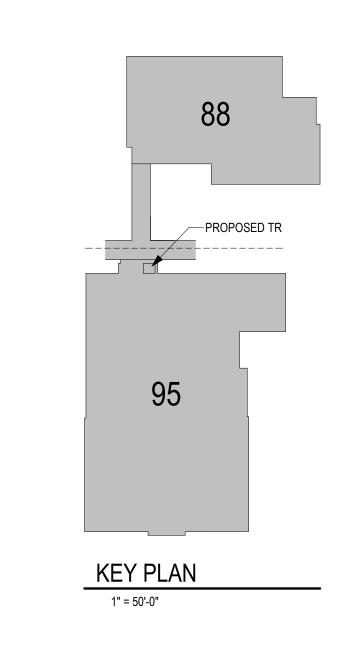
## BUILDINGS 95 AND 88 - EHRM INFRASTRUCTURE UPGRADES

St. Cloud VA Health Care System Main Campus, St. Cloud, Minnesota

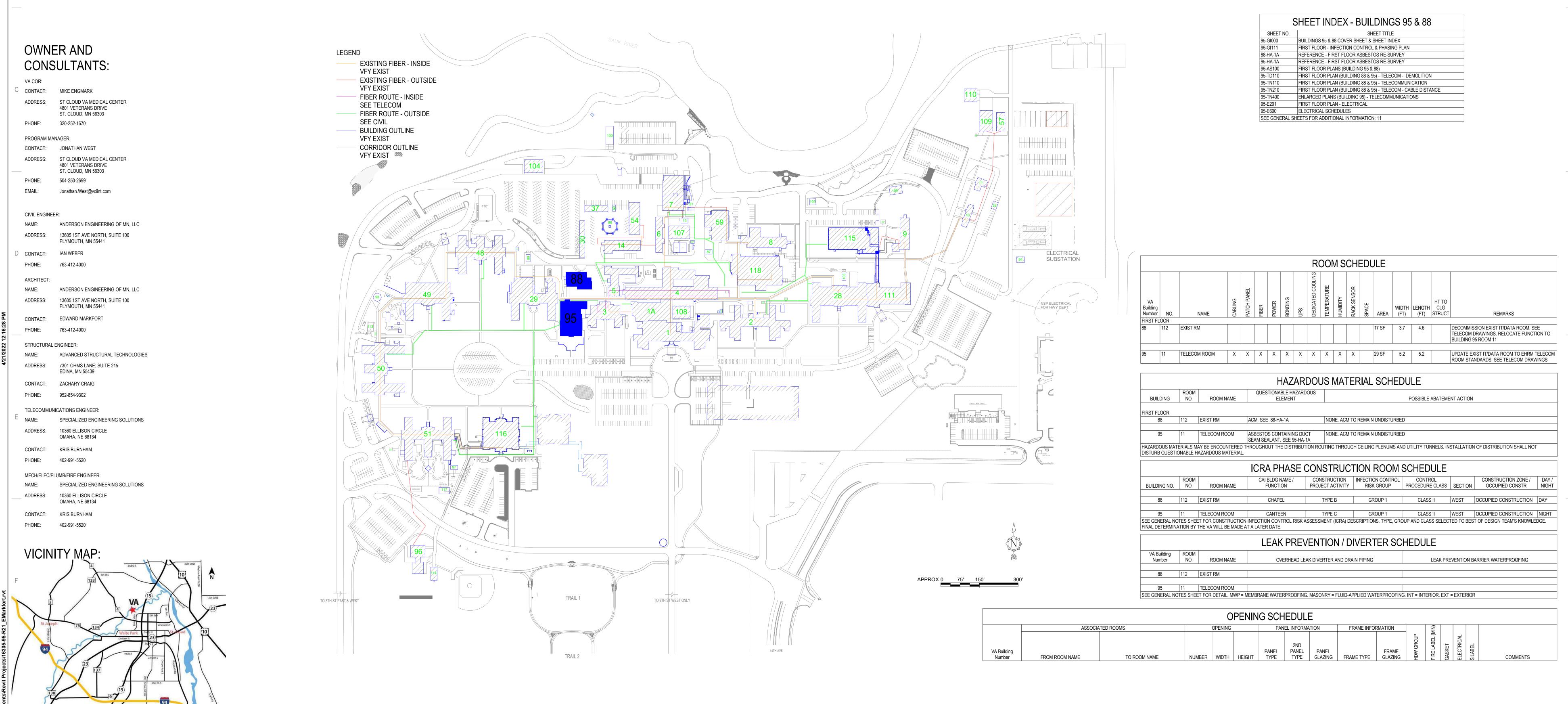


**U.S. Department** 

St. Cloud VA

of Veterans Affairs

Health Care System



DATE: APPROVED: PROJECT COR

DATE: APPROVED: SERVICE LINE DIRECTOR

DATE: APPROVED: GEMS COORDINATOR

DATE: APPROVED: INFECTION CONTROL NURSE

**CONSULTANT** 

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Anderson Engineering of Minnesota, LLC | Proj # 16305

STAMP

hereby certify that this plan, specification or report was

Date: 03/30/2022 License Number: MN# 18157

DATE: APPROVED: PATIENT SAFETY

DATE: APPROVED: SAFETY MANAGER

DATE: APPROVED: CHIEF OF POLICE

DATE: APPROVED: OIT MANAGER

DATE: APPROVED: EMS MANAGER

DATE: APPROVED: M/O MANAGER

DATE: APPROVED: PROJECTS SECTION MANAGER

DATE: APPROVED: ASSISTANT CHIEF ENGINEER

DATE: APPROVED: DIRECTOR FMS

DATE: APPROVED: ASSOCIATE DIRECTOR

DATE: APPROVED: NURSE EXECUTIVE

DATE: APPROVED: CHIEF OF STAFF

**EHRM INFRASTRUCTURE** 

VA MEDICAL CENTER

**BUILDINGS 95 & 88 COVER** 

SHEET & SHEET INDEX

DATE: APPROVED: MEDICAL CENTER DIRECTOR

STORAGE MECHANICAL KITCHEN CORRIDOR COOLER STORAGE FOOD SERVERY RETAIL SERVERY WOMENS AA AA AAAA AA AA AAAA AAA AA AA AAAA AA ee eee ee ee 27 AA AA AAAA, AA, BE BEE DE DE AA AAAA AA BE BEE DE

FIRST FLOOR - INFECTION CONTROL & PHASING PLAN - BUILDING 95

CONSULTANT

DATE

REVISION

ROOM ICRA SCHEDULE

VA Building NUMBER NO. ROOM NAME CAI BLDG NAME / FUNCTION CONSTRUCTION PROJECT ACTIVITY INFECTION CONTROL RISK GROUP CONTROL PROCEDURE CLASS

88 | 112 | EXIST RM | CHAPEL | TYPE B | GROUP 1 | CLASS II

95 | 11 | TELECOM ROOM | CANTEEN | TYPE C | GROUP 1 | CLASS II

SEE GENERAL NOTES SHEET FOR CONSTRUCTION INFECTION CONTROL RISK ASSESSMENT (ICRA) DESCRIPTIONS. TYPE, GROUP AND CLASS SELECTED TO BEST OF DESIGN TEAM'S KNOWLEDGE. FINAL DETERMINATION BY THE VA WILL BE MADE AT A LATER DATE.

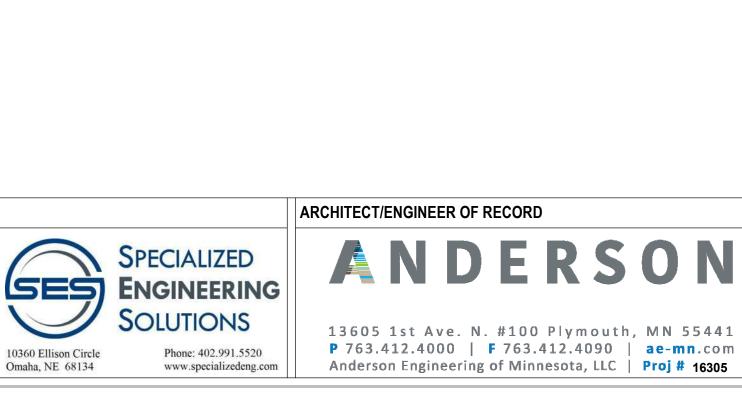
INFECTION CONTROL RISK ASSESSMENT (ICRA) LEGEND	
	LIMITS OF CONSTRUCTION
	1 HOUR FIRE RATED ICRA / CONSTRUCTION BARRIER LOCATION, AND DOOR, WHERE SHOWN
	TEMPORARY NON-RATED (PLASTIC SHEETING) CONSTRUCTION BARRIER LOCATION, WHERE APPROVED BY THE VA FOR USE IN RISK TYPE B. UPGRADE TO 1 HOUR RATED PARTITION WHEN DIRECTED BY THE VA

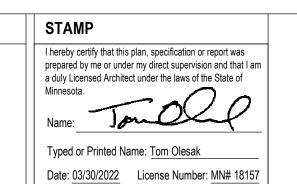
FIRST FLOOR - INFECTION CONTROL & PHASING PLAN

> FULLY SPRINKLERED

VA MEDICAL CENTER ST.CLOUD, MN 56303 VA

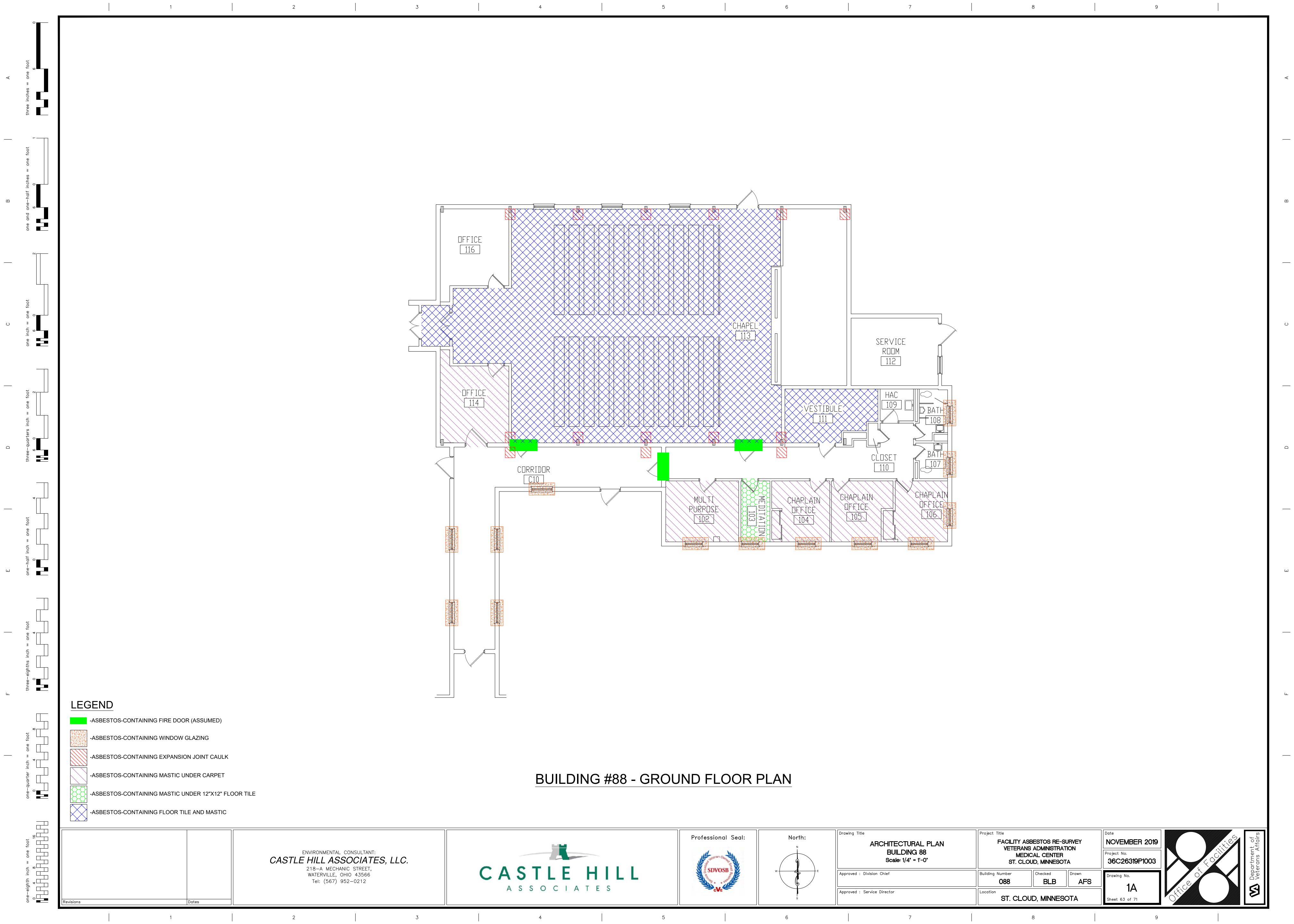


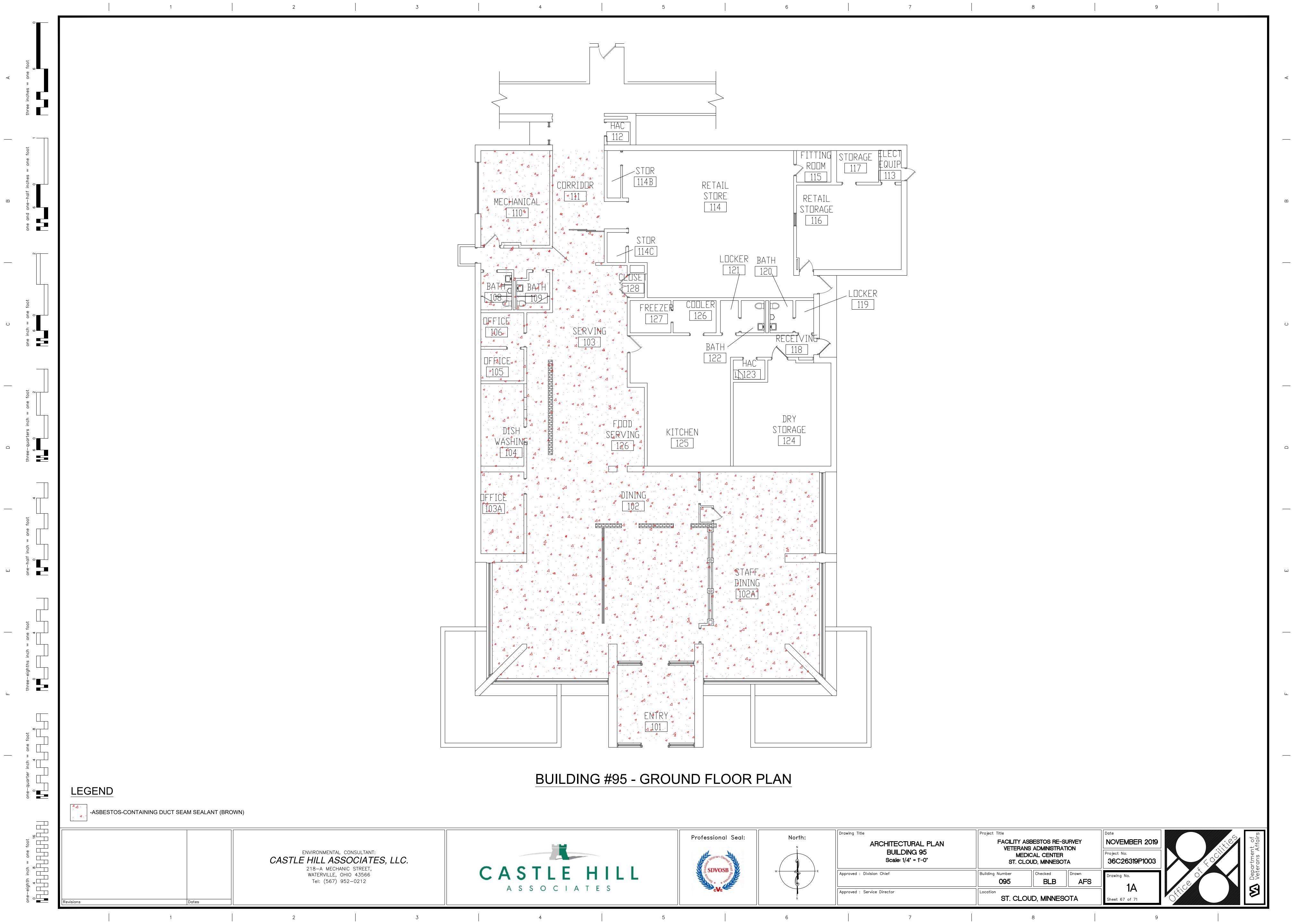


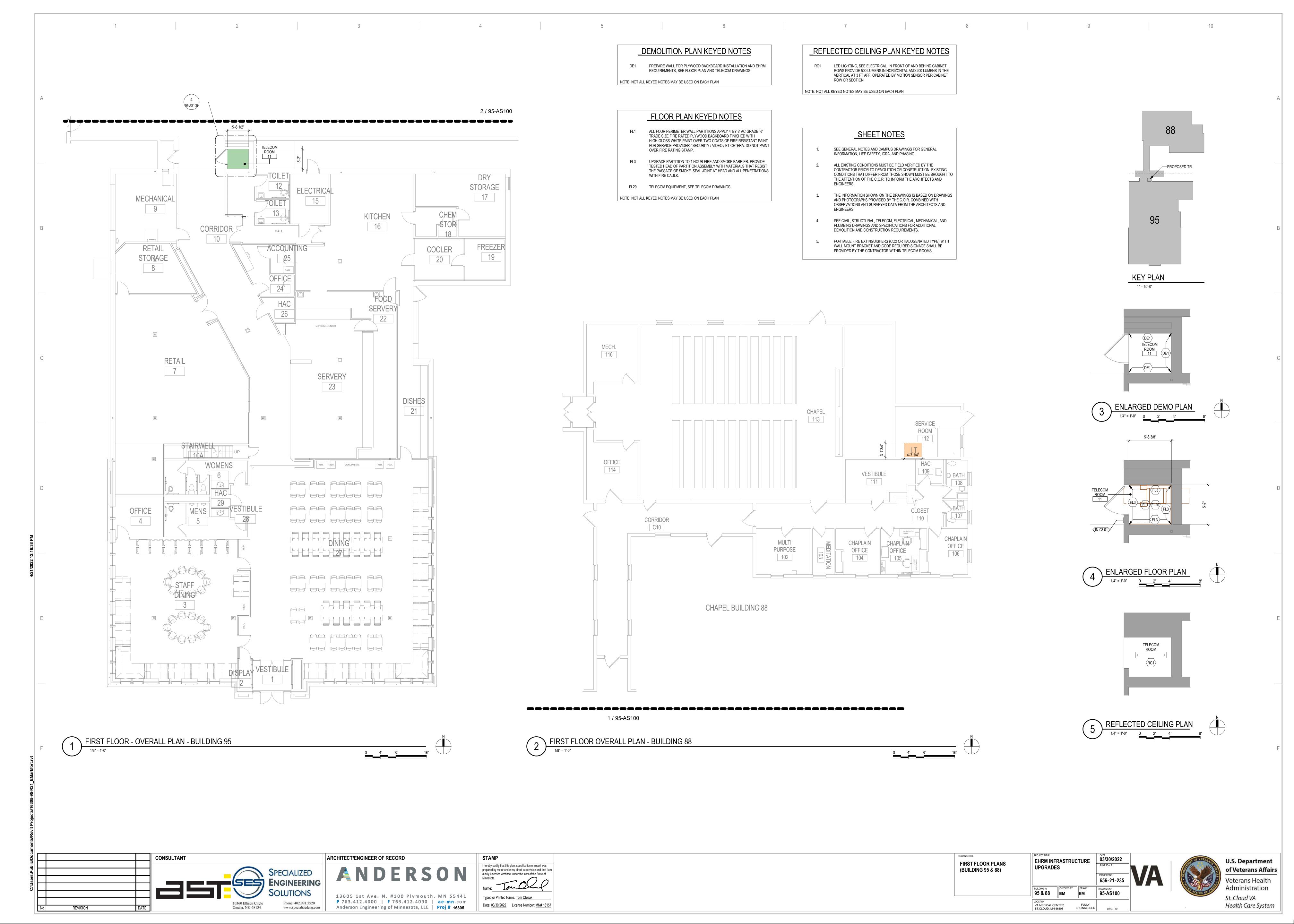


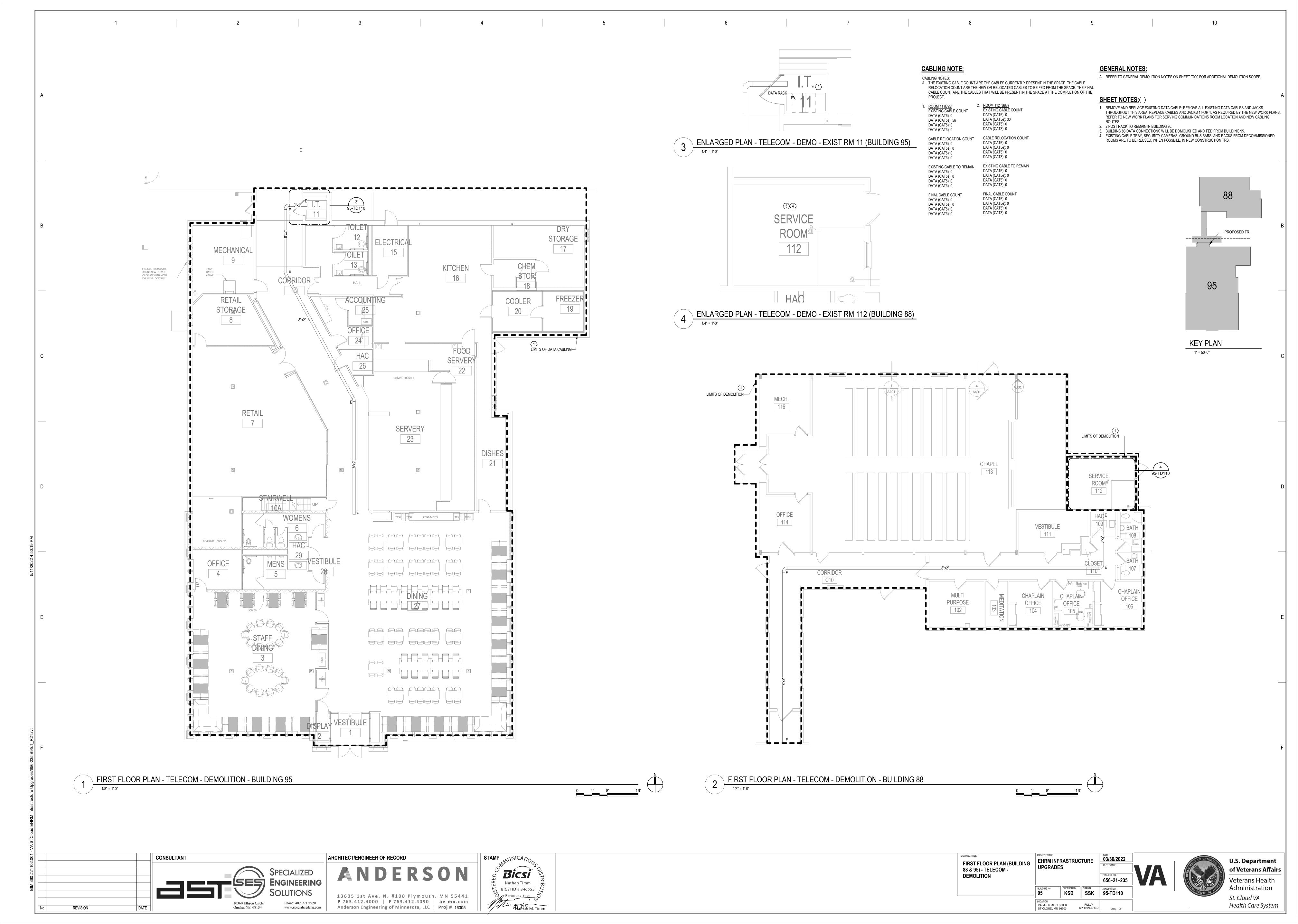
2 / 95-AS100

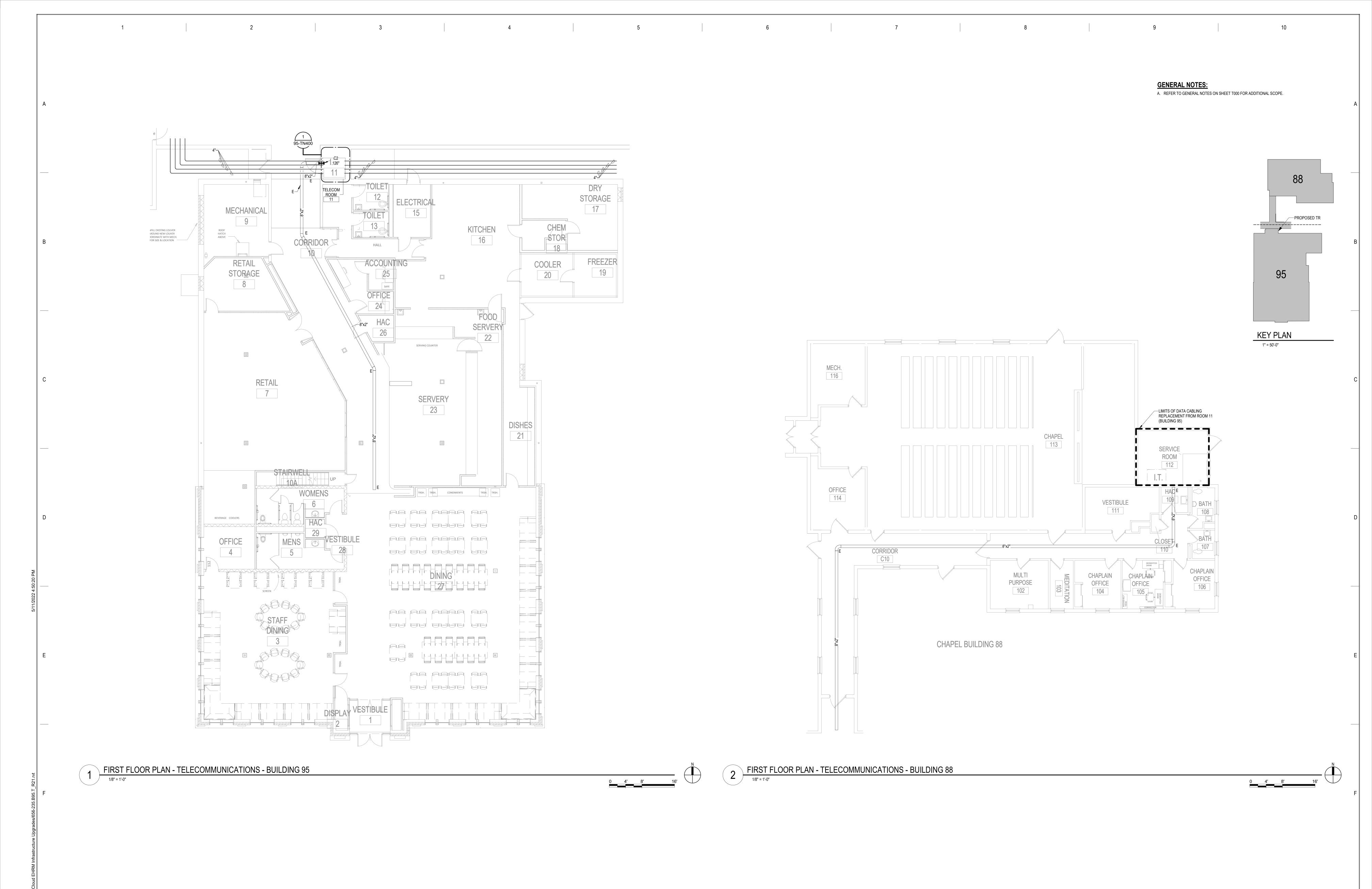
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DATE

CONSULTANT

Phone: 402.991.5520
www.specializedeng.com

ARCHITECT/ENGINEER OF RECORD

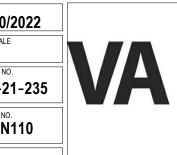
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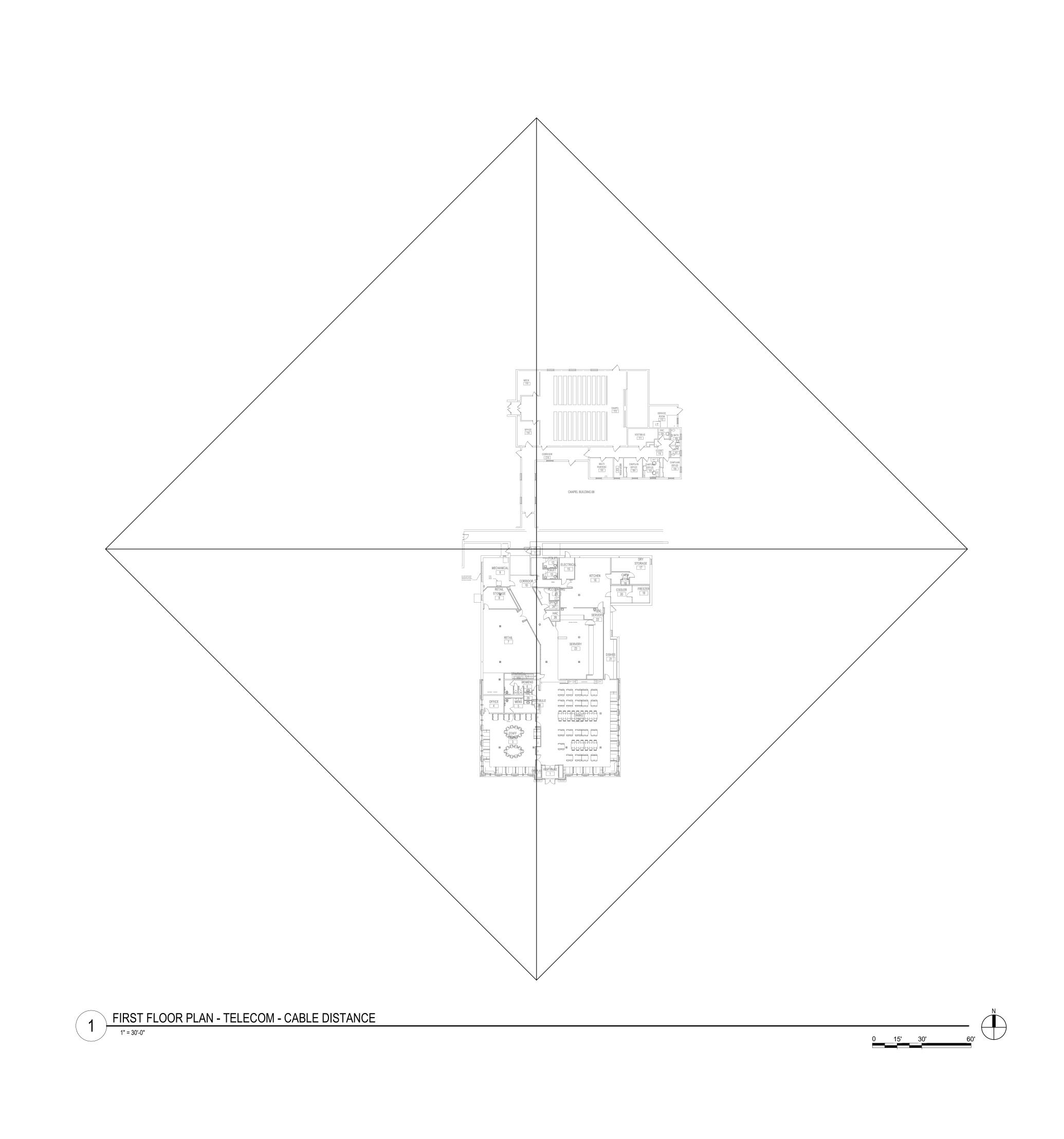




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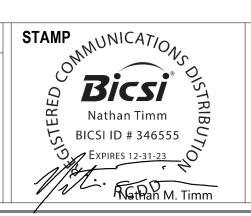


1 2 9 10

CONSULTANT 10360 Ellison Circle Omaha, NE 68134 Phone: 402.991.5520 www.specializedeng.com

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FIRST FLOOR PLAN (BUILDING 88 & 95) - TELECOM - CABLE DISTANCE

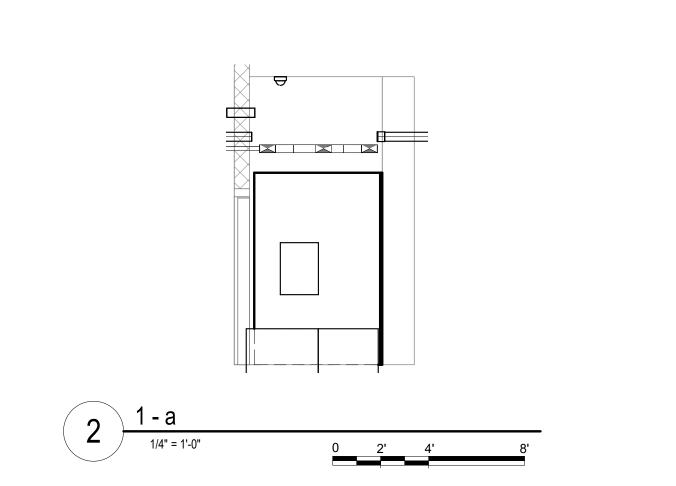
EHRM INFRASTRUCTURE

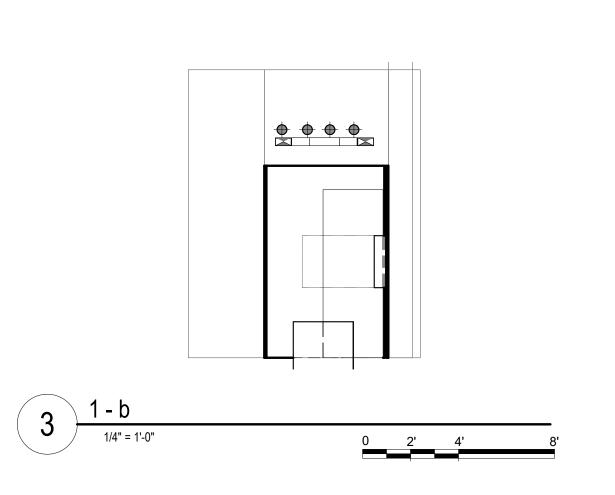
FULLY SPRINKLERED DWG. OF

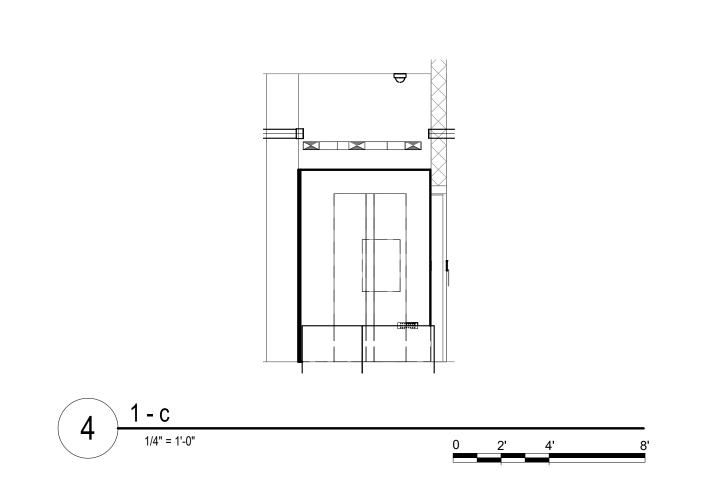
LOCATION
VA MEDICAL CENTER
ST.CLOUD, MN 56303

03/30/2022 CHECKED BY DRAWN DRAWING NO. SSK 95-TN210

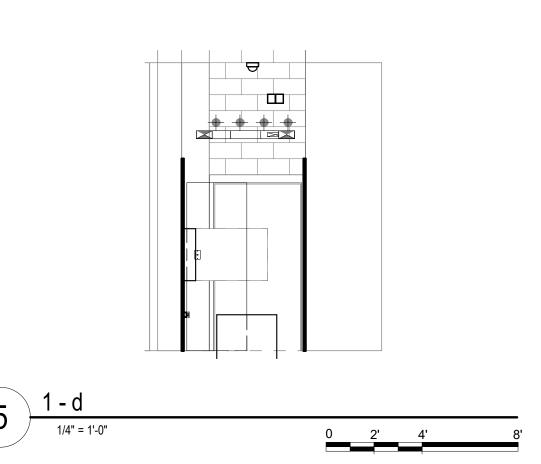








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**GENERAL NOTES:** 

A. REFER TO GENERAL NOTES ON SHEET T000 FOR ADDITIONAL SCOPE.

## SHEET NOTES:

1. IF NO ACCESS CONTROL PANEL IS PRESENT IN B95 ROOM 011, PROVIDE A NEW ACCESS CONTROL PANEL TO BE INSTALLED IN THE TELECOM ROOM. THE CARD READER AND KEYPAD FOR THIS ROOM TO BE WIRED TO THE NEW ACCESS CONTROL PANEL. EXISTING CARD READERS AND KEYPADS WILL BE MOVED TO THE NEW CONTROL PANEL UNDER A DIFFERENT PROJECT.

## **CABLING NOTE:**

CABLING NOTES: A. THE EXISTING CABLE COUNT ARE THE CABLES CURRENTLY PRESENT IN THE SPACE. THE CABLE RELOCATION COUNT ARE THE NEW OR RELOCATED CABLES TO BE FED FROM THE SPACE. THE FINAL CABLE COUNT ARE THE CABLES THAT WILL BE PRESENT IN THE SPACE AT THE COMPLETION OF THE PROJECT.

1. ROOM 11 EXISTING CABLE COUNT DATA (CAT6): 0

DATA (CAT5e): 56 DATA (CAT5): 0

DATA (CAT3): 0

CABLE RELOCATION COUNT DATA (CAT6): 0 DATA (CAT5e): 30 FROM ROOM 112 (BUILDING 88)

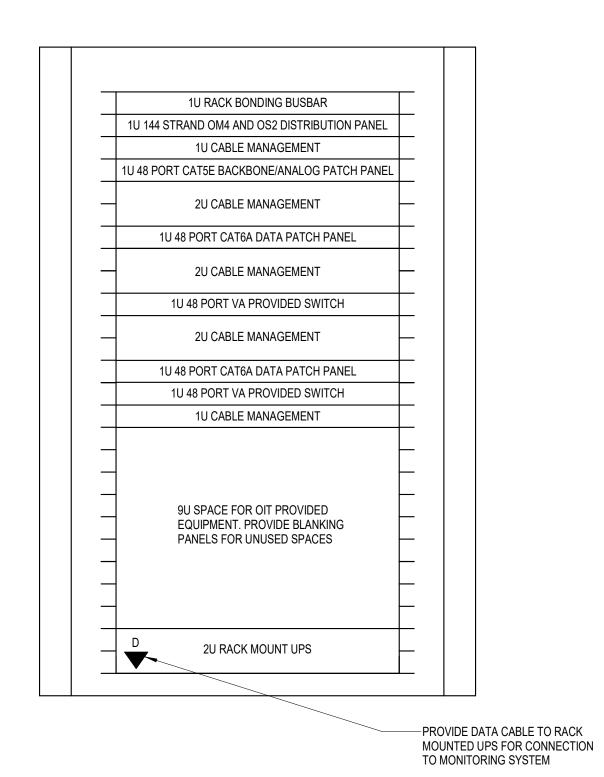
DATA (CAT5): 0 DATA (CAT3): 0

EXISTING CABLE TO REMAIN DATA (CAT6): 0 DATA (CAT5e): 0

DATA (CAT5): 0 DATA (CAT3): 0

DATA (CAT6): 0

FINAL CABLE COUNT DATA (CAT6A): 86



NOTES:

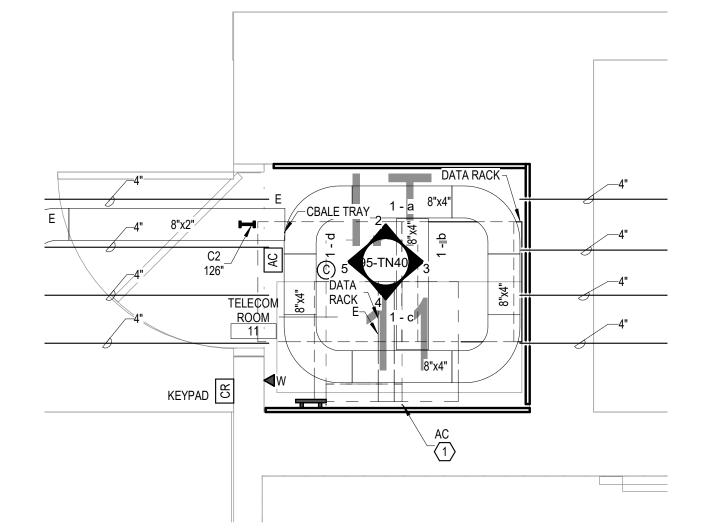
1. REFER TO NEW WORK PLAN FOR RACK LOCATIONS. 2. COORDINATE EXACT RACK COUNT AND LOCATION WITH OWNER PRIOR TO PERMANENT INSTALLATION.

3. SEE PROJECT SPECIFICATIONS FOR ADDITIONAL RACK COMPONENTS. 4. RACK ELEVATION SHOWS A FULLY CONFIGURED SAMPLE RACK. CONTRACTOR TO PROVIDE REQUIRED EQUIPMENT TO

SUPPORT THE FINAL DATA COUNT FROM THE ENLARGED NEW SHEET. (NOT TO EXCEED 288 PORTS PER RACK). 5. COORDINATE FINAL RACK COMPONENT LAYOUT WITH OWNER'S IS/IT REPRESENTATIVE.

6. CONTRACTOR IS RESPONSIBLE FOR FINAL CABLE COUNT, QUANTITY OF PATCH PANELS, SWITCHES, FIBER ENCLOSURES, BLANKING PANELS, CABLE MANAGEMENT, AND MOUNTING HARDWARE NOT MARKED AS "OIT PROVIDED". 7. PUNCHDOWN COPPER BACKBONES ON RACK MOUNT PATCH PANELS. TERMINATE ONE (1) PAIR PER PATCH PANEL PORT.

COMMUNICATIONS - TYPICAL WALL CABINET (TE) ELEVATION - TR 11 (BUILDING 95)



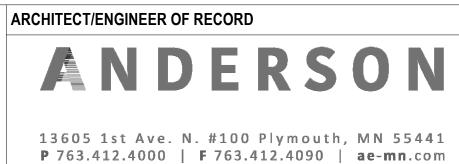
ENLARGED PLAN - TR 11 (BUILDING 95) - TELECOM - CABLE TRAY AND DATA

1/2" = 1'-0"



Omaha, NE 68134

REVISION









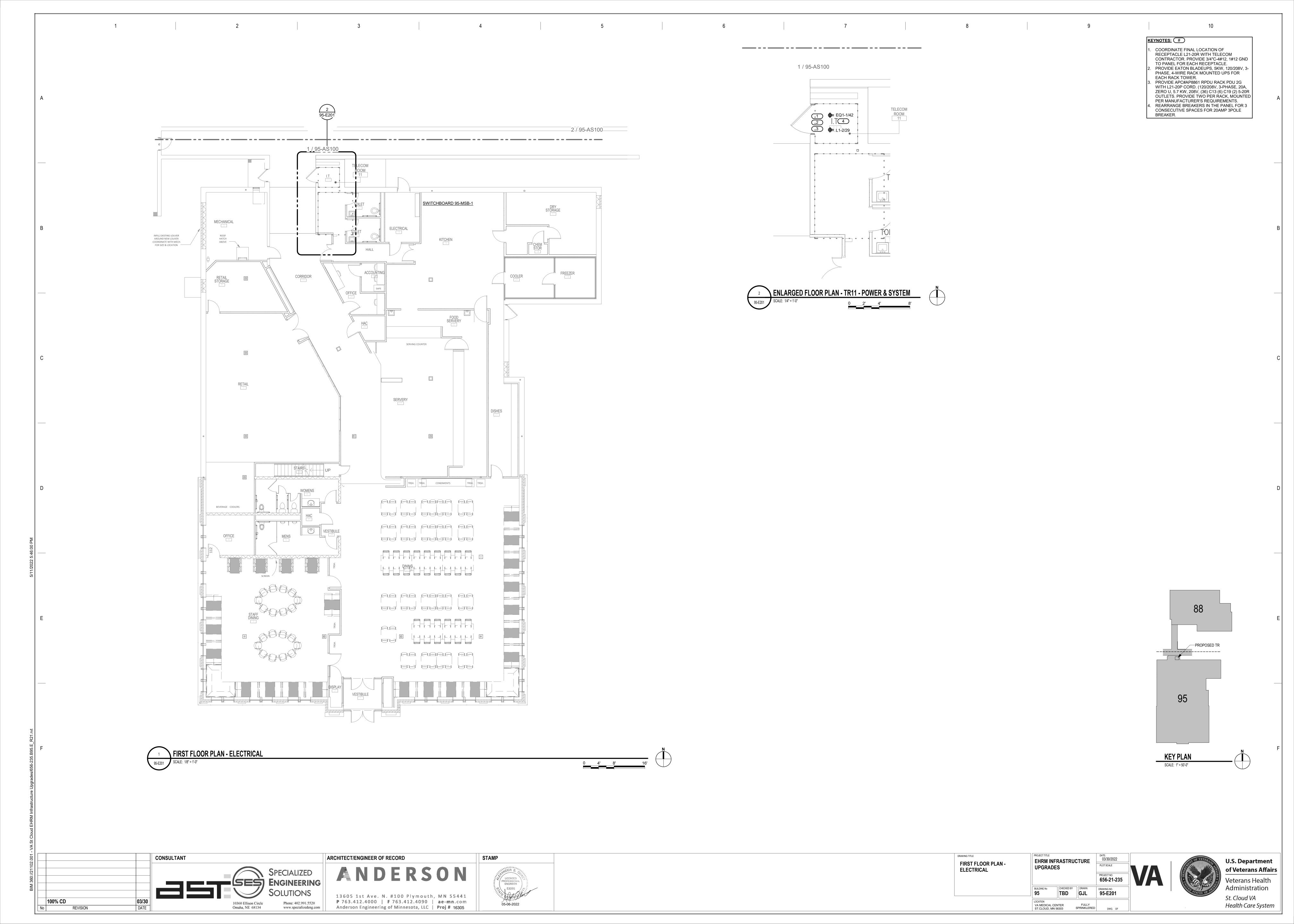
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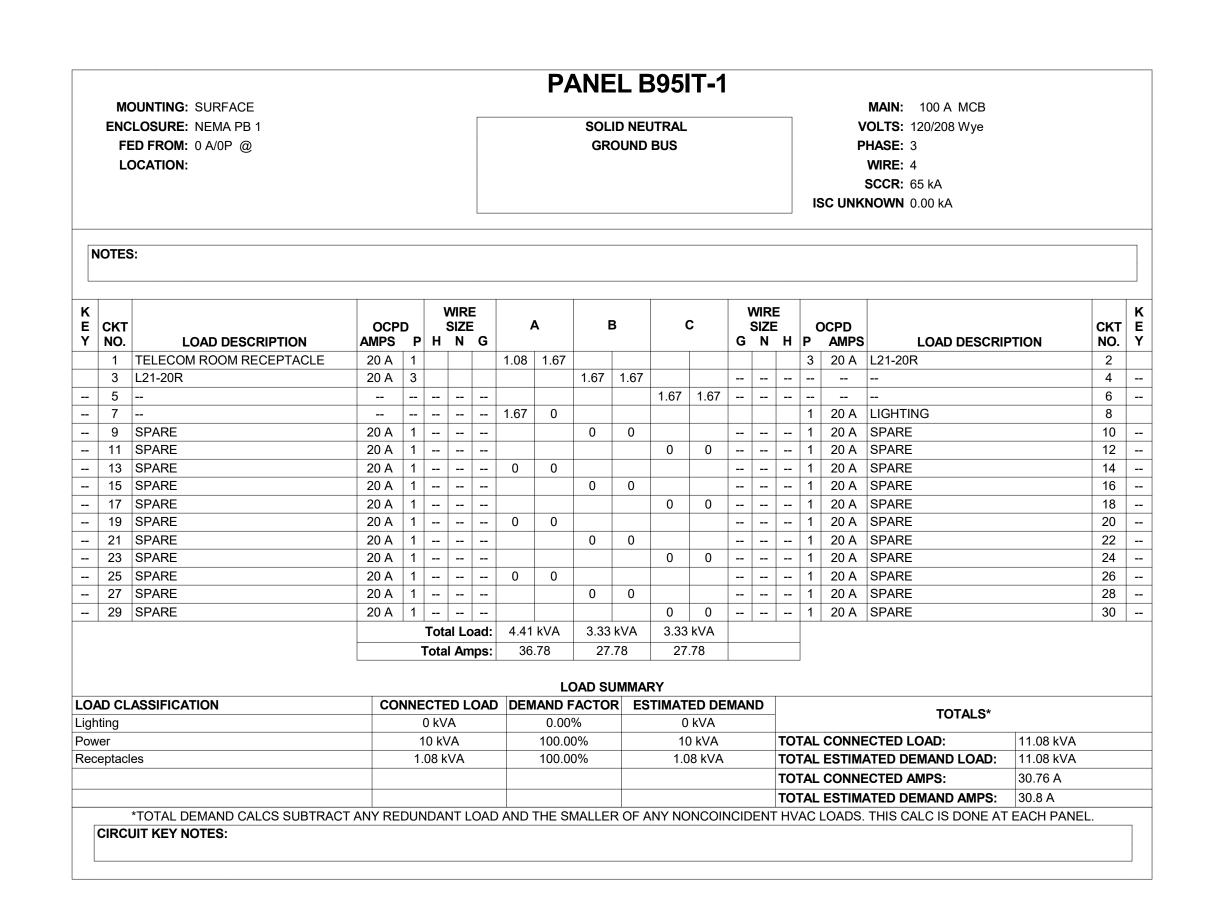
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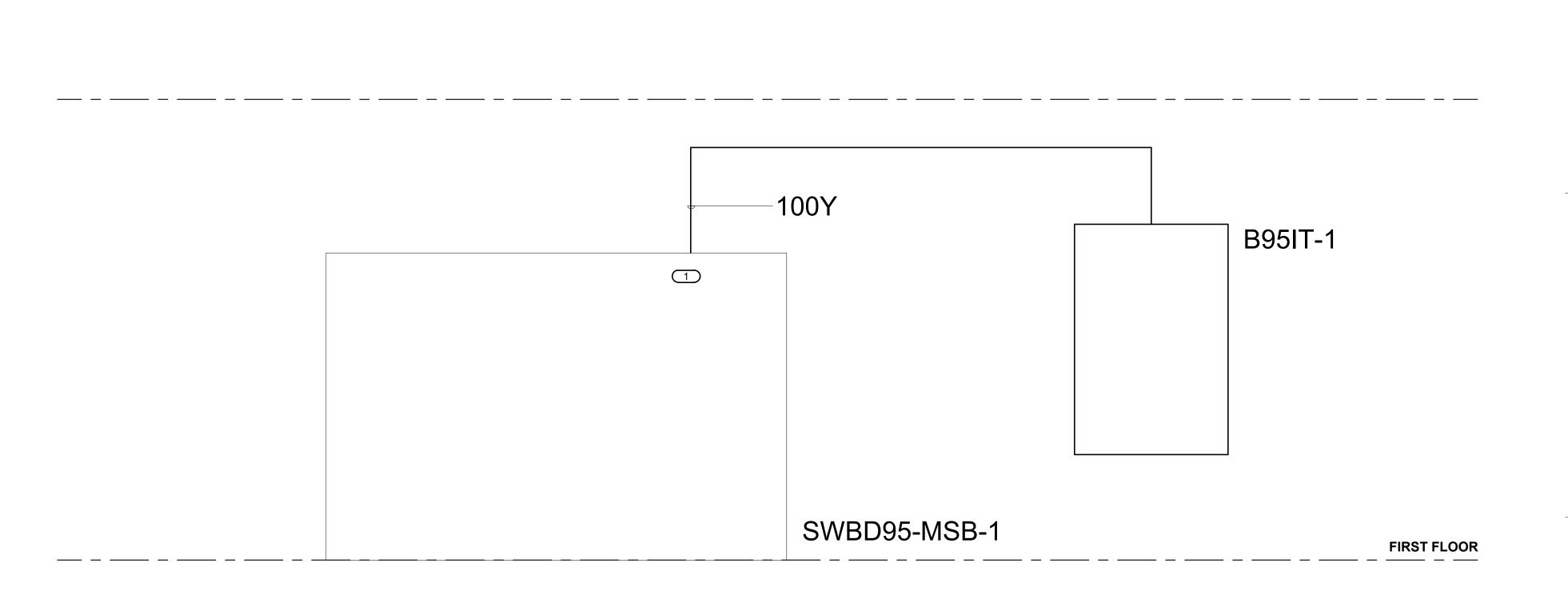
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KEYNOTES: #

. PROVIDE NEW 100A/3P CIRCUIT BREAKER TO MATCH EXISTING TYPE AND AIC RATING.





1 PARTIAL POWER RISER
NO SCALE



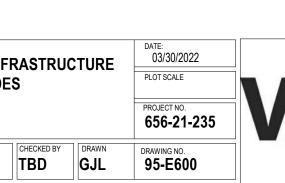
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STAMP I hereby certify that this plan, specification or report was prepared by me of under my direct supervision and that I am a duly Licensed Engineer under the laws of the State of Minnesota. Name: 0 16 5005 2005 Date: 03/30/2022 F MININ License Number: MN# 53095

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