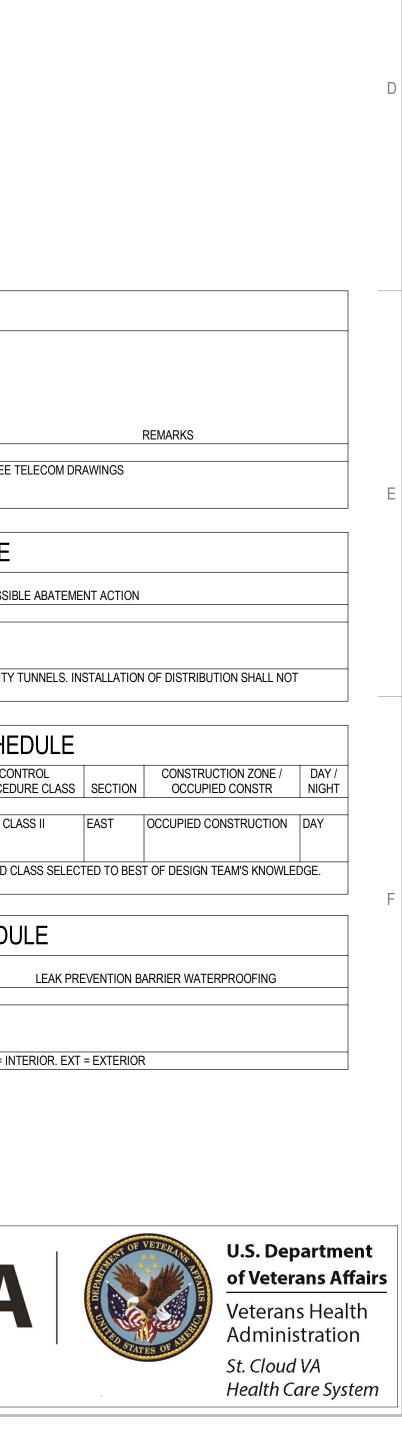


DF RECORD	STAMP	APPROVED: DA	ATE: APPROVED: PROJECT COR DA	E: APPROVED: PATIENT SAFETY	DATE:	APPROVED: EMS MANAGER	DATE:	APPROVED: DIRECTOR FMS	DATE:		PROJECT TITLE EHRM INF	RASTRU	CTURE	DATE: 03/30/2022	
) E R S O N	I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly Licensed Architect under the laws of the State of Minnesota.	APPROVED: DA	ATE: APPROVED: SERVICE LINE DIRECTOR DA	TE: APPROVED: SAFETY MANAGER	DATE:	APPROVED: M/O MANAGER	DATE:	APPROVED: ASSOCIATE DIRECTOR	DATE:	CONSTRUCT PARKING STRUCTURE COVER SHEET & SHEET INDEX	UPGRADE			PLOT SCALE PROJECT NO. 656-21-235	VA
N. #100 Plymouth, MN 55441	Name: Jon Olesak	APPROVED: DA		E: APPROVED: CHIEF OF POLICE		APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: NURSE EXECUTIVE	DATE:		BUILDING No	CHECKED BY	DRAWN EM	DRAWING NO. FB2-GI000	
<b>F</b> 763.412.4090   <b>ae-mn</b> .com ing of Minnesota, LLC   <b>Proj #</b> 16305	Date: 03/30/2022 License Number: MN# 18157		ATE: APPROVED: INFECTION CONTROL NURSE DA	TE: APPROVED: OIT MANAGER	DATE:	APPROVED: ASSISTANT CHIEF ENGINEER	DATE:	APPROVED: CHIEF OF STAFF	DATE:	APPROVED: MEDICAL CENTER DIRECTOR DATE:	LOCATION VA MEDICAL CE ST.CLOUD, MN		FULLY SPRINKLERED	COVER DWG. OF	

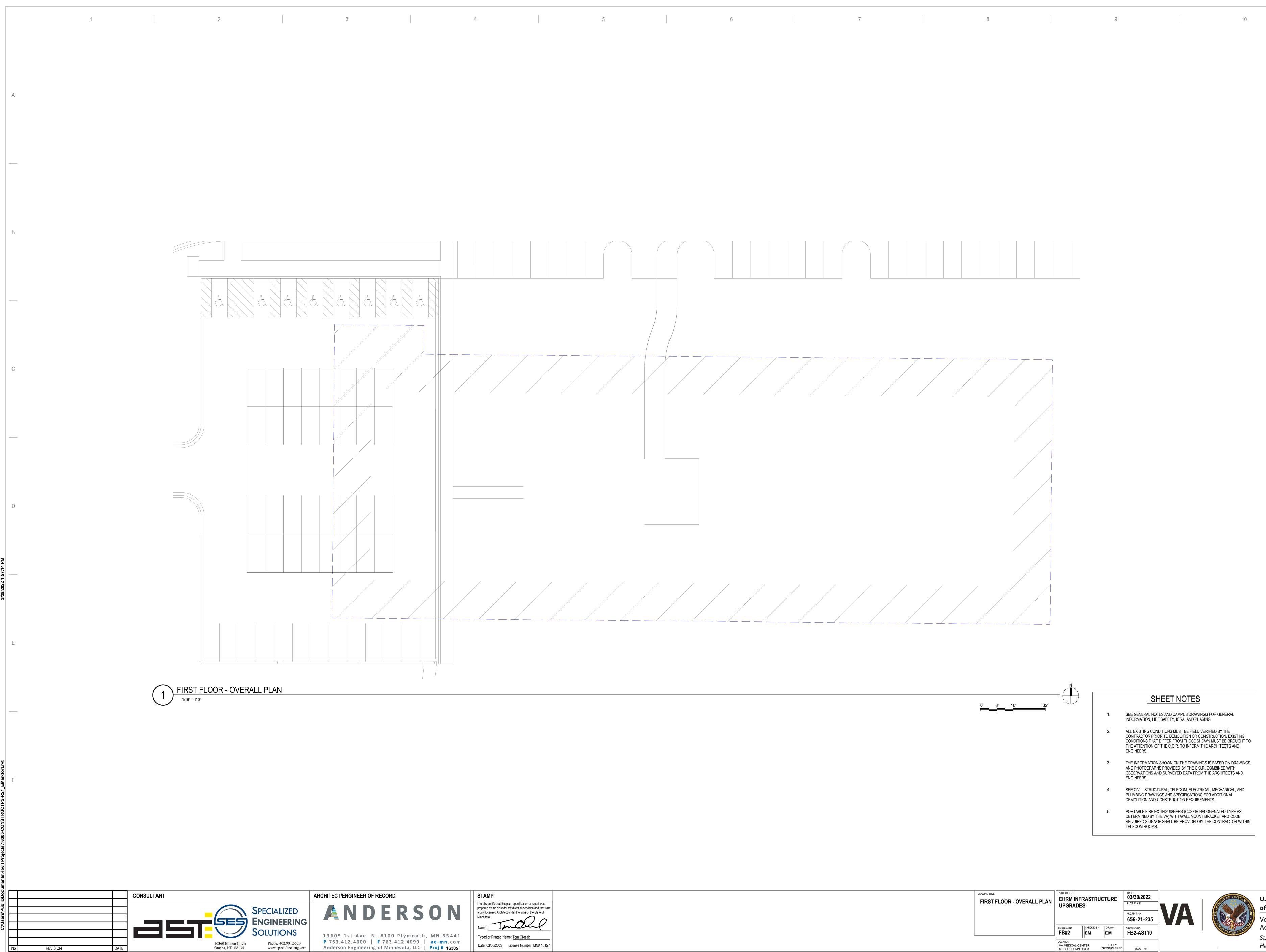
SHEET INDEX - CONSTRUCT PA SHEETS FOR ADDITIONAL INFORMATIO

	ROOM SCHEDULE																	
NO.					PATCH PANEL	FIBER	POWER	BONDING	NPS	DEDICATED COOLING	TEMPERATURE	HUMIDITY	RACK SENSOR	SPACE	AREA	WIDTH (FT)	LENGTI (FT)	4
	FIRST FLOOR PLACEHOLDER CONSTRUCT PARKING STRUCTURE														10 SF			SEE
									HA	ZA	RD	OU	S M	ATE	ERIAL	. SCH	IEDU	ILE
LEV	/EL	ROOM NO.		ROOM	/I NAMI	E	Ql	JESTIC	DNABLE ELEN		RDOU	IS						POSSIE
	FIRST FLOOR PLACEHOLDER NONE CONSTRUCT PARKING STRUCTURE NONE																	
		ERIALS MA DNABLE HA					HROUG	SHOUT	THE D	ISTRIB	BUTION	NROU	TING TH	IROUG	GH CEILIN	G PLENUN	/IS AND U	JTILITY
							ICI	RA	PH/	ASE	E CC	DNS	STR	UC	TION	ROC	M S	CHE
LEVEL ROOM NO.				ROOM	/I NAMI	E	CAI BLDG N FUNCTI						TRUCTI CT ACTI		INFECT RIS		COI ROCED	
FIRST FL	FIRST FLOOR PLACEHOLDER CONSTRUCT PARKING STRUCTURE				RKING	VEHICLE PARKING					TYPE B				GROUP 1		CL	
		TES SHEE								ol ris	K ÁSS	ESSMI	ENT (ICI	ra) de	SCRIPTIC	)ns. Type	e, group	' AND C
								LE	AK I	PRE	EVE	NT	ION	/ D	IVER	TER	SCH	EDl
LEV	/EL	ROOM NO.	ROOM NAME OVERHEAD LEAK DIVERTER AND DRAIN PIPING															
FIRST FL	.00R		CON	CEHOL STRU( UCTUF	CT PAF	RKING												
SEE GEN	IERAL NO	TES SHEE	T FO	R DET	AIL. M	WP = N	IEMBR	ANE W	ATERF	ROOF	ING. M	IASON	RY = FL	UID-A	PPLIED W	ATERPRO	OFING. I	NT = IN



RKING
IEET INDEX





<u>SHEET NOTES</u>										
SEE GENERAL NOTES AND CAMPUS DRAWINGS FOR GENERAL INFORMATION, LIFE SAFETY, ICRA, AND PHASING										
ALL EXISTING CONDITIONS MUST BE FIELD VERIFIED BY THE CONTRACTOR PRIOR TO DEMOLITION OR CONSTRUCTION. EXISTING CONDITIONS THAT DIFFER FROM THOSE SHOWN MUST BE BROUGHT TO THE ATTENTION OF THE C.O.R. TO INFORM THE ARCHITECTS AND ENGINEERS.										
THE INFORMATION SHOWN ON THE DRAWINGS IS BASED ON DRAWINGS AND PHOTOGRAPHS PROVIDED BY THE C.O.R. COMBINED WITH OBSERVATIONS AND SURVEYED DATA FROM THE ARCHITECTS AND ENGINEERS.										
SEE CIVIL, STRUCTURAL, TELECOM, ELECTRICAL, MECHANICAL, AND PLUMBING DRAWINGS AND SPECIFICATIONS FOR ADDITIONAL DEMOLITION AND CONSTRUCTION REQUIREMENTS.										
PORTABLE FIRE EXTINGUISHERS (CO2 OR HALOGENATED TYPE AS DETERMINED BY THE VA) WITH WALL MOUNT BRACKET AND CODE REQUIRED SIGNAGE SHALL BE PROVIDED BY THE CONTRACTOR WITHIN TELECOM ROOMS.										

DRAWING TITLE FIRST FLOOR - OVERALL PLAN	PROJECT TITLE EHRM INF UPGRAD		ICTURE	DATE: 03/30/2022 PLOT SCALE PROJECT NO. 656-21-23		VA	
	BUILDING No	CHECKED BY	DRAWN EM	DRAWING NO. FB2-AS11	10		
	LOCATION VA MEDICAL CENTER FULLY ST.CLOUD, MN 56303 SPRINKLERED			DWG. OF			

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