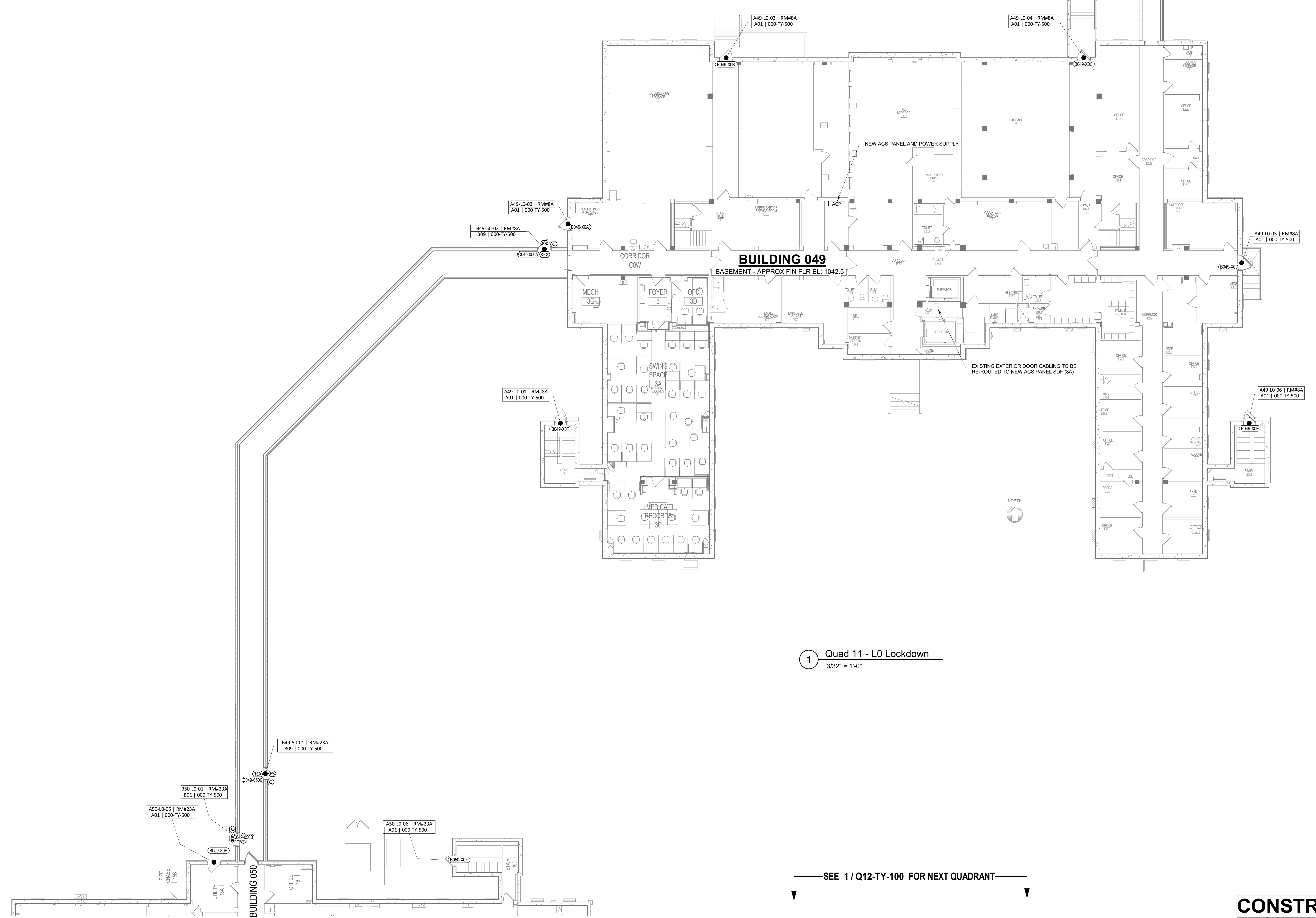
DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 10 LEVEL 1</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:	BUILDING NO.	CHECKED BY
APPROVED: CHIEF OF STAFF	DATE:		JZ
		LOCATION: VA MEDICAL CENTER ST. CLOUD, MN 56303	DRAWN BY CM
		PROJECT NO. 656-18-848	DATE PLOTTED 01/20/20
		DRAWING NO. <b>Q10-TY-101</b>	DWG. 64 OF 61

**VA**

U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

01/20/2020 10:39:34 AM

SEE 1 / Q10-TY-100 FOR NEXT QUADRANT



**BUILDING 049**  
 BASEMENT - APPROX FIN FLR EL: 1042.5

1 Quad 11 - L0 Lockdown  
 3/32" = 1'-0"

SEE 1 / Q12-TY-100 FOR NEXT QUADRANT

**CONSTRUCTION SET**

01/11/2020 10:39:38 AM

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I hereby certify that this plan, specification, or report was prepared by me or under the direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.  
 Signature: *[Signature]*  
 Title or Printed Name: Timothy Bloch  
 Date: 08/11/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR DATE:	APPROVED: SERVICE LINE DIRECTOR DATE:	APPROVED: INFECTION CONTROL NURSE DATE:	DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 11 LEVEL 0</b>	PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	PROJECT NO. 656-18-848
APPROVED: GEARS COORDINATOR DATE:	APPROVED: PATIENT SAFETY DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	APPROVED: CHIEF OF STAFF DATE:	CHECKED BY JZ	DRAWN BY CM
APPROVED: PROJECTS SECTION MANAGER DATE:	APPROVED: CHIEF OF POLICE DATE:	APPROVED: CHIEF OF STAFF DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	DATE	DATE
APPROVED: DIRECTOR FMS DATE:	APPROVED: SAFETY MANAGER DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303	DRAWING NO. <b>Q11-TY-100</b>	DWG. OF 61

**VA**

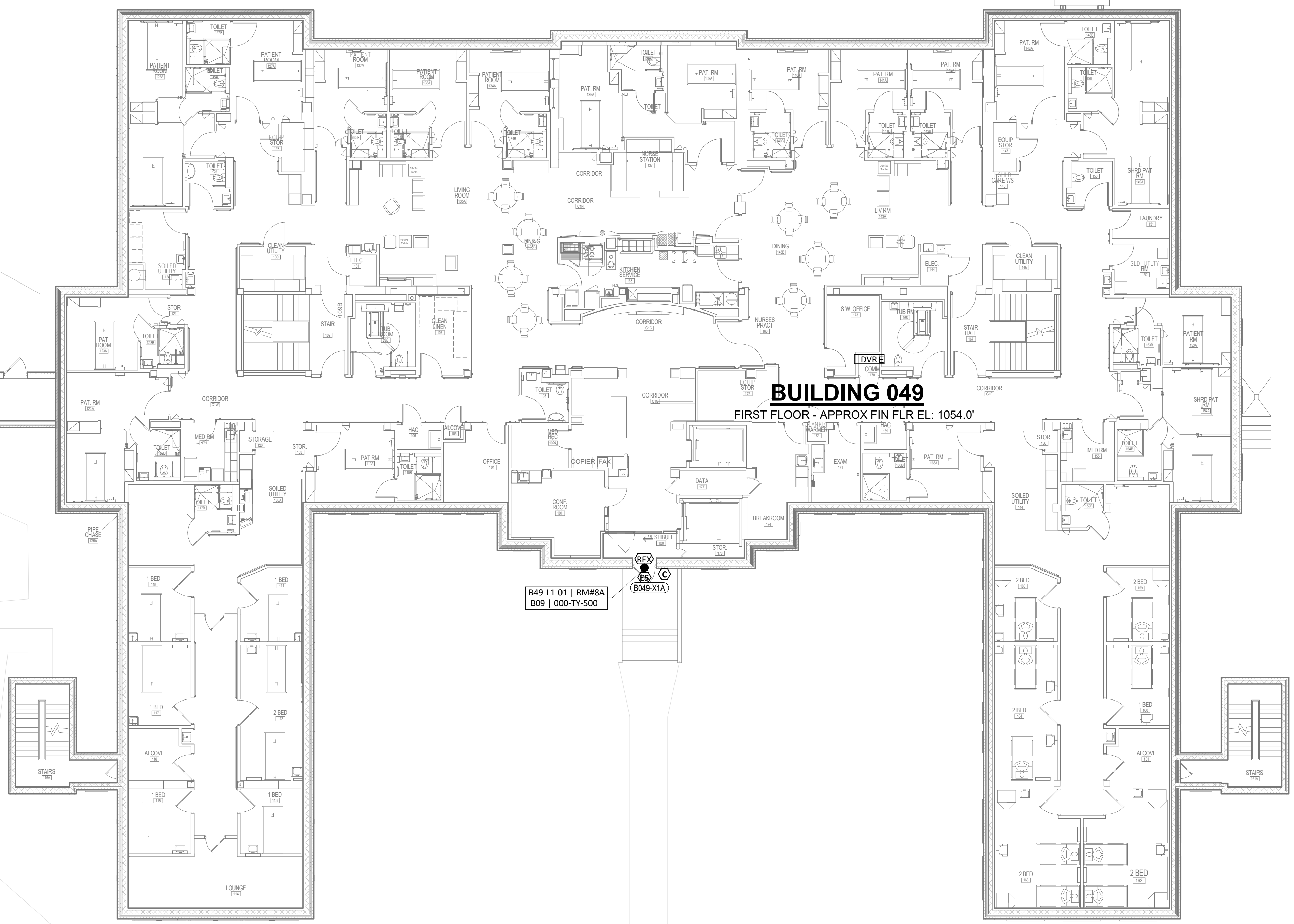
U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

**BUILDING 048**  
(B048-X1B)

A48-L1-01 | RMH10  
A01 | 000-TY-500

EXISTING DETEX  
EGRESS ALARM

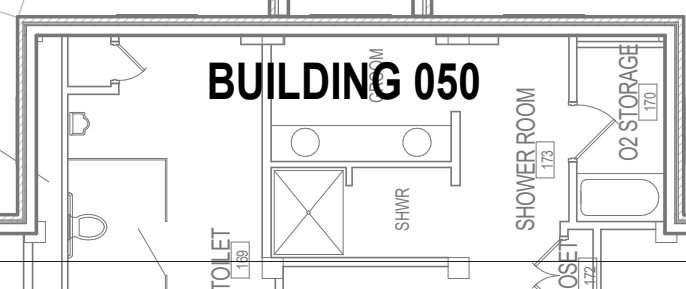
SEE 1 / Q10-TY-101 FOR NEXT QUADRANT



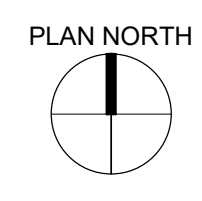
B49-L1-01 | RMH8A  
B09 | 000-TY-500

**BUILDING 049**  
FIRST FLOOR - APPROX FIN FLR EL: 1054.0'

CONNECTING  
LINK BELOW



**BUILDING 050**



1 Quad 11 - L1 Lockdown  
3/32" = 1'-0"

SEE 1 / Q12-TY-101 FOR NEXT QUADRANT

**CONSTRUCTION SET**

NO	REVISION	DATE

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Signature: [Signature]  
Title or Printed Name: Timothy Birch  
Date: 08/12/2020 License Number: 95558

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

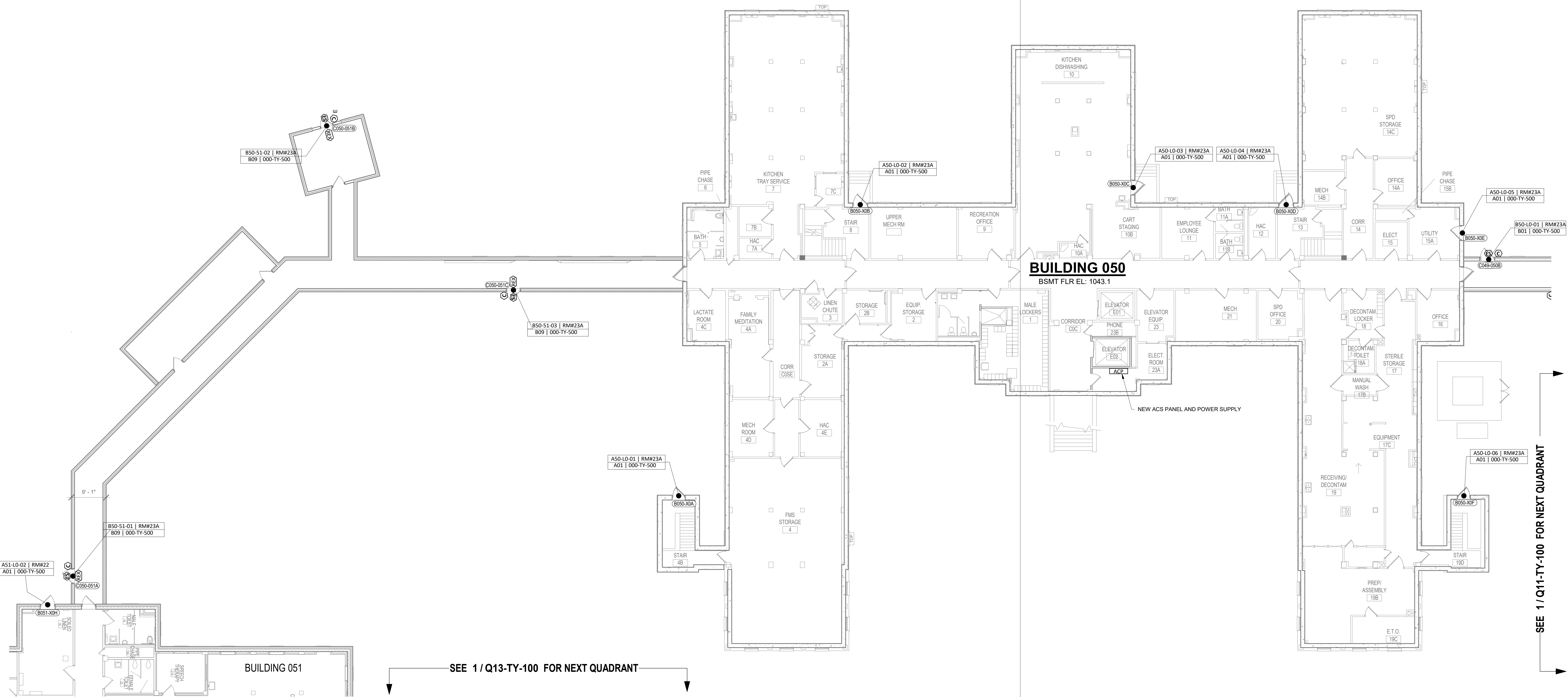
DRAWING TITLE	
SECURITY-LOCKDOWN PLAN	
QUADRANT 11 LEVEL 1	
PROJECT TITLE	
DESIGN SECURITY	
LOCKDOWN EXTERIOR	
DOORS	
BUILDING NO.	CHECKED BY
	JZ
DRAWN BY	CM
LOCATION:	
VA MEDICAL CENTER	
ST. CLOUD, MN 56303	
DRAWING NO.	
Q11-TY-101	
DWG. 66 OF 61	

PROJECT TITLE	PROJECT NO.
DESIGN SECURITY	656-18-848
LOCKDOWN EXTERIOR	
DOORS	
BUILDING NO.	CHECKED BY
	JZ
DRAWN BY	CM
LOCATION:	
VA MEDICAL CENTER	
ST. CLOUD, MN 56303	
DRAWING NO.	
Q11-TY-101	
DWG. 66 OF 61	

**VA**

U.S. Department  
of Veterans Affairs  
Veterans Health  
Administration  
St. Cloud VA  
Health Care System

01/12/2020 10:39:42 AM



1 Quad 12 - L0 Lockdown  
3/32" = 1'-0"

SEE 1/Q11-TY-100 FOR NEXT QUADRANT

SEE 1/Q13-TY-100 FOR NEXT QUADRANT

**CONSTRUCTION SET**

NO	REVISION	DATE

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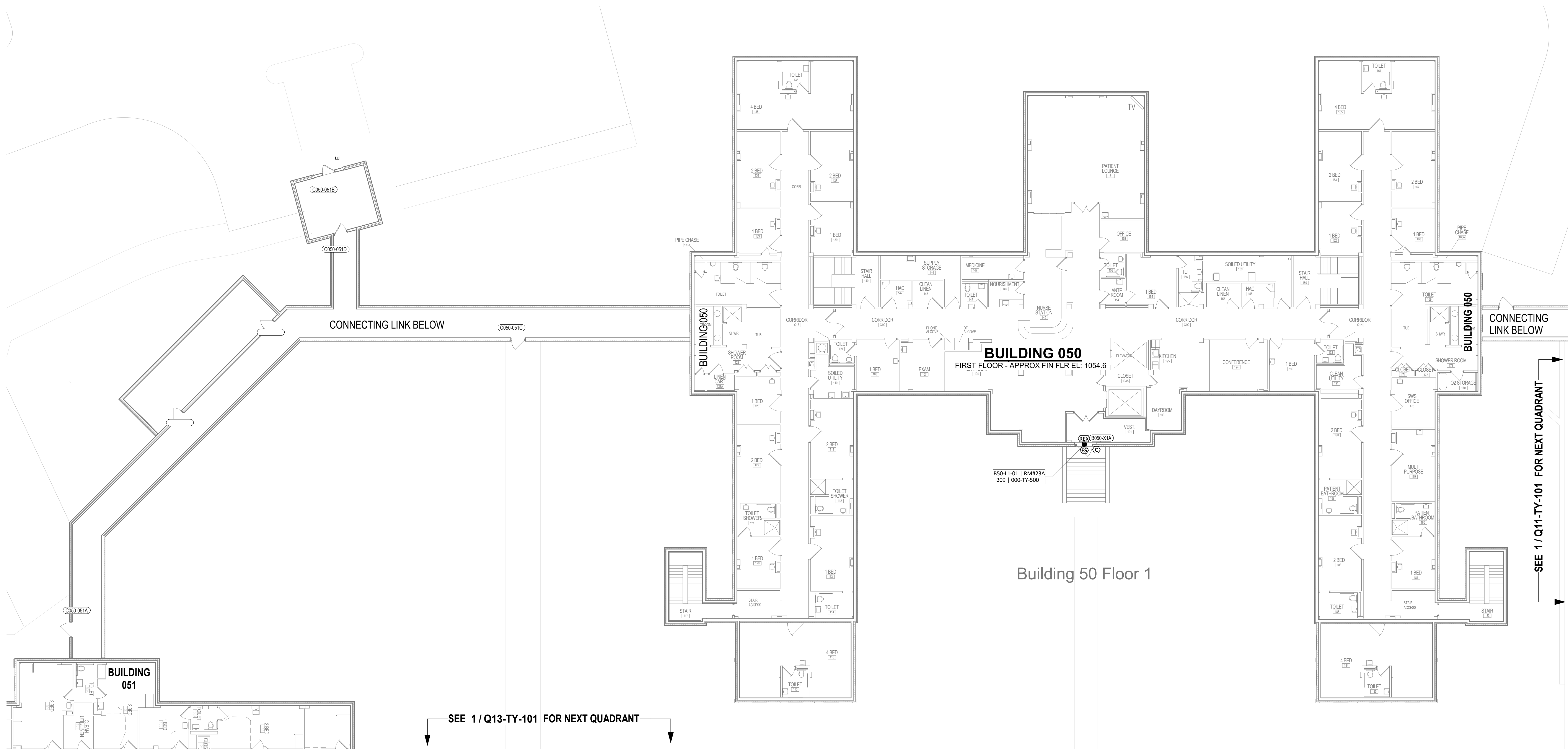
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Signature: *[Signature]* Title: *[Title]*  
Date: 08/12/2020 License Number: 95558

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APPROVED: ORMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 12 LEVEL 0</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
PROJECT NO. 656-18-848	PLLOT SCALE	BUILDING NO.	CHECKED BY
LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303	DRAWN BY CM	DATE	DATE
DRAWING NO. <b>Q12-TY-100</b>	DWG. OF 61		

**VA** U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

8/11/2020 10:39:46 AM



CONNECTING LINK BELOW

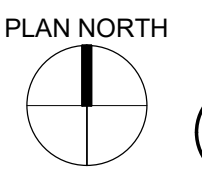
CONNECTING LINK BELOW

**BUILDING 050**  
FIRST FLOOR - APPROX FIN FLR EL.: 1054.6

Building 50 Floor 1

SEE 1 / Q13-TY-101 FOR NEXT QUADRANT

SEE 1 / Q111-TY-101 FOR NEXT QUADRANT

PLAN NORTH  
  
**1** Quad 12 - L1 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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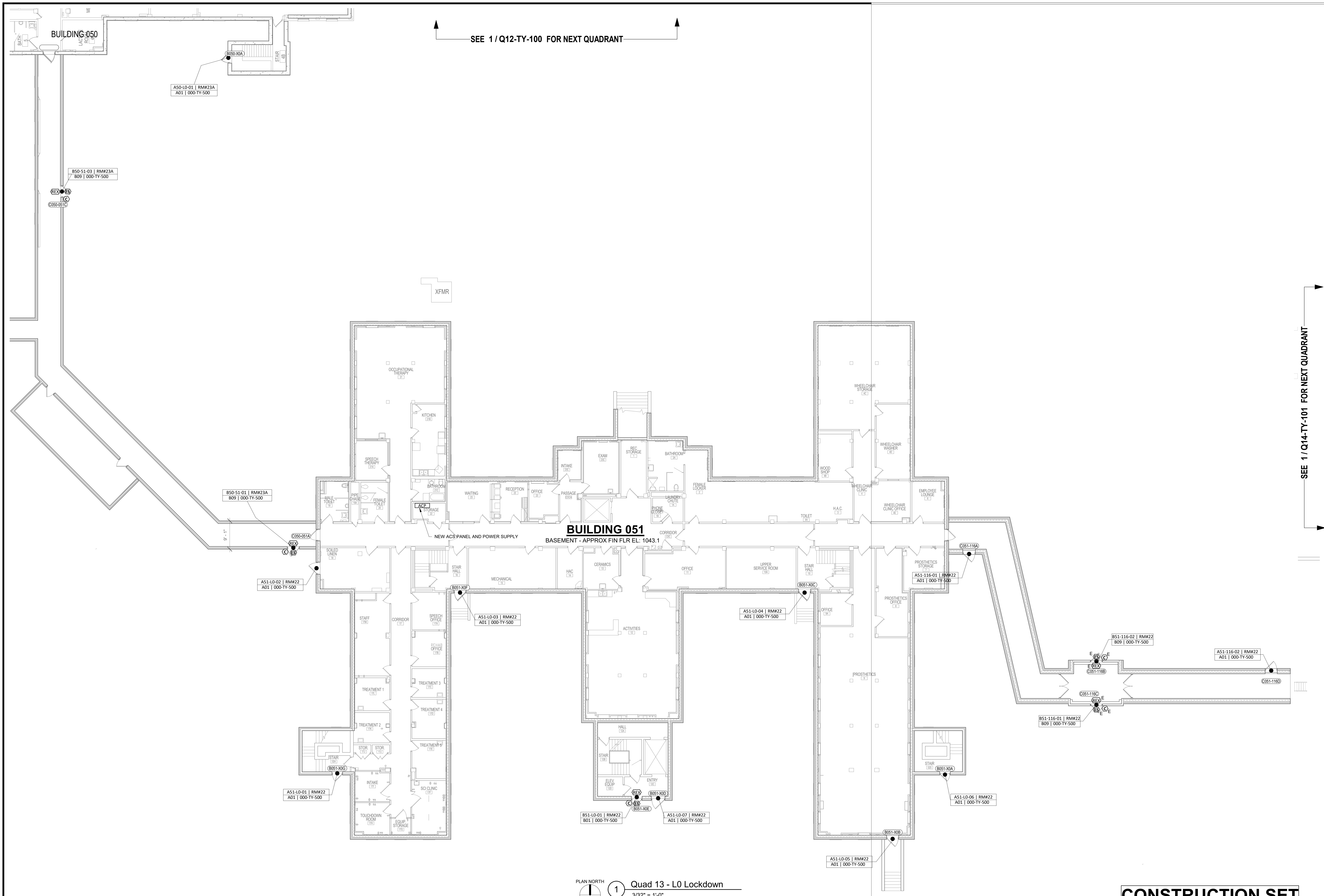
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APPROVED: GEIMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: CHIEF OF POLICE	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF STAFF	DATE:	APPROVED: SAFETY MANAGER	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:		

DRAWING TITLE		PROJECT TITLE	
SECURITY-LOCKDOWN PLAN QUADRANT 12 LEVEL 1		DESIGN SECURITY LOCKDOWN EXTERIOR DOORS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:	BUILDING NO.	CHECKED BY
		VA MEDICAL CENTER	JZ
		ST. CLOUD, MN 56303	CM
		DRAWING NO.	DATE
		Q12-TY-101	01/20/20
		DWG. 88	OF 61

**VA** U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

01/11/2020 10:39:51 AM



SEE 1 / Q12-TY-100 FOR NEXT QUADRANT

SEE 1 / Q14-TY-101 FOR NEXT QUADRANT

**BUILDING 051**  
BASEMENT - APPROX FIN FLR EL: 1043.1

PLAN NORTH  
**1** Quad 13 - L0 Lockdown  
3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE

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Signature: *[Signature]* Title: *[Title]*  
Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: ORMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 13 LEVEL 0</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		PROJECT NO. 656-18-848	
APPROVED: CHIEF OF STAFF	DATE:	BUILDING NO.	CHECKED BY
APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL CENTER	JZ
DRAWING NO. <b>Q13-TY-100</b>		DRAWN BY	CM
DWG. 89 OF 61		LOCATION:	ST. CLOUD, MN 56303

**VA**

U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

01/12/2020 10:39:55 AM



SEE 1/Q12-TY-101 FOR NEXT QUADRANT

SEE 1/Q14-TY-101 FOR NEXT QUADRANT

CONNECTING LINK BELOW

**BUILDING 051**  
FIRST FLOOR - APPROX FIN FLR EL: 1054.6

PLAN NORTH  
1 Quad 13 - L1 Lockdown  
3/32" = 1'-0"

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

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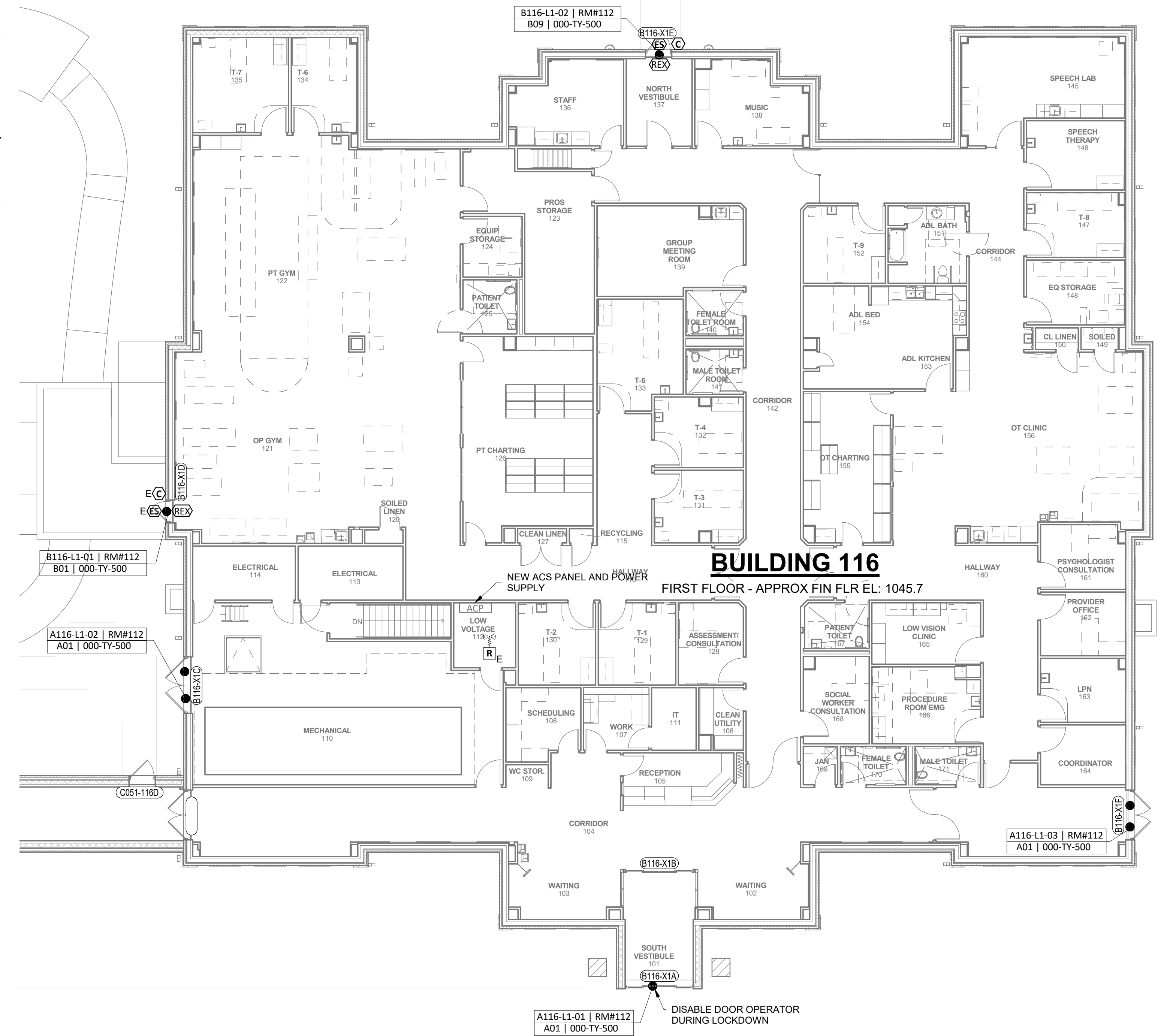
APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GRMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: DIRECTOR RMS	DATE:	APPROVED: SAFETY MANAGER	DATE:		

DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 13 LEVEL 1</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		PROJECT NO. 656-18-848	
APPROVED: CHIEF OF STAFF	DATE:	BUILDING NO.	CHECKED BY
		VA MEDICAL CENTER	JZ
		ST. CLOUD, MN 56303	DRAWN BY
			CM
		DRAWING NO. <b>Q13-TY-101</b>	SHEET NO. 62 OF 61

**CONSTRUCTION SET**



SEE 1/Q13-TY-100 FOR NEXT QUADRANT



PLAN NORTH  
 1 Quad 14 - L1 Lockdown  
 3/32" = 1'-0"

**CONSTRUCTION SET**

NO	REVISION	DATE
1	CONSTRUCTION SET	01/20/20

**Ross & Baruzzini**  
 6 SOUTH OLD ORCHARD  
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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 Professional Engineer under the laws of the State of Minnesota.  
 Signature: [Signature]  
 Title or Printed Name: Timothy Blitch  
 Date: 08/12/2020 License Number: 95538

APPROVED: PROJECT COORDINATOR	DATE:	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:
APPROVED: GEARS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

DRAWING TITLE <b>SECURITY-LOCKDOWN PLAN QUADRANT 14 LEVEL 1</b>		PROJECT TITLE <b>DESIGN SECURITY LOCKDOWN EXTERIOR DOORS</b>	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		APPROVED: HEALTH CARE SYSTEM DIRECTOR	
BUILDING NO.	CHECKED BY	DRAWN	DRAWN BY
VA MEDICAL CENTER	JZ	CM	Q14-TY-101
ST. CLOUD, MN 56303			DWG. 61 OF 61

**VA**

U.S. Department of Veterans Affairs  
 Veterans Health Administration  
 St. Cloud VA Health Care System

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