

UPGRADE PUBLIC ADDRESS SYSTEM

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE COVER SHEET		PROJECT TITLE UPGRADE I ADDRESS S			PLOT SCALE		MEAT OF
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTO	DR				PROJECT NO.	VA	
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		CHARD STA
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CI ST. CLOUD, MN		DATE	BRAWING NO. ET.000		
6			7			8				9	

GENERAL CONDITIONS

All dimensions on drawings are approximate; Drawings are not to be scaled. It is the responsibility of the contractor to verify all field conditions and physical dimensions that influence the construction area.

It is recommended that contractors visit the proposed construction site prior to submitting their bids and they are encouraged to do so.

Contractor shall adhere strictly to State and Federal Occupational Safety and Health Administration (OSHA) Standards.

Contractor shall park only in the designated parking areas and are not to park on the lawn areas; the only exception is to load or unload supplies or equipment.

Contractor is responsible for the safeguarding of their tools and equipment. All tools and equipment are not to be left unattended and are to be secured at all times when the contractor is not present, or the construction site is not supervised by the contractor.

All VA property is to be safeguarded from damage. Any damaged VA property is to be restored to original condition prior to damage or replaced completely. This includes installation, labor, and procurement expenses.

All demolished material becomes the property and the responsibility of the contractor with the exception of specified items designated either in the plans or verbally requested by the COR to be retained by the VA. Offsite disposal of the demolished items is the responsibility of the contractor.

Contractor must control demolition and construction dust from facility by erecting a dust barrier and ventilation with hepa filters. If venting to outside, the contractor will insure negative air pressure is maintained in encapsulated work area. When transporting debris, wet down sufficiently to prevent dust spreading.

If scaffolding is used, it must be used in accordance with (OSHA) regulations and is to be enclosed for the first eight feet above ground at end of each working day, until dismantled. Ladders must be removed and locked up at the end of each working day to prevent unauthorized persons from having access.

Clean all debris from construction site to the satisfaction of the COR.

Contractor is responsible for erecting a barrier around work site to prevent patients, staff and visitors from entering construction site. This fence may be a plastic snow fence. Coordinate construction materials and location of fence with COR.

Contractor is responsible for repairing and replacing any damaged lawn. The restoration will be performed by a landscape contractor that regularly does sodding as part of their business. All damaged lawn will be overcut by 6" or more to accomodate full width rolls of sod. Top soil to be tilled and graded to a smooth matching grade of undamaged lawn. Sod to be thoroughly saturated with water upon placement. The contractor is responsible for watering new sod until project acceptance by the COR.

Access to all buildings and parking areas must be maintained throughout the project.

Contractors are to coordinate all work with the Contracting Officers Representative. (C.O.R.)

Contractor may park 1 (one) semi trailer in the lot near the wind turbine. The Contractor may park up to 4 (four) worker vehicles in the lot near the wind turbine. The Contractor may place 2 (two) dumpsters in the lot near the wind turbine provided they are covered and locked.



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

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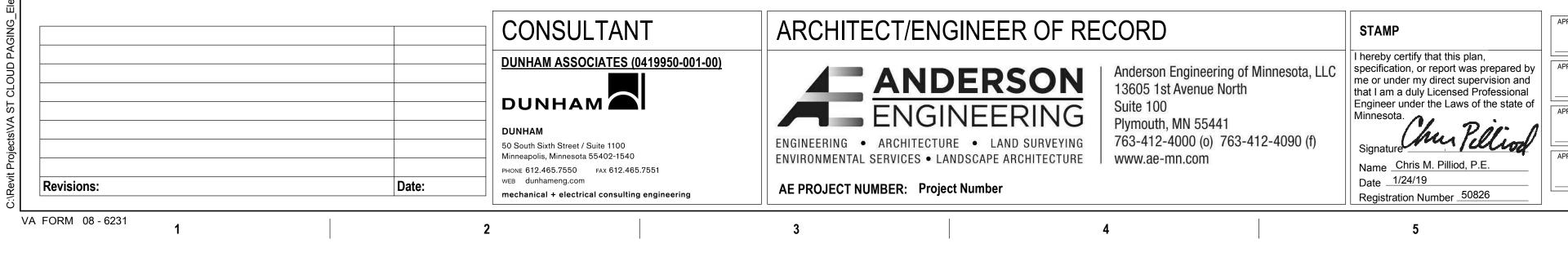
	DESIGNATIONS
	SYMBOL SCHEDULE NOTES
	SYMBOLS COMPRISE A STANDARD LIST, NOT ALL SYMBOLS PEAR ON THESE DRAWINGS.
NUMBE STANDA	ING HEIGHTS INDICATED ARE STANDARD. DIMENSIONAL RS INDICATED AT DEVICES SHALL OVERRIDE THESE ARDS. MOUNTED HEIGHTS ARE TO THE CENTER OF THE DEVICE. S NOTED OTHERWISE.
WHEN E	ING HEIGHTS INDICATED ARE FOR STUD WALL CONSTRUCTION. BLOCK OR BRICK CONSTRUCTION IS USED, ADJUST MOUNTING S TO ALIGN DEVICE PLATES WITH RUNNING JOINT.
D. REFER	TO SPECIFICATIONS FOR FURTHER INFORMATION.
	GENERAL
	HEAVY DASHED LINE WEIGHT INDICATES EXISTING ITEM TO BE REMOVED.
	LIGHT SOLID LINE WEIGHT INDICATES EXISTING ITEM TO REMAIN.
	HEAVY SOLID LINE WEIGHT INDICATES NEW ITEM OR NEW LOCATION.
R	REMOVE EXISTING ITEM
RL X	REMOVE EXISTING ITEM AND RELOCATE AS INDICATED
NL	NEW LOCATION FOR RELOCATED ITEM
	NOTES & TAGS
xx ##	EQUIPMENT IDENTIFICATION TAG - SEE EQUIPMENT SCHEDULE
XXX-X	FEEDER SIZE TAG - SEE POWER RISER SCHEDULE
(#/A)	ELEC EQUIP CONNECTION TAG - SEE EQUIPMENT SCHEDULE
\bigcirc	KEYNOTE
#	MISCELLANEOUS NOTE
	LIGHTING CONTROL SEQUENCE - SEE SCHEDULE
	RACEWAYS
	CONDUIT CONCEALED IN CEILING OR WALLS
	CONDUIT CONCEALED IN THE FLOOR OR BELOW
/	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS
/\ /\ /\ /\ #\	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH)
/\ /\ /\ // UG- #\	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS
	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN
	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN CONDUIT WITH BEND UP
	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN CONDUIT WITH BEND UP CONDUIT WITH BUSHED END
	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN CONDUIT WITH BEND UP CONDUIT WITH BUSHED END CONDUIT WITH BUSHED END CONDUIT WITH BREAK OR CONTINUATION CIRCUIT HOME RUN - L1 INDICATES PANEL
#	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN CONDUIT WITH BEND UP CONDUIT WITH BUSHED END CONDUIT WITH BREAK OR CONTINUATION CIRCUIT HOME RUN - L1 INDICATES PANEL - NUMBER CONDUCTOR COUNT - UNLESS NOTED OTHERWISE / SHORT HASH INDICATES 1#12 LINE / LONG HASH INDICATES 1#12 NEUTRAL / HASH W/DOT INDICATES 1#12 GROUND
# \	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN CONDUIT WITH BEND UP CONDUIT WITH BUSHED END CONDUIT WITH BUSHED END CONDUIT WITH BREAK OR CONTINUATION CIRCUIT HOME RUN - L1 INDICATES PANEL - NUMBER CONDUCTOR COUNT - UNLESS NOTED OTHERWISE / SHORT HASH INDICATES 1#12 LINE / LONG HASH INDICATES 1#12 NEUTRAL / HASH W/DOT INDICATES 1#12 GROUND PULL BOX, SIZE AS NOTED
# \	CONDUIT CONCEALED IN THE FLOOR OR BELOW CONDUIT EXPOSED ON THE CEILING OR WALLS CONDUIT BURIED UNDERGROUND (# = DEPTH) CONDUIT WITH BEND DOWN CONDUIT WITH BEND UP CONDUIT WITH BUSHED END CONDUIT WITH BREAK OR CONTINUATION CIRCUIT HOME RUN - L1 INDICATES PANEL - NUMBER CONDUCTOR COUNT - UNLESS NOTED OTHERWISE / SHORT HASH INDICATES 1#12 LINE / LONG HASH INDICATES 1#12 NEUTRAL / HASH W/DOT INDICATES 1#12 GROUND

SYMBOL	DESIGNATIONS	MTG HT
	LIGHTING	
b A #	LIGHT FIXTURE ID - REFER TO LIGHT FIXTURE SCHEDULE (SCHEDULE OVERRIDES SYMBOL ABBREVIATION) A - INDICATES LIGHT FIXTURE TYPE # - INDICATES CIRCUIT NUMBER b - INDICATES SWITCHING	
	LIGHT FIXTURE CIRCUIT TYPE - NO HATCH INDICATES NORMAL CIRCUIT - ANGLED HATCH INDICATES CRITICAL CIRCUIT - SOLID HATCH INDICATES LIFE SAFETY CIRCUIT	
0	TROFFER TYPE LIGHT FIXTURE, SIZE AS INDICATED - CEILING MOUNT	
$\vdash O \dashv$	CHANNEL OR INDUSTRIAL, LENGTH AS INDICATED	
Г. ф. П	CHANNEL OR INDUSTRIAL WALL MOUNT, LENGTH AS INDICATED	
0 🗆	ROUND DOWNLIGHT, RECESSED OR SURFACE MOUNT SQUARE DOWNLIGHT, RECESSED OR SURFACE MOUNT	
Ø	CEILING WALL WASH FIXTURE OR TRACK HEAD	
- →	SMALL MOUNT FIXTURE OR SCONCE	VERIFY VERIFY
	LINEAR SUSPENDED , LENGTH AS INDICATED	VERIFY
++	ROUND OR SQUARE PENDANT	1
	UNDER CABINET FIXTURE, LENGTH AS INDICATED TRACK FIXTURE, NUMBER OF HEADS AS INDICATED	
ц Б	VANITY FIXTURE	
	EMERGENCY BATTERY LIGHT - WALL/CEILING MOUNT	
	EXIT LIGHT, FILLED QUADRANT INDICATES FACES - WALL/CEILING MOUNT	VERIFY
-0 2	WALL PACK FLAG OR FLOOD LIGHT	VERIFY
	SITE LIGHTING POLE FIXT, ROUND/RECTANGLE HEAD - NUMBER OF HEADS INDICATED	
0	SITE LIGHTING ROUND OR SQUARE BOLLARD	
	POWER	
	BRANCH CIRCUIT PANEL	VERIFY
	EQUIPMENT CABINET TRANSFORMER	VERIFY VERIFY
	MOTOR OR MOTOR CONNECTION	VERIFT
	MOTOR CONTROLLER, STARTER OF VFD	VERIFY
	COMBINATION STARTER & DISCONNECT SWITCH	VERIFY
	DISCONNECT SWITCH	VERIFY
\$ ^{MR}	MOTOR RATED TOGGLE	VERIFY
\$ ^{MMS}	MANUAL MOTOR STARTER SWITCH WITH THERMAL OVERLOAD	VERIFY
₽₽	DUPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
• •	EMERGENCY DUPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
∉ ∉	SPLIT DUPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
• •	EMERGENCY SPLIT DUPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
00	SIMPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
● ●	EMERGENCY SIMPLEX RECEPTACLE - WALL/CEILING	18"
⊕⇔	QUADPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
	EMERGENCY QUADPLEX RECEPTACLE - WALL/CEILING MOUNT	18"
	GFI RECEPTACLE, DUPLEX/QUADPLEX - WALL MOUNT	18"
	GFI RECEPTACLE, DUPLEX/QUADPLEX - CEILING MOUNT	18"
¢ ¢	DUPLEX RECEPTACLE - CONTROLLED - WALL/CEILING MOUNT	18"
•	SPECIAL PURPOSE RECEPTACLE - WALL/CEILING MOUNT	18"
0 0	EMERGENCY SPECIAL PURPOSE RECEPTACLE - WALL/CEILING MOUNT	
• •		
	POWER POLE - DEVICES AS INDICATED	VERIFY VERIFY
G—G	MOUNT REFERENCE BUS - AS NOTED - WALL/CEILING	1

3

2

					ELECTRICAL	ABBRE	EVIATIONS				
A, AMP	AMPERES	С	CONDUIT OR CONTROLLED RECEPT	EWC	ELECTRIC WATER COOLER	MC	MOMENTARY CONTACT	PE	PNEUMATIC ELECTRIC	TSTAT	THERMOSTAT
λA	AUDIBLE ALARM	CAB	CABINET	F	FUSE OR FUSED	МСВ	MAIN CIRCUIT BREAKER	PF	POWER FACTOR	TYP	TYPICAL
AC	ABOVE COUNTER	СВ	CIRCUIT BREAKER	FA	FIRE ALARM	MLO	MAIN LUG ONLY	PH	PHASE	UC	UNDER COUNTER
DD	ADDENDUM	CCTV	CLOSED CIRCUIT TV	FACP	FIRE ALARM CONTROL PANEL	MRS	MOTOR RATED SWITCH	PNL	PANEL	UG	UNDERGROUND
FC	AVAILABLE FAULT CURRENT	СКТ	CIRCUIT	FSD	FIRE-SMOKE DAMPER	MSB	MAIN SWITCHBOARD	PRI	PRIMARY	UH	UNIT HEATER
FCI	ARC FAULT CIRCUIT INTERRUPTER	CU	COPPER	FV	FILM VIEWER	MT	EMPTY	RECEPT	RECEPTACLE	UNO	UNLESS NOTED OTHERWISE
NFF	ABOVE FINISHED FLOOR	DN	DOWN	G, GND	GROUND	NC	NORMALLY CLOSED	REFG	REFRIGERATOR	USB	UNIVERSAL SERIAL BUS
HU	AIR HANDLING UNIT	EC	ELECTRICAL CONTRACTOR	GFI	GROUND FAULT INTERRUPTER	NEC	NATIONAL ELECTRICAL CODE	RTU	ROOF TOP UNIT	V	VOLT
L	ALUMINUM	ELEC	ELECTRIC OR ELECTRICAL	IG	ISOLATED GROUND	NIC	NOT IN CONTRACT	SEC	SECONDARY	VA	VOLT-AMP
NT	ANTENNA	EM	EMERGENCY	JBOX	JUNCTION BOX	NO	NORMALLY OPEN	SPKR	SPEAKER	VAC	VOLTS ALTERNATING CURRENT
TS	AUTOMATIC TRANSFER SWITCH	EMT	ELECTRICAL METALLIC TUBING	KV	KILOVOLT	NTS	NOT TO SCALE	SW	SWITCH	VDC	VOLTS DIRECT CURRENT
BAS	BUILDING AUTOMATION SYSTEM	ENCL	ENCLOSURE	KVA	KILOVOLT-AMP	ос	ON CENTER	SWBD	SWITCHBOARD	W	WATT OR WIRE
FC	BELOW FINISHED CEILING	EP	ELECTRIC PNEUMATIC	KW	KILOWATT	РВ	PULL BOX	TEL	TELEPHONE	WP	WEATHERPROOF
PS	BOLTED PRESSURE SWITCH	EPO	EMERGENCY POWER OFF	кwн	KILOWATT-HOUR	PB	PUSHBUTTON	TR	TAMPER RESISTANT	XFMR	TRANSFORMER



	MTG HT	SYMBOL	DESIGNATIONS	MTG HT
			SWITCHES AND CONTROLS	
		\$	SINGLE POLE TOGGLE SWITCH	48"
		\$ ²	DOUBLE POLE TOGGLE SWITCH	48"
		\$ ³	THREE WAY TOGGLE SWITCH	48"
		\$ ⁴	FOUR WAY TOGGLE SWITCH	48"
		\$ ^a	TOGGLE SWITCH - "a" INDICATES SWITCHING	48"
		\$	PILOT LIGHT TOGGLE SWITCH	48"
		\$ ⁴	ILLUMINATED TOGGLE - TOGGLE SWITCH	48"
		\$ ^K	KEYED SWITCH	48"
		\$ ^{MC}	MOMENTARY CONTACT TOGGLE SWITCH	48"
		\$ ^{TS}	TIMER SWITCH	48"
		<u>\$\$\$</u>	MULTI SWITCH, MULTI GANG BOX	48"
		#D-	DIMMER SWITCH (# = WATTAGE)	48"
T		B-	PUSH BUTTON SWITCH	48"
NT		S	OCCUPANCY SENSOR - CLG MOUNT	
		\$ ^{OS}	OCCUPANCY SENSOR WALL SWITCH	48"
	VERIFY	<u>@</u> -	PHOTO ELECTRIC CELL	VERIFY
	VERIFY		TIME CLOCK	60"
	VERIFY		CONTACTOR	60"
			RELAY	VERIFY
			PUSH BUTTON STATION - BUTTONS AS INDICATED	48"
				40
			FIRE ALARM	
		E-	MANUAL PULL STATION	48"
•		E [#] E ^R	HEAT DETECTOR (#=FIXED TEMP, R=RATE OF RISE)	
	VERIFY	E ^p E ¹	SMOKE DETECTOR (P=PHOTOELEC, I=IONIZATION)	
		E rran	DUCT MOUNTED PHOTOELECTRIC DETECTOR	
	VERIFY	E ^{B-T}	BEAM DET (B-T=TRANSMITTER, B-R=RECEIVER)	VERIFY
		ESA	COMBINATION SMOKE DETECTOR AND ALARM	
		^{RS} E- E ^{RS}	REMOTE STATION - WALL/CEILING MOUNT	72"
-			REMOTE INDICATOR LAMP - WALL/CEILING MOUNT	72"
		E ^{FS}	FLOW SWITCH	
		E ^{TS}	TAMPER SWITCH	
			MONITOR MODULE	
		E ^{CM}	CONTROL MODULE	
	VERIFY	E ^{SD}	FIRE/SMOKE DAMPER CONNECTION	
	VERIFY		DOOR HOLD OR DOOR HOLD CONNECTION	VERIFY
	VERIFY	FS	FIREMAN'S STATION - WALL MOUNT	48"
	VERIFY	# F - # F	STROBE - WALL/CEILING MOUNT (# = CANDELA)	82"
	VERIFY	CE-CE	BELL - WALL/CEILING MOUNT	82"
	VERIFY	ŐE-ŐE	BELL/STROBE - WALL/CEILING MOUNT (# = CANDELA)	82"
	VERIFY	CEF-CE	CHIME - WALL/CEILING MOUNT	82"
	VERIFY	ČE- ČE	CHIME/STROBE - WALL/CEILING MOUNT (# = CANDELA)	82"
	VERIFY	XE- XE	HORN - WALL/CEILING MOUNT	82"
			HORN/STROBE - WALL/CEILING MOUNT (# = CANDELA)	82"
	18"	SEF-SE	SPEAKER - WALL/CEILING MOUNT	82"
	18"	ŠE-ŠE	SPEAKER/STROBE - WALL/CEILING MOUNT	82"
	4.0"		(# = CANDELA)	
	18"	ŜAF- ŜAF	COMBINATION FIRE ALARM/MASS NOTIFICATION: SPEAKER/STROBE -	82"
	18"	FACP_	WALL/CEILING MOUNT(# = CANDELA)	
	18"		FIRE ALARM CONTROL PANEL - WALL MOUNT	VERIFY
	18"			
	10	1		

4

5

SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL - WALL MOUNT - TYPICAL VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y BD - PATIENT BED STATION M - MASTER STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION P - PATIENT STATION (ENHANCED) C/SA - CODE BLUE/STAFF ASSIST P - PATIENT STATION (BASIC) P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (TOUCH SCREEN) WF1 - WORK FLOW (4-BUTTON) Image: Momentary State of LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, gof" g6"	SYMBOL	DESIG	NATIONS	MTG HT			
VOICE/DATA BOX - WALL MOUNT/FLOOR 18" NOICE BOX - WALL MOUNT/FLOOR 18" IN VOICE BOX - WALL MOUNT/FLOOR 18" IN DOUBLE GANG VOICE BOX - HIGH WALL MOUNT 48" IN DOUBLE GANG VOICE BOX - HIGH WALL MOUNT 48" IN DOUBLE GANG VOICE BOX - HIGH WALL MOUNT 96" IN MORN SPEAKER - WALL/CEILING MOUNT 96" IN HORN SPEAKER - WALL/CEILING MOUNT 96" IN AUDIO JACK (M-MICROPHONE, A-AUXILIARY) 18" IC BUZZER - WALL/CEILING MOUNT 96" IC BUZZER - WALL/CEILING MOUNT 96" IC BELL - WALL/CEILING MOUNT 96" IN BUZZER - WALL/CEILING MOUNT 96" IN BUZZER - WALL/CEILING MOUNT 96" IN BUZZER - WALL/CEILING MOUNT 96" IN PROJECTOR/VIDEO CAMERADOCUMENT CAMERA - WALL/CEILING MOUNT 18" IN PROJECTOR/VIDEO CAMERADOCUMENT CAMERA - WALL/CEILING MOUNT 18" IN Y SYSTEM OUTLET - WALL/CEILING MOUNT 18" IN Y SYSTEM OUTLET - WALL/CEILING MOUNT 18" IN AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" IN NUNINCLATOR PANEL YERIF IN SECURITY - WALL MOU		SIGNALS CO	MMUNICATIONS				
Image: Security - Wall counts) 18 Image: Security - Cellung Mount (# = Wire Counts) 18" Image: Security - Cellung Mount 48" Image: Security - Cellung Mount 96" Image: Security - Cellung Mount 18" Image: Security - Cellung Mount - Typical Verif Image: Security - Cellung Mount - Typical Verif Image: Security - Cellung Mount - Typical Verif Image:	#▷	DATA BOX - WALL MOUNT	(# = WIRE COUNTS)	18"			
Image: market based of the second of the	# 🏲 # 🍽		IOUNT/FLOOR	18"			
Image: Second Secon	#	VOICE BOX - WALL MOUNT	(# = WIRE COUNTS)	18"			
SP ■ SPEAKER · WALL/CEILING MOUNT 96" Image: Speaker · Wall Mount 96" Image: Speaker · Wall/Ceiling Mount 18" Image: Speaker · Wall Mount · Typical Verif Image: Speaker · Wall Mount · Typical Verif Image: Speaker · Ceiling Mount · Typical Verif Ima	w	DOUBLE GANG VOICE BOX	(- HIGH WALL MOUNT	48"			
Image: More speaker - wall mount 96" ✓ Volume switch - wall mount 60" ✓ Audio Jack (M=MicRoPHONE, A=AUXILIARY) 18" Iccb ⁴ Wall INTERCOM STATION (M=MASTER, R=REMOTE) 48" □ □ Buzzer - wall/celling Mount 96" □ □ Buzzer - wall/celling Mount 96" □ □ □ Click - wall/celling Mount 96" □ □ □ □ 0.00000000000000000000000000000000000	++ ↓	WIRELESS DATA HUB - WA	LL/CEILING MOUNT	VERIF			
↓ VOLUME SWITCH - WALL MOUNT 60° ↓ AUDIO JACK (M=MICROPHONE, A=AUXILIARY) 18° ↓ ↓ BUZZER - WALL/CEILING MOUNT 96° ↓ ↓ BUZZER - WALL/CEILING MOUNT 96° ↓ ↓ BUZZER - WALL/CEILING MOUNT 96° ↓ ↓ BUL - WALL/CEILING MOUNT 96° ↓ ↓ BELL - WALL/CEILING MOUNT 96° ↓ ↓ CHIME - WALL/CEILING MOUNT 96° ↓ ↓ CLOCK - WALL/CEILING MOUNT (# = DIAMETER) 96° ↓ ↓ PROJECTOR/VIDEO CAMERA/DOCUMENT CAMERA VERIF ↓ ↓ AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18° ↓ ↓ ↓ ↓ VERIF ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	S-S	SPEAKER - WALL/CEILING	MOUNT	96"			
Image: Security - Wall intercond station (M=MASTER, R=REMOTE) 18" Image: Security - Wall/Celling Mount 96" Image: Security - Wall/Celling Mount 18" Image: Security - Wall Mount - TYPICAL Verife Image: Security - Vall Mount - TYPICAL Verife Image: Security - Vall Mount - TYPICAL Verife Image: Security - Celling Mount - TY	DS-	HORN SPEAKER - WALL M	TNUC	96"			
ICD ^M WALL INTERCOM STATION (M=MASTER, R=REMOTE) 48° Image: State of the stat	\rightarrow	VOLUME SWITCH - WALL M	IOUNT	60"			
VI BUZZER - WALL/CEILING MOUNT 96" QI QI BELL - WALL/CEILING MOUNT 96" CI CIMME - WALL/CEILING MOUNT 96" *© *© CLOCK - WALL/CEILING MOUNT (# = DIAMETER) 96" *© *© CLOCK - WALL/CEILING MOUNT (# = DIAMETER) 96" *© *© CLOCK - WALL/CEILING MOUNT (# = DIAMETER) 96" *© * AUDIO VIDEO CAMERA/DOCUMENT CAMERA - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" * AN SYSTEMS CONTROLLER - WALL MOUNT 18" * ANS SYSTEMS CONTROLLER - WALL MOUNT 18" * ANNUNCIATOR PANEL - WALL MOUNT VERIF CR - CARD READER EP - EXIT PUSHBUTTON Y KS - KEY SWITCH SECURITY - CEILING MOUNT - TYPICAL VERIF SS - SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT Y ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT Y ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT Y Fi - ELECTRIC LOCK MS - MONITOR STRIKE		AUDIO JACK (M=MICROPH	ONE, A=AUXILIARY)	18"			
C BELL - WALL/CEILING MOUNT 96" C CHIME - WALL/CEILING MOUNT 96" C CHIME - WALL/CEILING MOUNT 96" *C *C CLOCK - WALL/CEILING MOUNT 96" *C *C CLOCK - WALL/CEILING MOUNT 96" *W PROJECTOR/VIDEO CAMERA/DOCUMENT CAMERA - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL MOUNT 18" * AUDIO VIDEO SYSTEM OUTLET - WALL MOUNT 18" * AV SYSTEMS CONTROLLER - WALL MOUNT 18" * ANNUNCIATOR PANEL - WALL MOUNT VERIF CR - CARD READER EP - EXIT PUSHBUTTON Y KF - KEYPAD M - MASTER STATION Y KS - KEY SWITCH SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT Y ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT Y ES - ELECTRIC COCK MS - MONITOR STRIKE Y ML - AUXILIARY INPUT STATION D - DUTY STATION Y F SECURITY PANEL - WALL CEILIN	IC⊅	WALL INTERCOM STATION	(M=MASTER, R=REMOTE)	48"			
G G G G G G G G G G G G G G G G G G G G G G G G G G G G G G G TV SYSTEM OUTLET - WALL/CEILING MOUNT 18" G AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" G AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" G ANNUNCIATOR PANEL - WALL MOUNT 18" G ANNUNCIATOR PANEL - WALL MOUNT VERIF CR - CARD READER EP - EXIT PUSHBUTTON VERIF KR - KEYPAD M - MASTER STATION VERIF KS - KEY SWITCH SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT VERIF RX - REQUEST TO EXIT DC - OVERHEAD DOOR CONTACT E ELECTRIC LOCK MS - MONITOR STRIKE VERIF ML - AUXILARY INPUT STATION GB - GLASS BREAKER DETECTOR VERIF SECURITY CAMERA - WALL/CEILING MOUNT VERIF AI - AUXILARY INPUT STATION D - DUTY STATION VERIF AI - AUXILLARY INPUT STATION </td <td></td> <td>BUZZER - WALL/CEILING M</td> <td>OUNT</td> <td>96"</td>		BUZZER - WALL/CEILING M	OUNT	96"			
**O *C CLOCK · WALL/CEILING MOUNT (# = DIAMETER) 96" **O CLOCK · WALL/CEILING MOUNT (# = DIAMETER) 96" **O PROJECTOR/NIDEO CAMERA/DOCUMENT CAMERA - WALL/CEILING MOUNT VERIF Y **O AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" **O AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" **O AUDIO VIDEO SYSTEM OUTLET - WALL MOUNT 18" **O ANNUNCIATOR PANEL - WALL MOUNT 18" **O ANNUNCIATOR PANEL - WALL MOUNT VERIF CR - CARD READER EP - EXIT PUSHBUTTON VERIF KF - KEYPAD M - MASTER STATION VERIF KS - KEY SWITCH S SECURITY - CEILING MOUNT - TYPICAL VERIF S - SECURITY - CEILING MOUNT - TYPICAL VERIF VERIF KA - REQUEST TO EXIT DC - OVERHEAD DOOR CONTACT Y E - ELECTRIC LOCK M5 - MONTOR STRIKE VERIF M - MASHET CLOCK MD - MOTION DETECTOR Y Y M - MASHET CLOCK MD - DUTY STATION Y Y M - AUXIL/ARY INPUT STATION D- DUTY STATION Y Y M - AUXILLARY INPUT STATIO	∞ - ∞	BELL - WALL/CEILING MOU	96"				
PROJECTOR/VIDEO CAMERA/DOCUMENT CAMERA -WALL/CEILING MOUNT VERIF Y Y Y YSYSTEM OUTLET - WALL/CEILING MOUNT 18" AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" ANV SYSTEMS CONTROLLER - WALL MOUNT 18" ANV SYSTEMS CONTROLLER - WALL MOUNT 18" ANV SYSTEMS CONTROLLER - WALL MOUNT 18" ANNUNCIATOR PANEL - WALL MOUNT VERIF SECURITY VERIF KP - KEYPAD M - MASTER STATION KS - KEY SWITCH SECURITY - CEILING MOUNT - TYPICAL VERIF S SECURITY - CEILING MOUNT - TYPICAL VERIF KA - REQUEST TO EXIT DC - DOOR CONTACT Y Es - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT Y Es - ELECTRIC LOCK MS - MONTOR STRIKE WERIF ML - MAGRETIC LOCK MD - MOTION DETECTOR Y TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR Y ML - MAGRETIC LOCK MD - MOTION DETECTOR Y ML - AUXILIARY INPUT STATION D - DUTY STATION Y P - NURSE CALL - WALL MOUNT Y Y MI - AUXILIARY INPUT STATION D - DUTY STATION Y		CHIME - WALL/CEILING MOUNT					
PROJECTOR//DEO CAMERA/DOCUMENT CAMERA -WALL/CEILING MOUNT VERIF Y Y TV SYSTEM OUTLET - WALL/CEILING MOUNT 18" AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" AUDIO VIDEO SYSTEM OUTLET - WALL/CEILING MOUNT 18" ANV SYSTEMS CONTROLLER - WALL MOUNT 18" ANNUNCIATOR PANEL - WALL MOUNT VERIF SECURITY VERIF SECURITY VERIF SECURITY VERIF SECURITY VERIF CR - CARD READER EP - EXIT PUSHBUTTON KS - KEY SWITCH M - MASTER STATION KS - KEY SWITCH DC - DOOR CONTACT VERIF SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - OUCOR CONTACT VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT VERIF ML - MAGNETIC LOCK MD - MOTION DETECTOR TH H - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR VERIF SECURITY PANEL - WALL/CEILING MOUNT VERIF VERIF MIL - SECURITY CAMERA - WALL/CEILING MOUNT VERIF VERIF MIL - SECURITY PANEL - WALL MOUNT VERIF POWER TRANSFER HINGE GB - GLAS	#©- #©	CLOCK - WALL/CEILING MC	96"				
Image: Constraint of the second se							
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SECURITY - WALL MOUNT - TYPICAL VERIF CR - CARD READER EP - EXIT PUSHBUTTON Y KP - KEYPAD M - MASTER STATION KS KS - KEY SWITCH SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT Y ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT Y EL - ELECTRIC LOCK MS - MONITOR STRIKE MD - MOTION DETECTOR TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR Y SECURITY OLOCK MD - MOTION DETECTOR Y SECURITY SECURITY CAMERA - WALL/CEILING MOUNT Y SECURITY SECURITY PANEL - WALL MOUNT Y SECURITY SECURITY PANEL - WALL MOUNT Y SECURITY SECURITY PANEL - WALL MOUNT Y MI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y C - CODE BLUE STATION M - MASTER STATION M - MASTER STATION C - CODE BLUE STATION SA - STAFF ASSIST STATION Y C - CODE BLUE/STAFF AS	 	A/V SYSTEMS CONTROLLE	R - WALL MOUNT				
SECURITY - WALL MOUNT - TYPICALVERIFCR - CARD READEREP - EXIT PUSHBUTTONKP - KEYPADM - MASTER STATIONKS - KEY SWITCHM - MASTER STATIONISSECURITY - CEILING MOUNT - TYPICALVERIFRX - REQUEST TO EXITDC - DOOR CONTACTES - ELECTRIC STRIKEODC - OVERHEAD DOOR CONTACTEL - ELECTRIC LOCKMS - MONITOR STRIKEML - MAGNETIC LOCKMD - MOTION DETECTORTH - POWER TRANSFER HINGEGB - GLASS BREAKER DETECTORSECURITY CAMERA - WALL/CEILING MOUNTVERIFSECURITY SECURITY PANEL - WALL MOUNTVERIFSECURITY SECURITY PANEL - WALL MOUNTVERIFMI - AUXILIARY INPUT STATIOND - DUTY STATIONANN - ANNUNCIATOR PANELE - EMERGENCY PULL STATIONBD - PATIENT BED STATIONM - MASTER STATIONC - CODE BLUE STATIONMI - SECONDARY MASTER STATIONC/SA - CODE BLUE/STAFF ASSIST COMBINATION STATIONP - PATIENT STATION (BASIC)C-B - CODE BLUE/STAFF ASSIST COMBINATION STATIONSA - STAFF ASSIST STATIONC-B/SA - CODE BLUE/STAFF ASSIST COMBINATION STATIONVF - WORK FLOW (TOUCH SCREEN)C-C - CALL CANCELWF1 - WORK FLOW (TOUCH SCREEN)CC - CALL CANCELWF1 - WORK FLOW (4-BUTTON)IN +LOCATOR ANTENNA** = NUMBER OF LIGHTS, Z = ZONE INDICATOR LIGHTS)VERIFMOME LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, 96"		ANNUNCIATOR PANEL - W	ALL MOUNT				
SECURITY - WALL MOUNT - TYPICAL VERIF CR - CARD READER EP - EXIT PUSHBUTTON KP - KEYPAD M - MASTER STATION KS - KEY SWITCH M - MASTER STATION SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT EL - ELECTRIC LOCK MS - MONITOR STRIKE ML - MAGNETIC LOCK MD - MOTION DETECTOR TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR SECURITY SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL - WALL MOUNT VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BO - PATIENT BED STATION M - MASTER STATION C - CODE BLUE STATION M - SECONDARY MASTER STATION C/SA - CODE BABY STATION SA - STAFF ASSIST STATION C/SA - CODE BABY STATION SA - STAFF ASSIST STATION C/SA - CODE BABY STATION SA - STAFF ASSIST STATION C/SA - CODE BABY STATION SA - STAFF ASSIST STATION C/SA - CODE BABY STATION SA - STAFF ASSIST STA		050					
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KP - KEYPAD M - MASTER STATION KS - KEY SWITCH SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT VERIF ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT EL EL - ELECTRIC LOCK MS - MONITOR STRIKE MD - MOTION DETECTOR TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR VERIF SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF MICH NURSE CALL - WALL MOUNT VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y BD - PATIENT BED STATION M - MASTER STATION Y C'- CODE BLUE STATION M - MASTER STATION P - PATIENT STATION (ENHANCED) C/SA - CODE BABY STATION SA - STAFF ASSIST STATION Y - PATIENT TO STATION C'B/SA - CODE BABY STATION SA - STAFF ASSIST STATION Y - PATIENT TV STATION C-B/SA - CODE BABY STATION SA - STAFF ASSIST STATION Y - PATIENT TV STATION C-B/SA - CODE BABY STAFF ASSIST	S-	SECURITY - WALL MOUN	T - TYPICAL	VERIF			
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SECURITY - CEILING MOUNT - TYPICAL VERIF RX - REQUEST TO EXIT DC - DOOR CONTACT Y ES - ELECTRIC STRIKE ODC - OVERHEAD DOOR CONTACT EL EL - ELECTRIC LOCK MS - MONITOR STRIKE ML - MAGNETIC LOCK MD - MOTION DETECTOR TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR VERIF SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL - WALL MOUNT VERIF Y NURSE CALL - WALL MOUNT Y Y NURSE CALL - WALL MOUNT Y Y NURSE CALL - WALL MOUNT Y Y AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION P C - CODE BLUE STATION M - MASTER STATION P C - CODE BLUE/STAFF ASSIST P - PATIENT STATION (ENHANCED) P C-B - CODE BLUE/STAFF ASSIST Y	KP - KEYPAD		M - MASTER STATION				
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EL - ELECTRIC LOCK MS - MONITOR STRIKE ML - MAGNETIC LOCK MD - MOTION DETECTOR TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL - WALL MOUNT VERIF NURSE CALL - WALL MOUNT - TYPICAL VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BD - PATIENT BED STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST P - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) C- CALL CANCEL WF1 - WORK FLOW (4	RX - REQUES	T TO EXIT	DC - DOOR CONTACT	Y			
ML - MAGNETIC LOCK MD - MOTION DETECTOR TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL WERIF VERIF NURSE CALL - WALL MOUNT - TYPICAL VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y BD - PATIENT BED STATION M - MASTER STATION Y C - CODE BLUE/STAFF ASSIST COMBINATION STATION M1 - SECONDARY MASTER STATION Y C-B - CODE BABY STATION SA - STAFF ASSIST STATION (BASIC) Y C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION (BASIC) Y C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION Y C-B/SA - CODE BABY/STAFF ASSIST VERIF Y C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION Y C-B/SA - CODE BABY/STAFF ASSIST VERIF Y Y CC - CALL CANCEL WF1 - WORK FLOW (TOUCH SCREEN) Y Y Y <tr< td=""><td>ES - ELECTR</td><td>C STRIKE</td><td>ODC - OVERHEAD DOOR CON</td><td>ТАСТ</td></tr<>	ES - ELECTR	C STRIKE	ODC - OVERHEAD DOOR CON	ТАСТ			
TH - POWER TRANSFER HINGE GB - GLASS BREAKER DETECTOR SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL WALL MOUNT - TYPICAL VERIF NURSE CALL - WALL MOUNT - TYPICAL VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y BD - PATIENT BED STATION M - MASTER STATION Y C - CODE BLUE/STAFF ASSIST P - PATIENT STATION (ENHANCED) C/SA - CODE BABY STATION SA - STAFF ASSIST STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION CC - CALL CANCEL WF1 - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL DOME LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, # = NUMBER OF LIGHTS, Z = ZONE INDICATOR LIGHTS)	EL - ELECTRI	C LOCK	MS - MONITOR STRIKE				
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SECURITY CAMERA - WALL/CEILING MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF SECURITY SECURITY PANEL - WALL MOUNT VERIF NURSE CALL - WALL MOUNT - TYPICAL VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION VERIF AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION Y BD - PATIENT BED STATION M - MASTER STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION P - PATIENT STATION (ENHANCED) C/SA - CODE BLUE/STAFF ASSIST P - PATIENT STATION (BASIC) P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (TOUCH SCREEN) WF1 - WORK FLOW (4-BUTTON) Image: Momentary State of LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, gof" g6"	TH - POWER	TRANSFER HINGE	GB - GLASS BREAKER DETECTOR				
Image: Nurse call - wall mount - typical verif Image: Nurse call - wall mount - typical verif AI - AUXILIARY INPUT STATION D - DUTY STATION ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BD - PATIENT BED STATION M - MASTER STATION BD - PATIENT BED STATION M1 - SECONDARY MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST COMBINATION STATION P - PATIENT STATION (ENHANCED) P1 - PATIENT STATION (BASIC) P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Mode DOME LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, # = NUMBER OF LIGHTS, Z = ZONE INDICATOR LIGHTS)		SECURITY CAMERA - WALL	/CEILING MOUNT	VERIF			
Image: Nurse call - wall mount - typical verife Image: Nurse call - wall mount - typical verife AI - AUXILIARY INPUT STATION D - DUTY STATION ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BD - PATIENT BED STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST COMBINATION STATION P - PATIENT STATION (ENHANCED) P1 - PATIENT STATION (BASIC) P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Mode DOME LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, # = NUMBER OF LIGHTS, Z = ZONE INDICATOR LIGHTS)	SECURITY	SECURITY PANEL - WALL N	IOUNT				
Image: Nurse call - Wall Mount - Typical Verify AI - AUXILIARY INPUT STATION D - DUTY STATION Y ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BD - PATIENT BED STATION M - MASTER STATION BD - PATIENT BED STATION M - MASTER STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST COMBINATION STATION P - PATIENT STATION (ENHANCED) C-B - CODE BABY STATION SA - STAFF ASSIST STATION (BASIC) C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION (BASIC) C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Mome LIGHT - WALL/CEILING MOUNT (BLANK = 4 LIGHTS, # = NUMBER OF LIGHTS, Z = ZONE INDICATOR LIGHTS) 96"							
AI - AUXILIARY INPUT STATION D - DUTY STATION ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BD - PATIENT BED STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST COMBINATION STATION P - PATIENT STATION (ENHANCED) P1 - PATIENT STATION (BASIC) P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Mathematical Station Station WF1 - WORK FLOW (4-BUTTON) Image: Mathematical Station Station MF1 - WORK FLOW (4-BUTTON) Image: Mathematical Station Station MF1 - WORK FLOW (4-BUTTON)		NURS					
ANN - ANNUNCIATOR PANEL E - EMERGENCY PULL STATION BD - PATIENT BED STATION M - MASTER STATION C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST COMBINATION STATION P - PATIENT STATION (ENHANCED) C-B - CODE BABY STATION SA - STAFF ASSIST STATION (BASIC) C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Model of the state of the st	N	NURSE CALL - WALL MOUN	IT - TYPICAL	VERIF			
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C - CODE BLUE STATION M1 - SECONDARY MASTER STATION C/SA - CODE BLUE/STAFF ASSIST COMBINATION STATION P - PATIENT STATION (ENHANCED) P1 - PATIENT STATION (BASIC) P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION TV - PATIENT TV STATION C-C-CALL CANCEL WF1 - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Comparison of the top of to	ANN - ANNUN	ICIATOR PANEL	E - EMERGENCY PULL STATIO	N			
C/SA - CODE BLUE/STAFF ASSIST P - PATIENT STATION (ENHANCED) C/B - CODE BABY STATION P1 - PATIENT STATION (BASIC) C-B - CODE BABY STATION SA - STAFF ASSIST STATION C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Comparison of the state of the stat	BD - PATIENT	BED STATION	M - MASTER STATION				
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C-B/SA - CODE BABY/STAFF ASSIST TV - PATIENT TV STATION COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: the state of the stat			P1 - PATIENT STATION (BASIC)				
C-B/SA - CODE BABY/STAFF ASSIST COMBINATION STATION WF - WORK FLOW (TOUCH SCREEN) CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: Comparison of the second	C-B - CODE B	ABY STATION	SA - STAFF ASSIST STATION				
CC - CALL CANCEL WF1 - WORK FLOW (4-BUTTON) Image: transmission of the second secon				REEN)			
Image: Constraint of the second se				,			
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NCD		DOME LIGHT - WALL/CEILIN		96"			
	NCP_			VERIFY			

STAMP

Minnesota. Signature Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

5

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTIO
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY I
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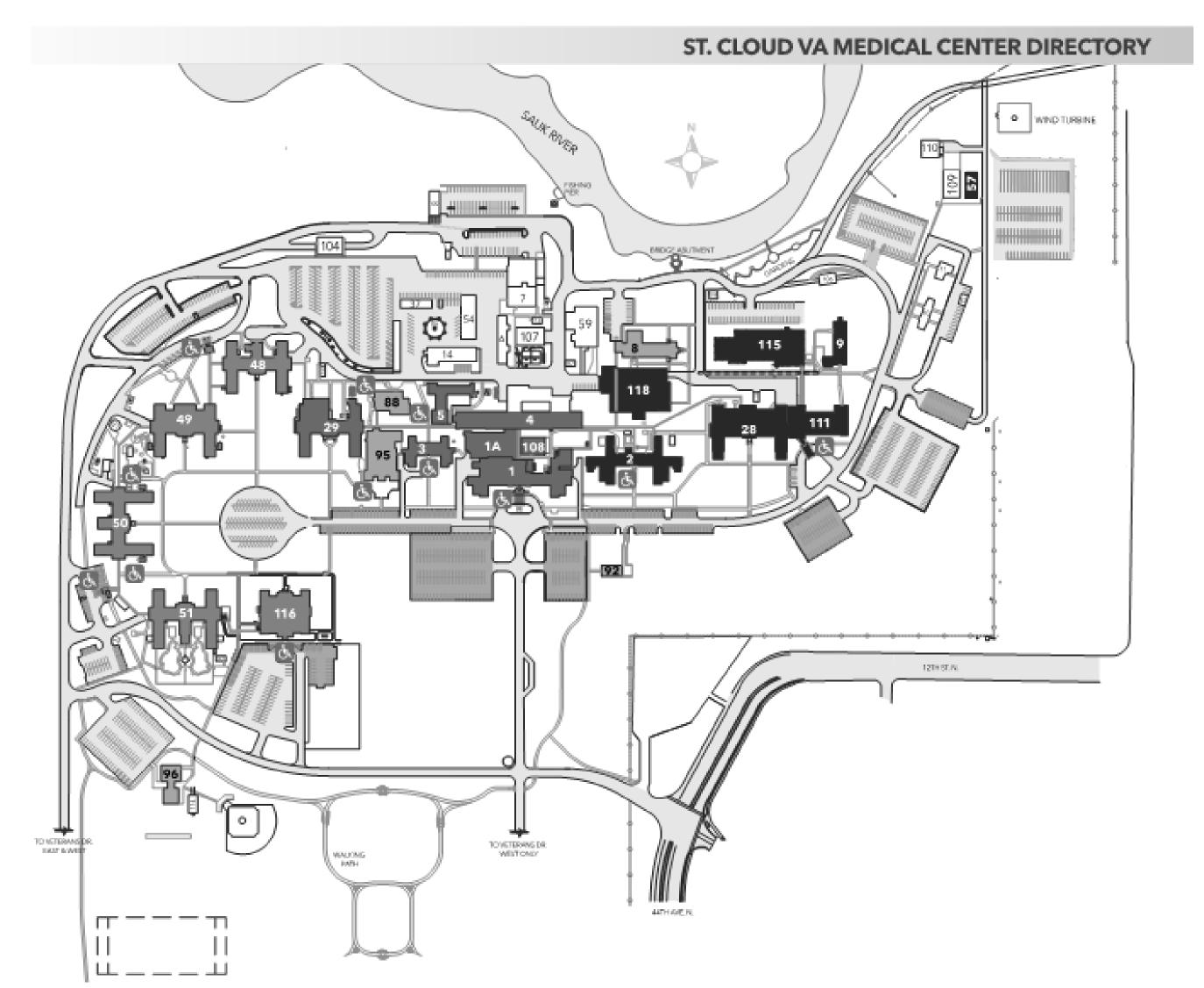
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ELECTRICAL SHEET LIST

SHEET	
NUMBER	SHEET NAME
ET.000	COVER SHEET
E000	ELECTRICAL TITLE SHEET
ET.101	SITE PLAN
ED01-00	BUILDING 01 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED01-01	BUILDING 01 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED01-02	BUILDING 01 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED01-03	BUILDING 01 - PAGING SPEAKER DEMOLITION FLOOR PLAN - THIRD FLOOR
ED02-00	BUILDING 02 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED02-01	BUILDING 02 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED02-02	BUILDING 02 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED03-01	BUILDING 03 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST AND SECOND FLOOR
ED04-00	BUILDING 04 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED04-01	BUILDING 04 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED04-02	BUILDING 04 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED05-01	BUILDING 05 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED06-01	BUILDING 06 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED07-01	BUILDING 07 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED08-00	BUILDING 08 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED08-01	BUILDING 08 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED08-02	BUILDING 08 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED09-00	BUILDING 09 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT, FIRST AND SECOND FLOOR
ED10-00	BUILDING 10 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT, FIRST & SECOND FLOORS
ED11-00	BUILDING 11 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT, FIRST & SECOND FLOORS
ED14-01	BUILDING 14 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED28-00	BUILDING 28 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED28-01	BUILDING 28 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED29-00	BUILDING 29 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED29-01	BUILDING 29 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED29-02	BUILDING 29 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED48-00	BUILDING 48 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED48-01	BUILDING 48 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED48-02	BUILDING 48 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED49-00	BUILDING 49 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED49-01	BUILDING 49 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED49-02	BUILDING 49 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED50-00	BUILDING 50 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED50-01	BUILDING 50 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED50-02	BUILDING 50 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED51-00	BUILDING 51 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED51-01	BUILDING 51 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED51-02	BUILDING 51 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR
ED57-01	BUILDING 57 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED59-00	BUILDING 59 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT
ED88-01	BUILDING 88 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED95-01	BUILDING 95 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED96-01	BUILDING 96 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED108-01	BUILDING 108 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED109-01	BUILDING 109 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
ED111-01	BUILDING 111 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR
EDT001	BUILDING LINK - B29 TO B48 & B48 TO B49 - DEMOLITION AND NEW PLANS
EDT002	BUILDING LINK - B49 TO B50 - DEMOLITION AND NEW PLANS
EDT003	BUILDING LINK - B50 TO B51 - DEMOLITION AND NEW PLANS
EDT004	BUILDING LINK - B2 TO B4 TO B8 - DEMOLITION AND NEW PLANS
EDT005	BUILDING LINK - B2 TO B28 - DEMOLITION AND NEW PLANS
ET01-00	BUILDING 01 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET01-01	BUILDING 01 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET02-00	BUILDING 02 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET03-00	BUILDING 03 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET03-01	BUILDING 03 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET03-02	BUILDING 03 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR

	ELECTRICAL SHEET LIST
SHEET NUMBER	SHEET NAME
ET04-00	BUILDING 04 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET04-02	BUILDING 04 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR
ET05-01	BUILDING 05 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET06-01	BUILDING 06 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET07-01	BUILDING 07 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET08-00	BUILDING 08 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET08-02	BUILDING 08 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR
ET09-00	BUILDING 09 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET10-00	BUILDING 10 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET14-01	BUILDING 14 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET28-00	BUILDING 28 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET29-00	BUILDING 29 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET48-00	BUILDING 48 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET49-00	BUILDING 49 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET50-00	BUILDING 50 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET50-02	BUILDING 50 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR
ET51-01	BUILDING 51 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET54-01	BUILDING 54 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET57-01	BUILDING 57 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET59-00	BUILDING 59 - PAGING SPEAKER FLOOR PLAN - BASEMENT & FIRST FLOOR
ET109-01	BUILDING 109 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET115-01	BUILDING 115 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET116-01	BUILDING 116 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR
ET118-00	BUILDING 118 - PAGING SPEAKER FLOOR PLAN - BASEMENT
ET.401	ENLARGED COMMUNICATION ROOM PLANS
ET.402	ENLARGED COMMUNICATION ROOM PLANS
ET.403	ENLARGED COMMUNICATION ROOM PLANS
ET.404	ENLARGED COMMUNICATION ROOM PLANS
ET.405	ENLARGED COMMUNICATION ROOM PLANS
ET.406	ENLARGED COMMUNICATION ROOM PLANS
ET.407	ENLARGED COMMUNICATION ROOM PLANS
ET.408	ENLARGED COMMUNICATION ROOM PLANS
ET.409	ENLARGED COMMUNICATION ROOM PLANS
ET.501	PUBLIC ADDRESS NETWORK RISER

9



2 VA ST CLOUD - ORIENTATION MAP 12" = 1'-0"

ROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ELECTRICAL TITLE SHEET		PROJECT TITLE UPGRADE I ADDRESS S			PLOT SCALE		SENT OF VETERAN
	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
ROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		STATES OF AN
ROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CI ST. CLOUD, MN		DATE:	DRAWING NO.		
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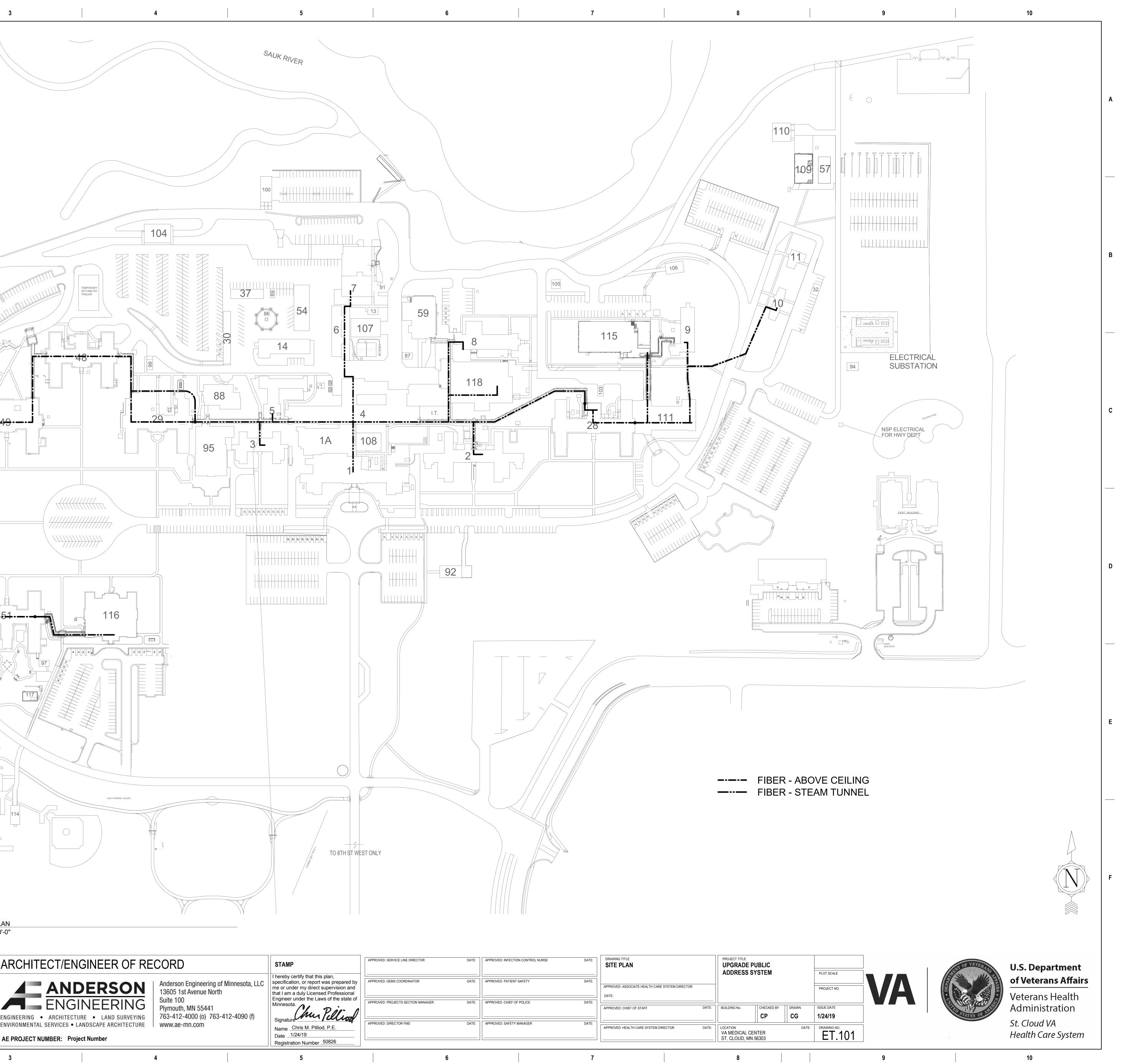




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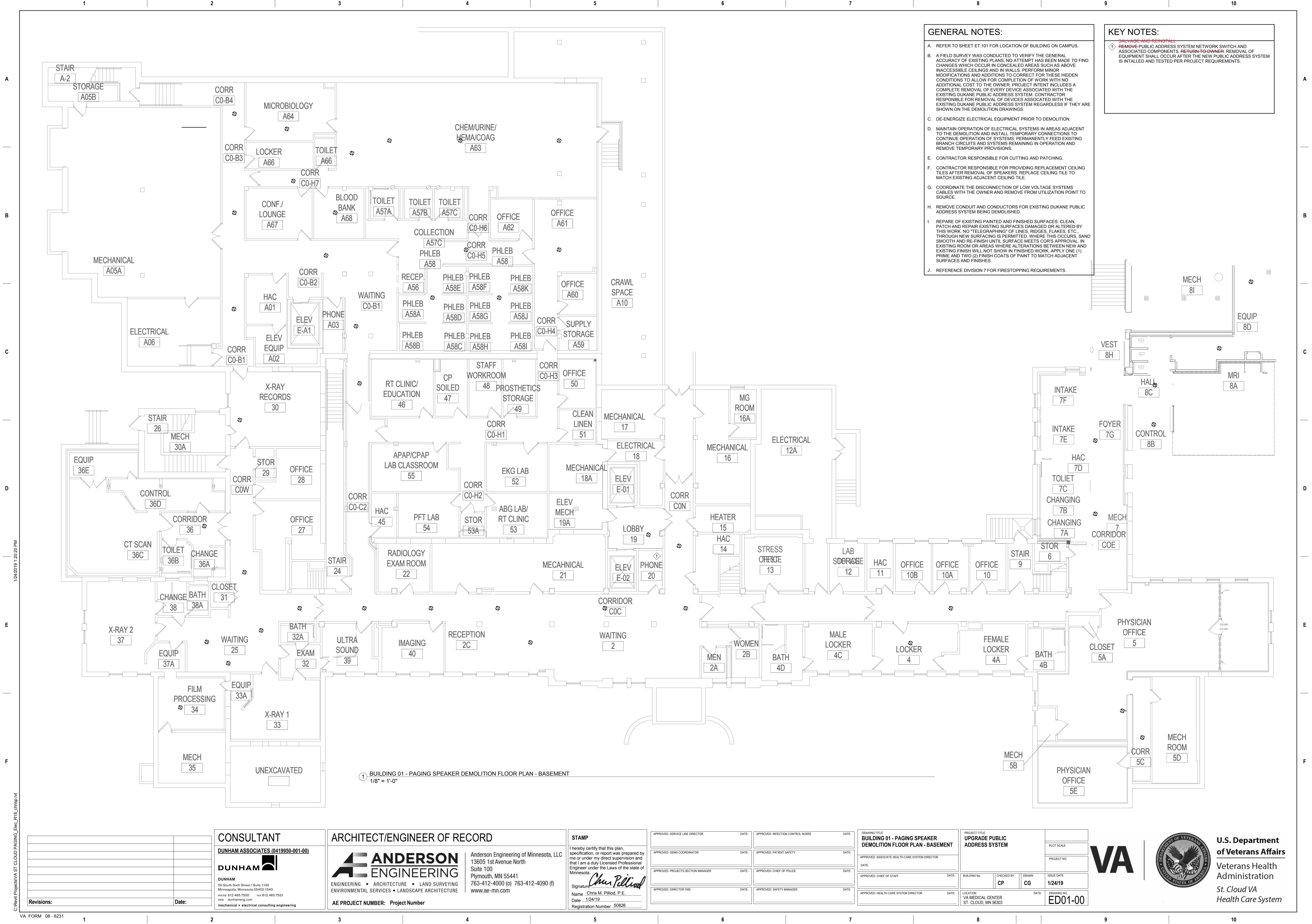
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				CONSULTANT	ARC
C:\Revit Projects\VA ST CLOUD PAGING_Elec_R18_chrisp.rvt					1 <u>SITE PLAN</u> 1" = 100'-0"
			Т	TO 8TH ST EAST & WEST	
					96
					BRDCAGE
MH GI:12:1 6102/42/1					
	115 116 117 118	MENTAL HEALTH REHABILITATION GENERATOR KITCHEN			
	106 107 108	STORAGEGAME FARMENGINEERING STORAGEPHARMACY/TELEPHONEMENTAL HEALTHGENERATORGENERATORGENERATORGENERATORGENERATORGENERATORGENERATOR			
	94 95 96 97 99 100 103 104	ELECTRIC METER HOUSE CANTEEN RECREATION GENERATOR GENERATOR ENGINEERING STORAGE GENERATOR SUPPLY WAREHOUSE			
	59 69 86 87 88 91 92	CWT LAUNDRY STORAGE WATER TOWER PUMPING STATION CHAPEL BOILER BLOWDOWN PUMPHOUSE V.F.W. RECREATION-DR. REID BLD A.L.A. RECREATION			
	30 32 48 49 50 51 54	SUPPLY & ENGINEER STORAGE THREE CAR STORAGE A.D.H.CNURSE ED COMMUNITY LIVING CENTER COMMUNITY LIVING CENTER COMMUNITY LIVING CENTER STATION GARAGE			
	8 9 10 11 13 14 28	BOILER HOUSE AUDITORIUM/RECREATION DOMICILLIARY-POLICE DSS BUSINESS OFFICE/CONTRACTING ENGINEER STORAGE SUPPLY WAREHOUSE MENTAL HEALTH AUDIOLOGY, RELEASE OF INFORM.			
	7				



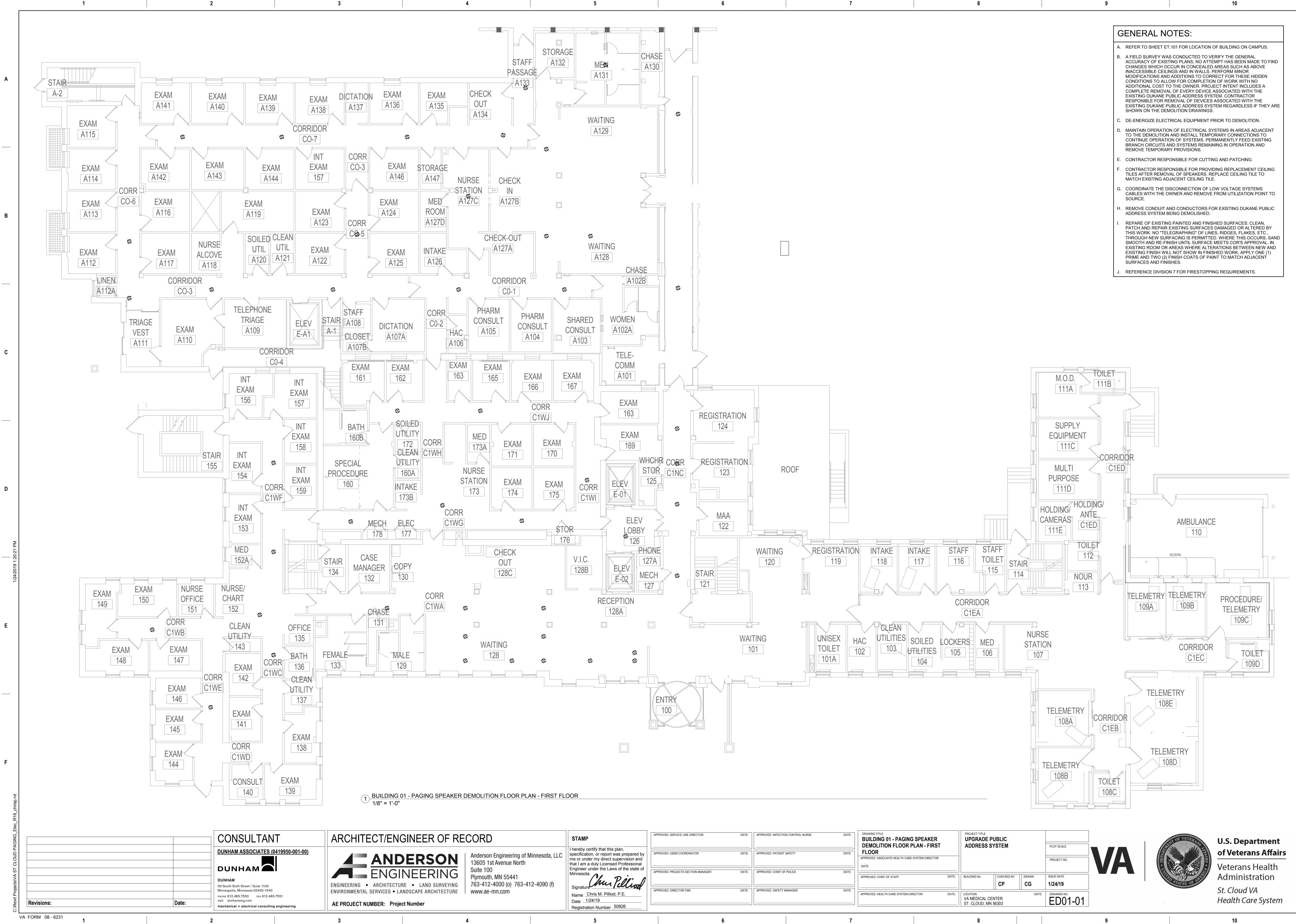


APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE SITE PLAN		PROJECT TITLE UPGRADE ADDRESS S			PLOT SCALE	
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		-			PROJECT NO.	DEPART
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19	
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL C ST. CLOUD, M		DATE:	DRAWING NO. ET.101	

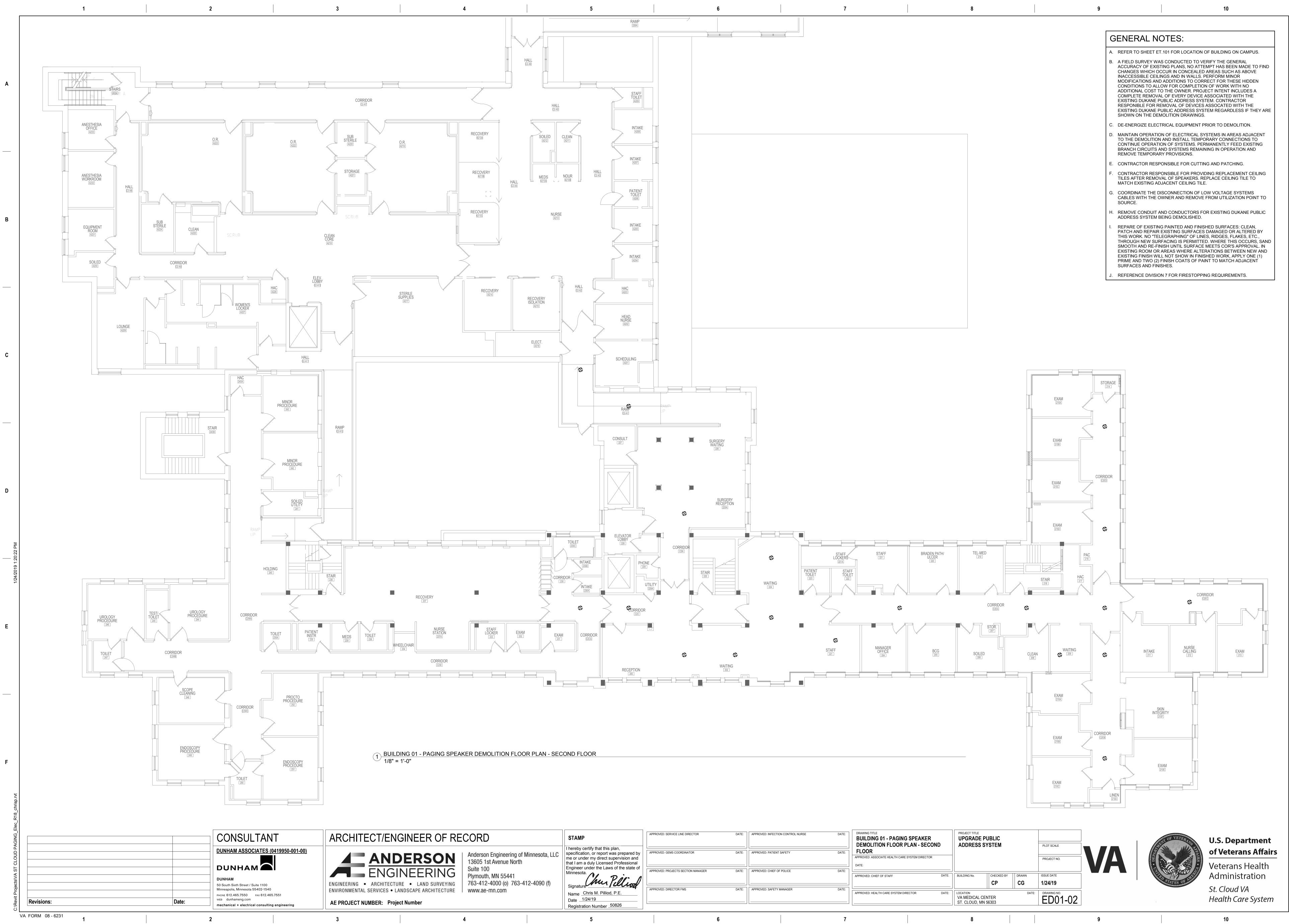


STAM	P
	certify that this plan,
	ation, or report was prepared b
	nder my direct supervision and
	n a duly Licensed Professional
	r under the Laws of the state of
Minneso	ota.
Signati	"Chur Pilliod
•	•
Name	Chris M. Pilliod, P.E.
Date _	1/24/19
Registr	ation Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVE
APPROVED: GEMS COORDINATOR	DATE:	APPROVE
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
APPROVED: DIRECTOR FMS	DATE:	APPROVE

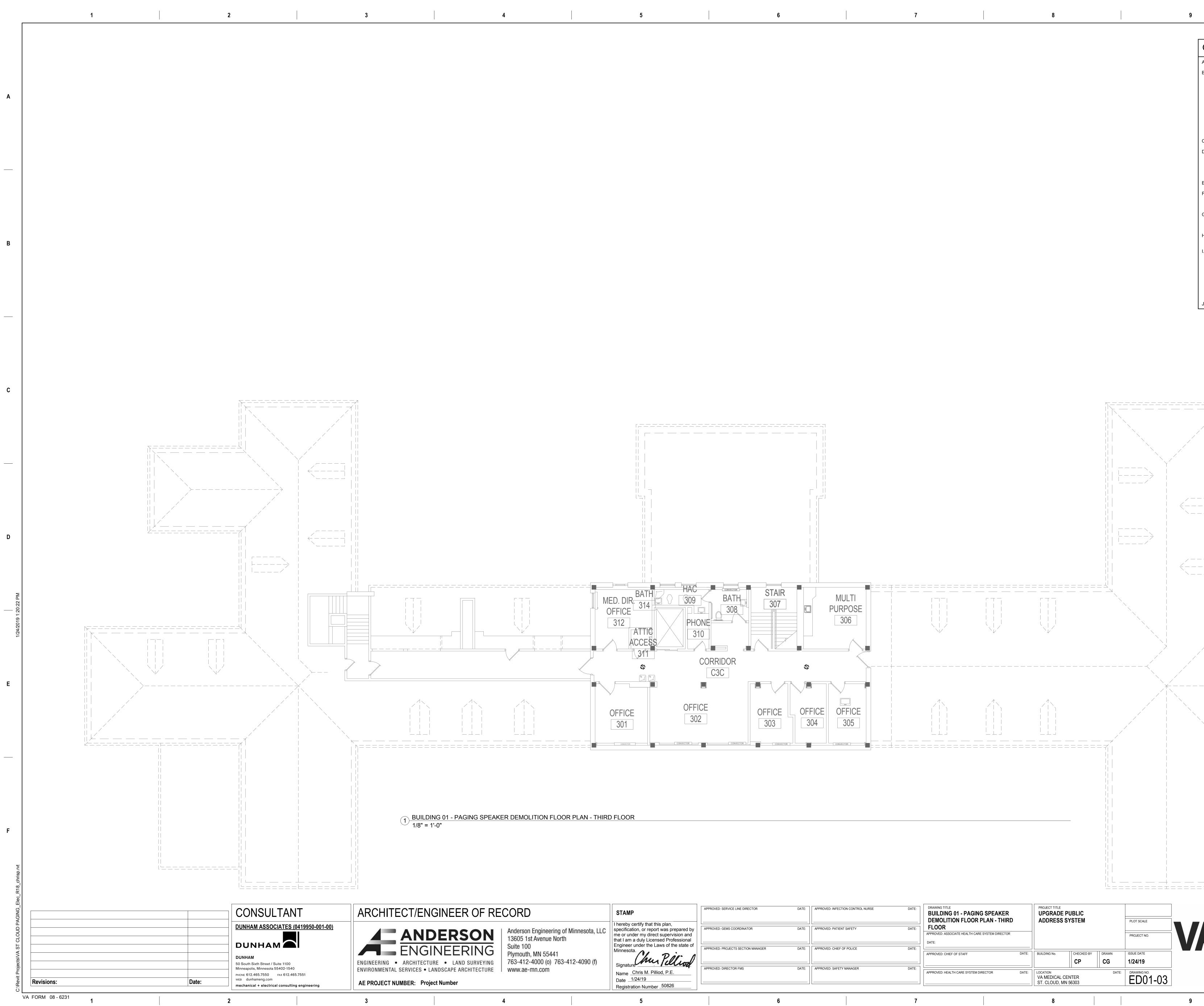


APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVE
APPROVED: GEMS COORDINATOR	DATE:	APPROVE
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
APPROVED: DIRECTOR FMS	DATE:	APPROVE



APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
APPROVED: GEMS COORDINATOR	DATE:	APPROVEI
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVEI
APPROVED: DIRECTOR FMS	DATE:	APPROVE

	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	DFD
	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		V
IANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEN ST. CLOUD, MN 5		DATE:	DRAWING NO. ED01-02		
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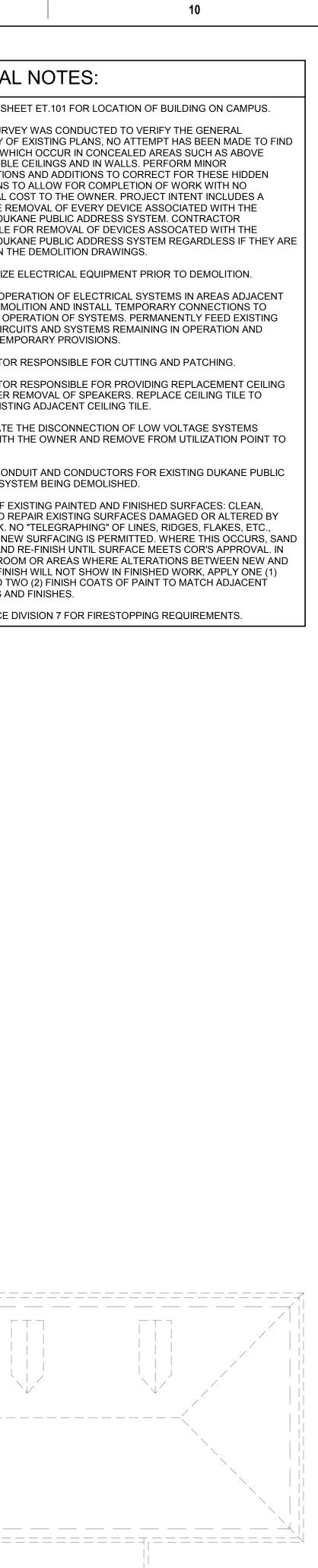


ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 01 - PAGING SPEAKER DEMOLITION FLOOR PLAN - THIRD		E DE PUBLIC SS SYSTEM		PLOT SCALE		ENT OF VETERANS	U.S. De
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	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	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		JO OTOTEM		PROJECT NO.	VA		of Vete Veterar
• ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:		DATE:	APPROVED: CHIEF OF STAFF DAT	E: BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		STATES OF AUGUS	Admini
L SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DAT	E: LOCATION VA MEDIC/ ST. CLOUE		DATE	ED01-03			St. Cloud Health C
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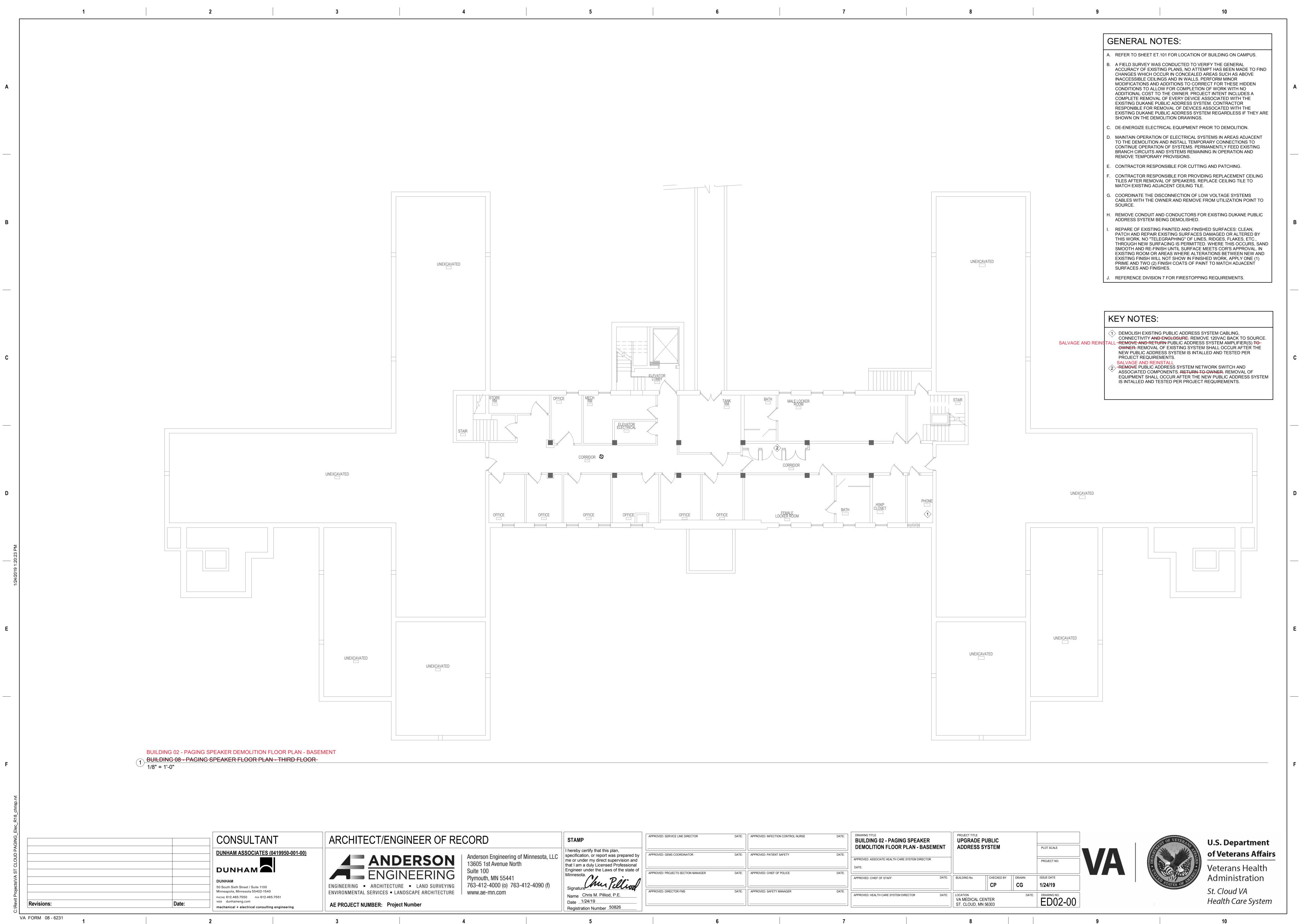
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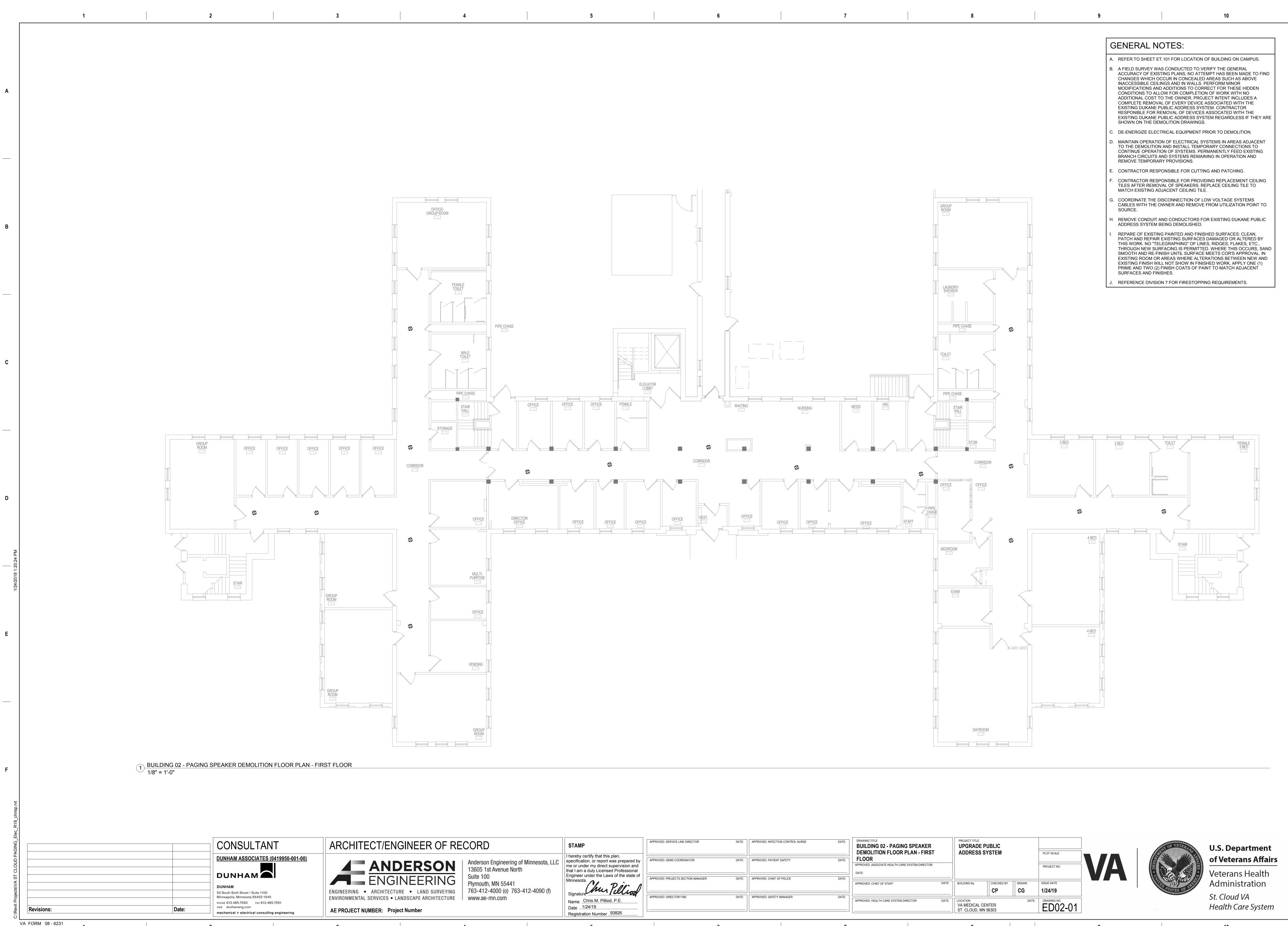
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	ERSON	Anderson Engineering of Minn 13605 1st Avenue North Suite 100	esota, LLC I hereby certify that this plan, specification, or report was prep me or under my direct supervision that I am a duly Licensed Profes Engineer under the Laws of the	on and sional		APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	DEPARTED IN THE REAL PROPERTY OF THE REAL PROPERTY
	NEERING RE • LAND SURVEYING	Plymouth, MN 55441 763-412-4000 (o) 763-412-4	090 (f) Minnesota.			APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE	E: BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		ATTED S
SERVICES • LA	NDSCAPE ARCHITECTURE ct Number	www.ae-mn.com	Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE	E: LOCATION VA MEDICAL C ST. CLOUD, M		DAT	E DRAWING NO. ED02-00		·
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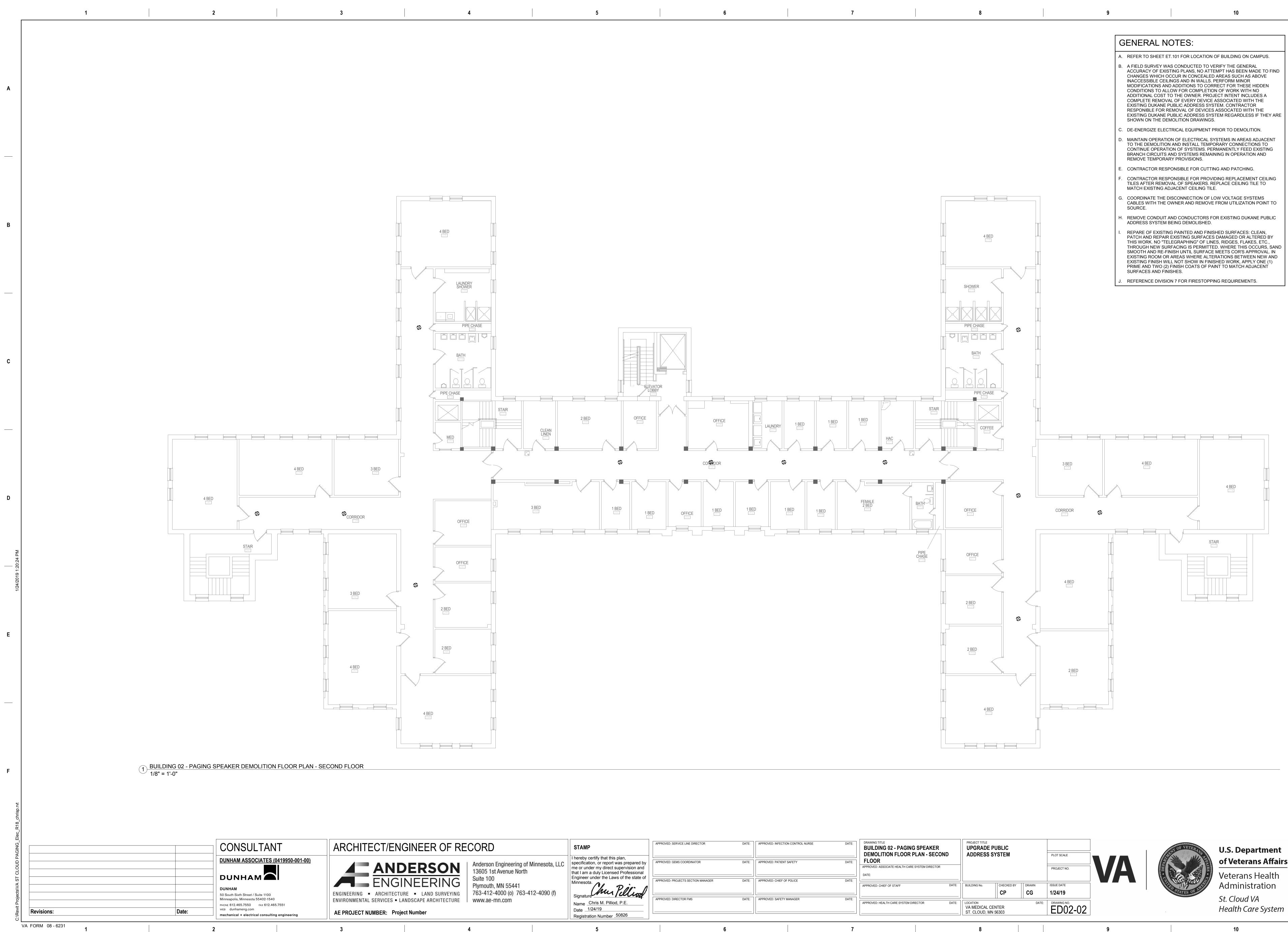


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	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the Laws of the state of	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY APPROVED: CHIEF OF POLICE	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		UTUTEM		PROJECT NO.	VA	THE REAL PROPERTY OF VE
• ARCHITECTURE • LAND SURVEYING	Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Signature Chur Pillion	APPROVED: PROJECTS SECTION MANAGER	DATE.	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		STATES
L SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826				DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	VA MEDICAL C ST. CLOUD, M		DATE	E DRAWING NO. ED02-01		
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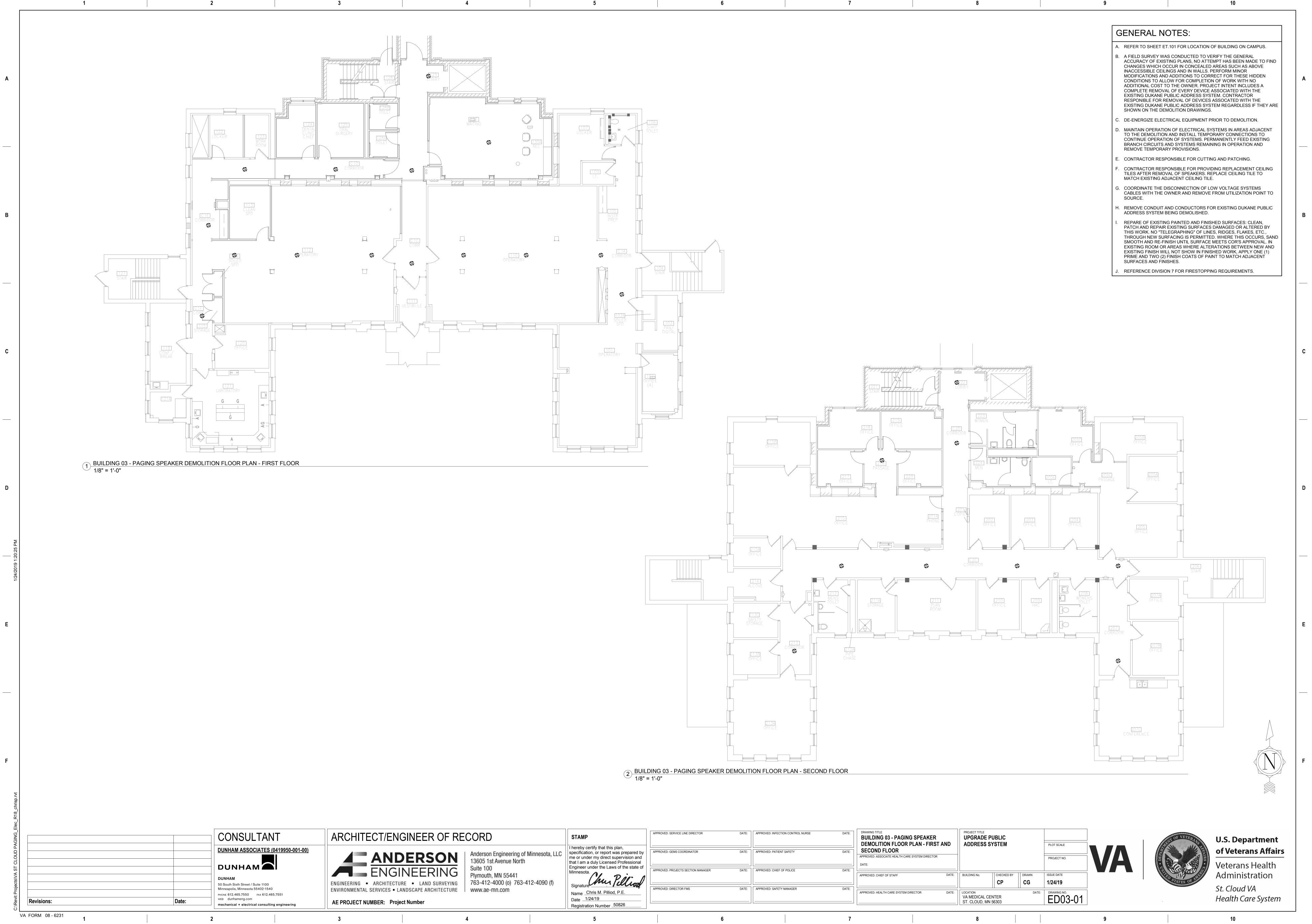
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ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the Laws of the state of	APPROVED: GEMS COORDINATOR		APPROVED: PATIENT SAFETY	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		01012		PROJECT NO.	VA	
ARCHITECTURE • LAND SURVEYING	Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER		APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		
SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL (ST. CLOUD, M		DAT	E DRAWING NO. ED02-02		
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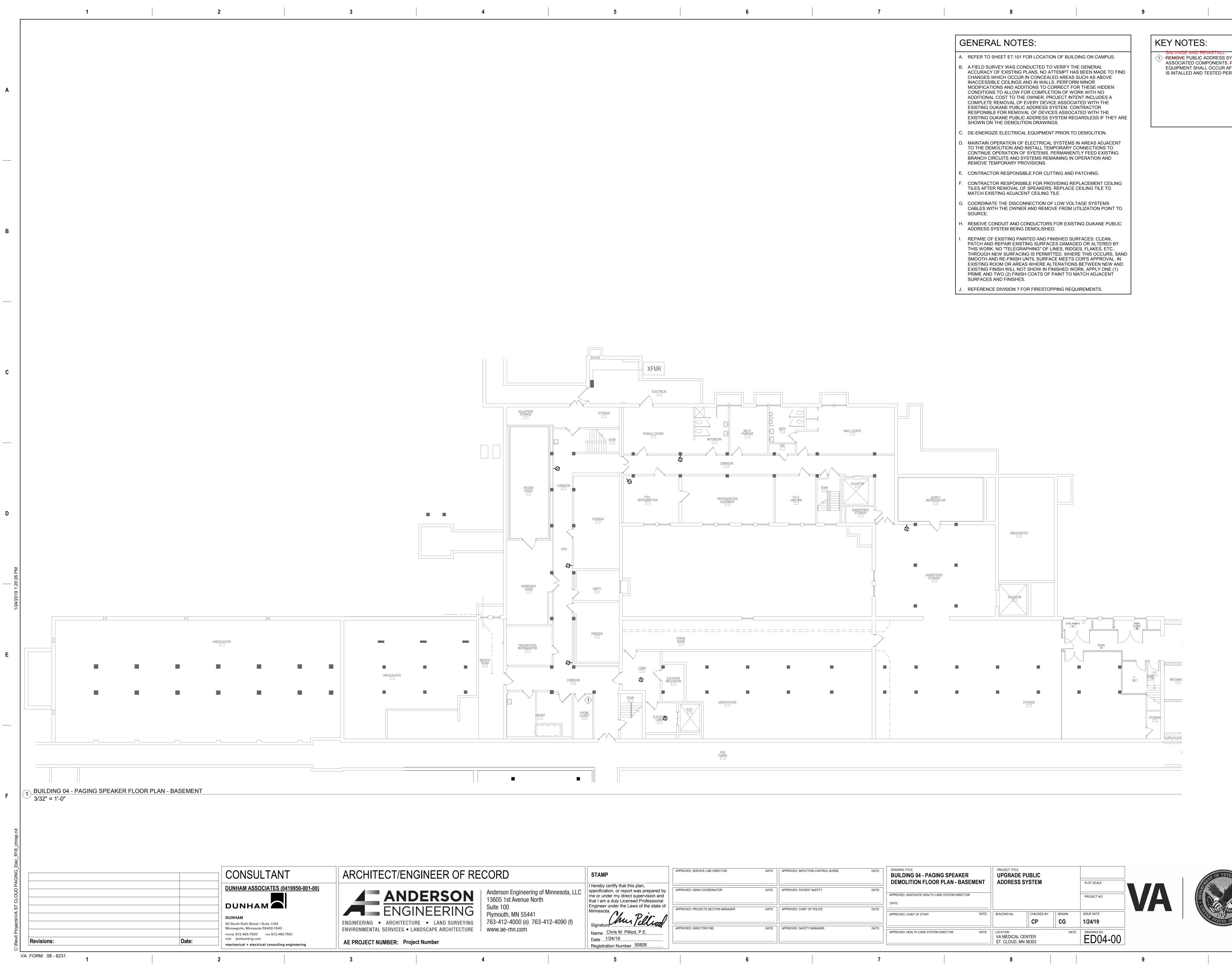
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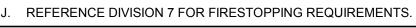
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ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVED
ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED
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ED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 03 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST AND	PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		ALL DE LE
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NFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 04 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEME	NT	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		S. S
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SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED04-00		
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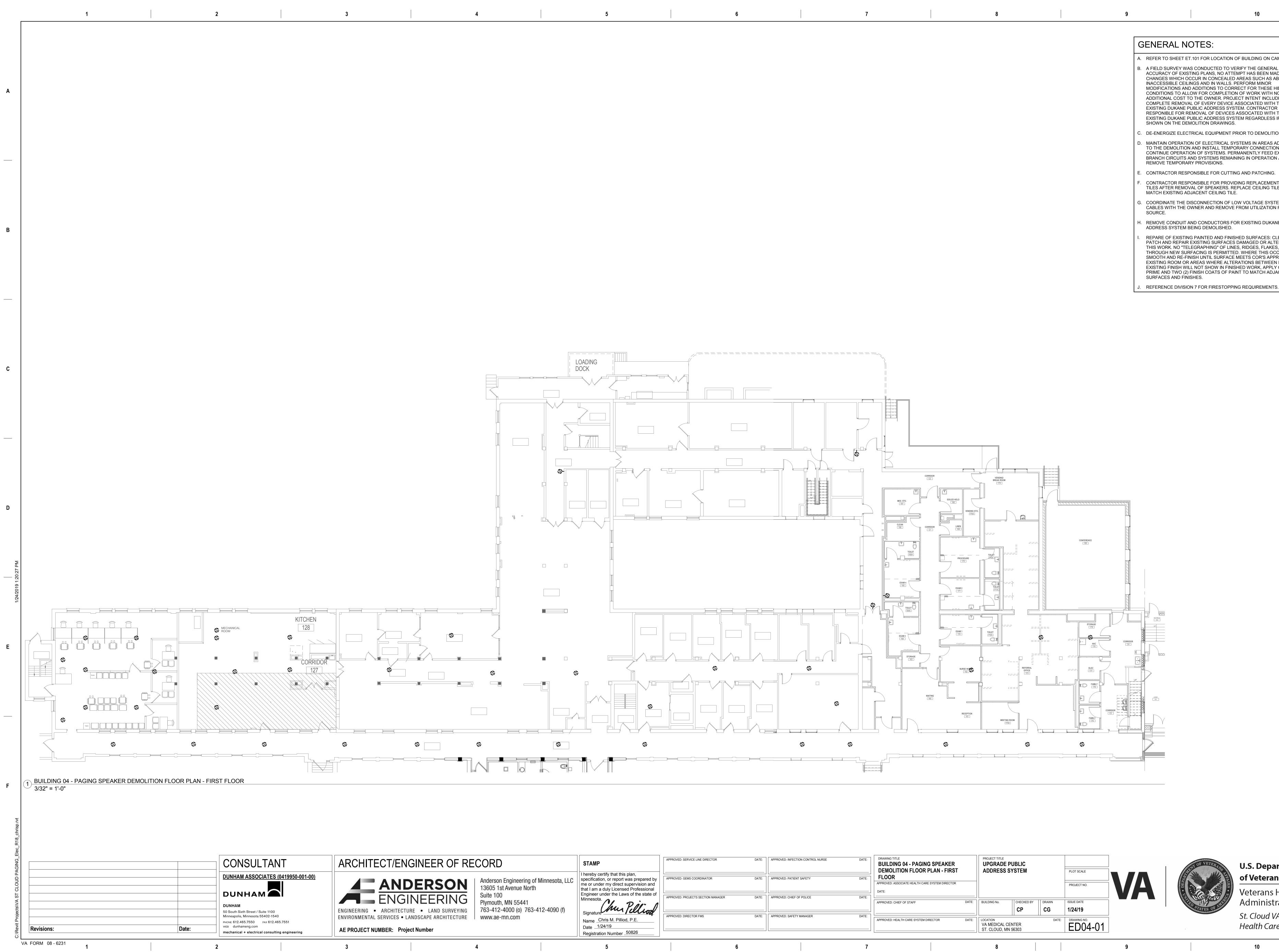
1 - REMOVE PUBLIC ADDRESS SYSTEM NETWORK SWITCH AND ASSOCIATED COMPONENTS. RETURN TO OWNER. REMOVAL OF EQUIPMENT SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM IS INTALLED AND TESTED PER PROJECT REQUIREMENTS.

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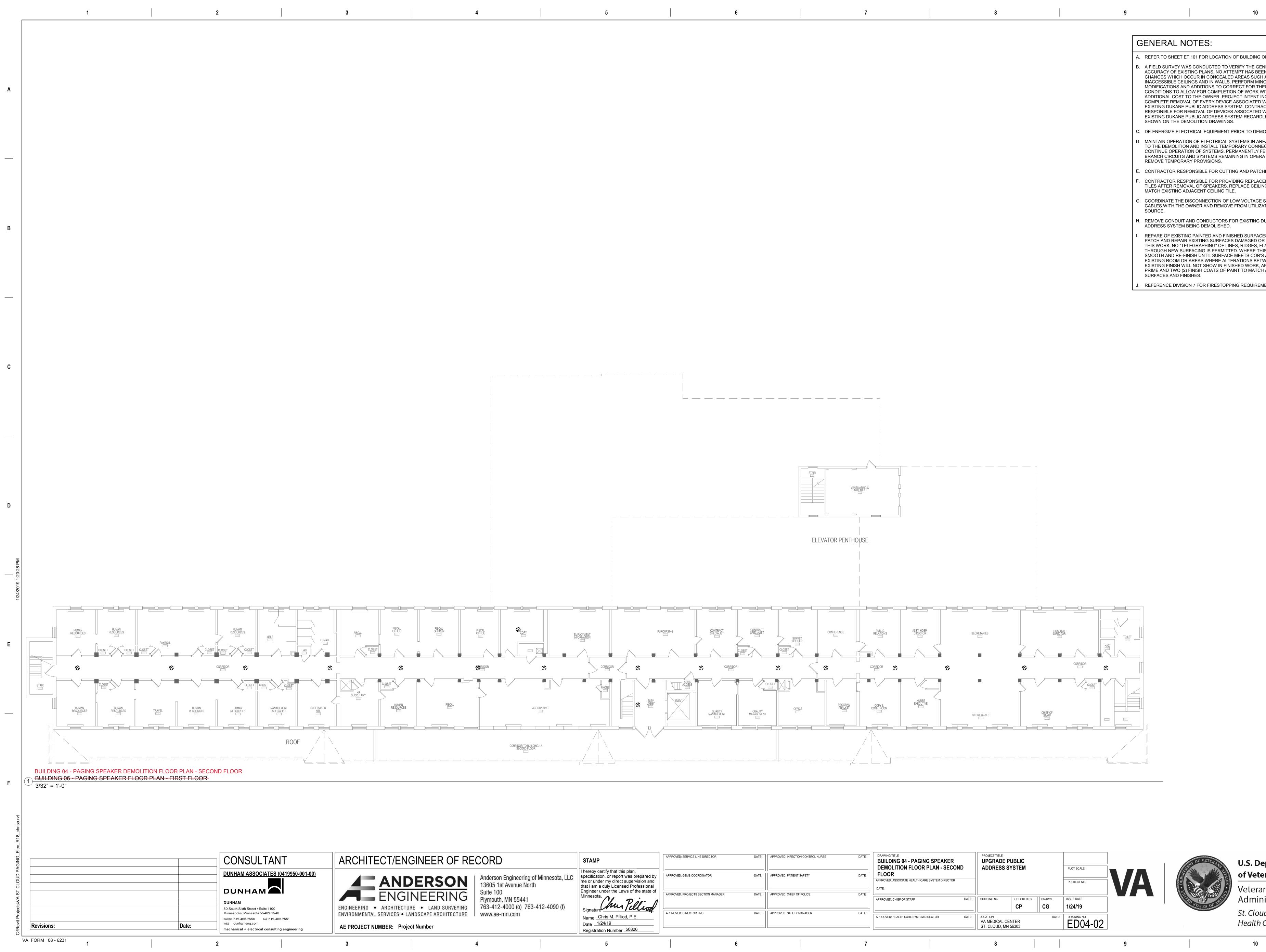
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): SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL C ST. CLOUD, M		DATE:	DRAWING NO. ED04-01		
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ONDUCTED TO VERIFY THE GENERAL S PLANS, NO ATTEMPT HAS BEEN MADE TO FIND R IN CONCEALED AREAS SUCH AS ABOVE S AND IN WALLS. PERFORM MINOR DITIONS TO CORRECT FOR THESE HIDDEN FOR COMPLETION OF WORK WITH NO HE OWNER. PROJECT INTENT INCLUDES A F EVERY DEVICE ASSOCIATED WITH THE IC ADDRESS SYSTEM. CONTRACTOR OVAL OF DEVICES ASSOCATED WITH THE IC ADDRESS SYSTEM REGARDLESS IF THEY ARE ITION DRAWINGS.
CAL EQUIPMENT PRIOR TO DEMOLITION.
F ELECTRICAL SYSTEMS IN AREAS ADJACENT D INSTALL TEMPORARY CONNECTIONS TO OF SYSTEMS. PERMANENTLY FEED EXISTING SYSTEMS REMAINING IN OPERATION AND ROVISIONS.
SIBLE FOR CUTTING AND PATCHING.
SIBLE FOR PROVIDING REPLACEMENT CEILING OF SPEAKERS. REPLACE CEILING TILE TO ENT CEILING TILE.
ONNECTION OF LOW VOLTAGE SYSTEMS ER AND REMOVE FROM UTILIZATION POINT TO
CONDUCTORS FOR EXISTING DUKANE PUBLIC G DEMOLISHED.
AINTED AND FINISHED SURFACES: CLEAN, STING SURFACES DAMAGED OR ALTERED BY RAPHING" OF LINES, RIDGES, FLAKES, ETC., CING IS PERMITTED. WHERE THIS OCCURS, SAND I UNTIL SURFACE MEETS COR'S APPROVAL. IN EAS WHERE ALTERATIONS BETWEEN NEW AND OT SHOW IN FINISHED WORK, APPLY ONE (1) SH COATS OF PAINT TO MATCH ADJACENT ES.



ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROV
Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	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	APPROVED: GEMS COORDINATOR	DATE:	APPROV
• ARCHITECTURE • LAND SURVEYING Suite 100 • ARCHITECTURE • LAND SURVEYING SUITE 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROV
UMBER: Project Number	Signature	APPROVED: DIRECTOR FMS	DATE:	APPROV

				PROJECT TITLE					
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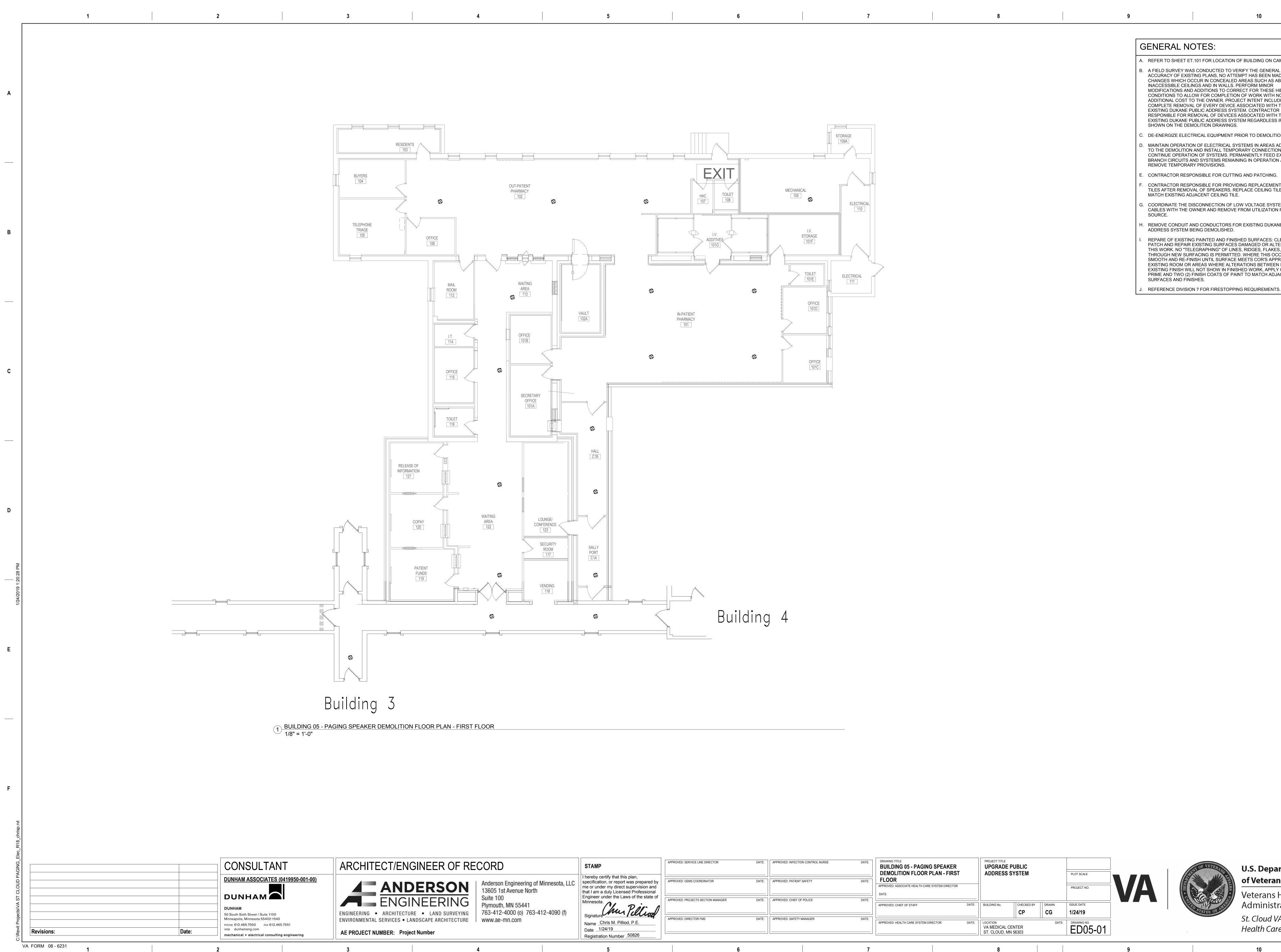
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REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





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Anderson Engineering of Minneso 13605 1st Avenue North Suite 100	that I am a duly Licensed Professional			APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPE
• ARCHITECTURE • LAND SURVEYING Suite 100 • ARCHITECTURE • LAND SURVEYING Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-409	Minnesota.	APPROVED: PROJECTS SECTION MANAGER		APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		Contraction of the
SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICA ST. CLOUD		DATE	BRAWING NO. ED05-01		·
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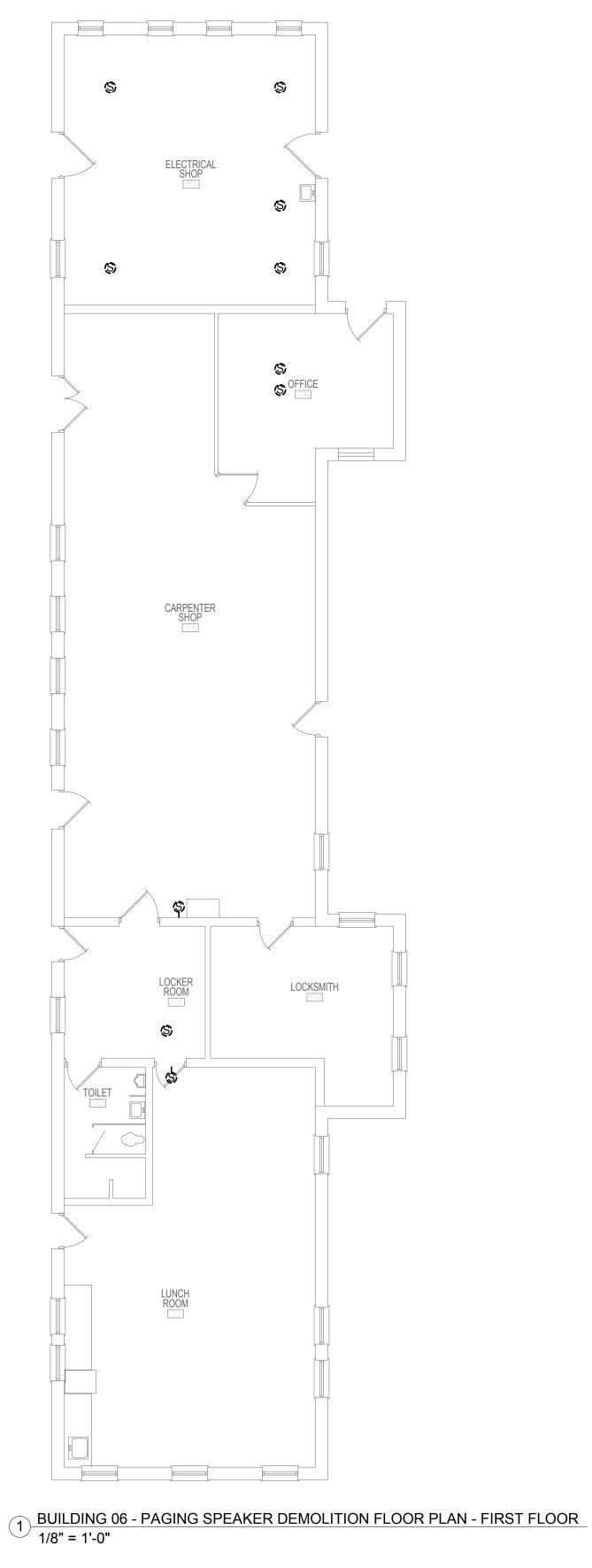
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Projects/V/			DUNHAM 50 South Sixth Street / Suite 1100 Minneapolis, Minnesota 55402-1540 PHONE 612.465.7550 FAX 612.465.7551	ENGINEERING • ARCHITECTURE • L ENVIRONMENTAL SERVICES • LANDSCAPI
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I hereby 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.
Chu, P.OF. A
Signature Clino

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Signat	ure Chur Pelliod
Name	Chris M. Pilliod, P.E. 1/24/19
	ration Number <u>50826</u>

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED:
APPROVED: DIRECTOR FMS	DATE:	APPROVED:
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G	ENERAL NOTES:
A.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
Β.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.
C.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.
E.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.
F.	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.
G.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.
H.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.
I.	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.

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ED: INFECTION CONTROL NURSE ED: PATIENT SAFETY ED: CHIEF OF POLICE	DATE: 	DRAWING TITLE BUILDING 06 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE PROJECT NO.	VA	THE REAL OF
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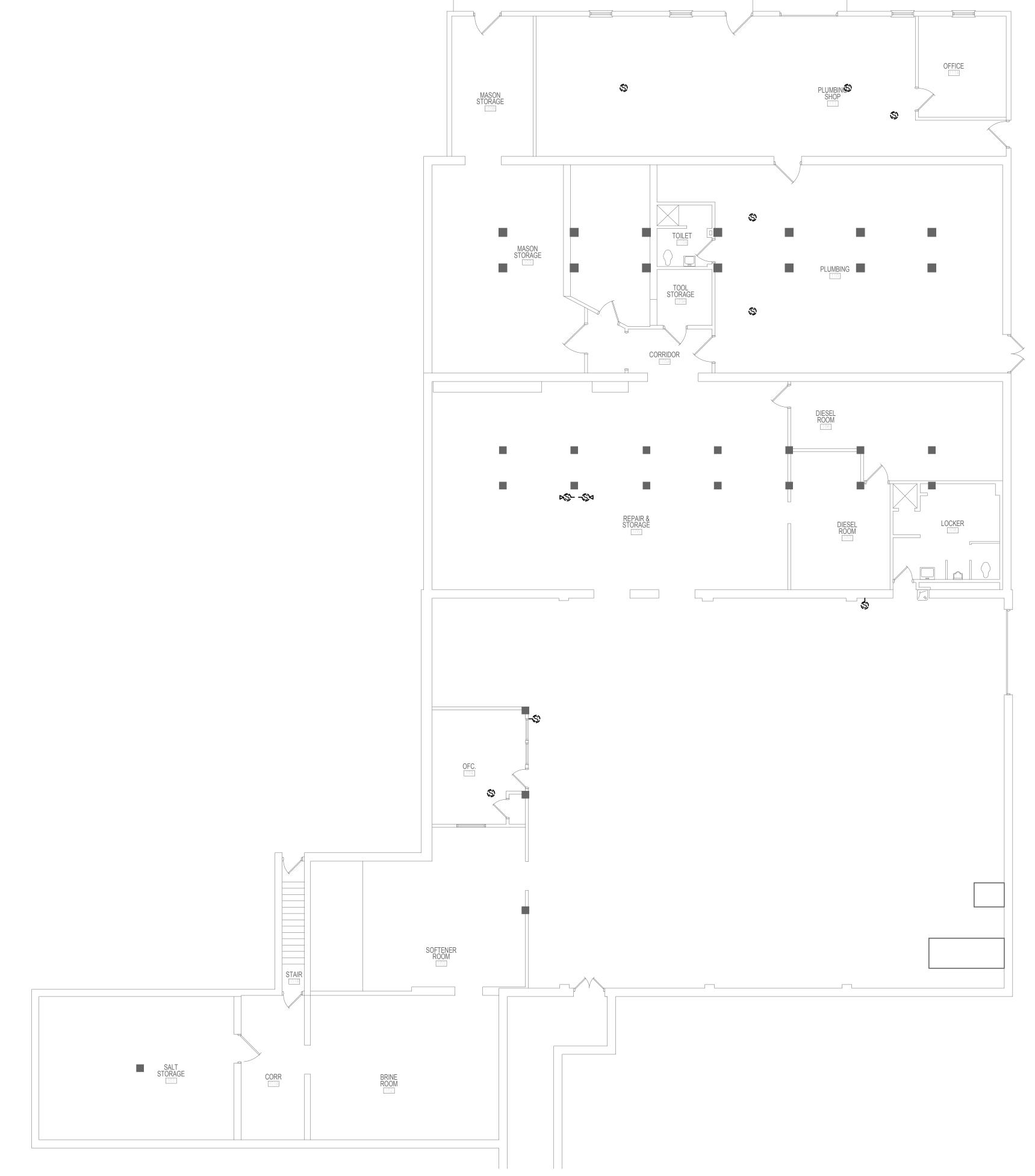
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REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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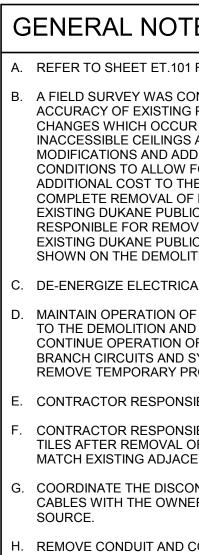
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1 BUILDING 07 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

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VED: INFECTION CONTROL NURSE DA		DRAWING TITLE BUILDING 07 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE PROJECT NO.		THE REAL PROPERTY OF VETER	
VED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		THE STATES OF
VED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL CE ST. CLOUD, MN		DATE:	ED07-01		
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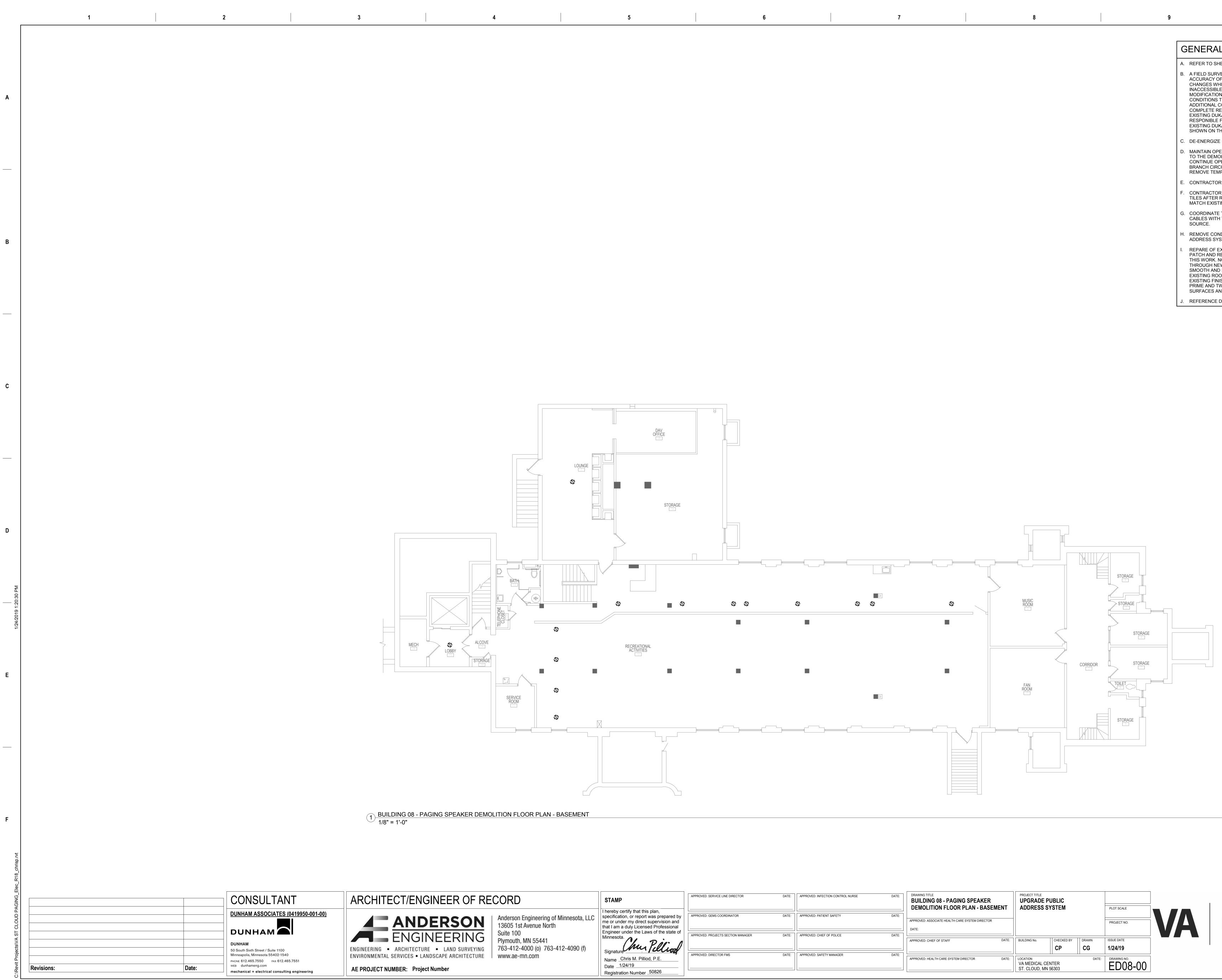
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G	ENERAL NOTES:
۹.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
3.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.
2.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.
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Э.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.
١.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.
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REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





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specifica me or un that I am	certify that this plan, tion, or report was prepared by der my direct supervision and a duly Licensed Professional under the Laws of the state of ta.
Signatu Name _ Date	Chris M. Pilliod, P.E.
	ation Number _50826

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APPROVED	SERVICE LINE DIRECTOR		DATE:	APPROVE
APPROVED	GEMS COORDINATOR		DATE:	APPROVE
APPROVED	PROJECTS SECTION MANAGER		DATE:	APPROVE
APPROVED	DIRECTOR FMS		DATE:	APPROVE
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G	ENERAL NOTES
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OVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		STATES OF ANY
OVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEN ST. CLOUD, MN 5		DATE:	DRAWING NO. ED08-00		
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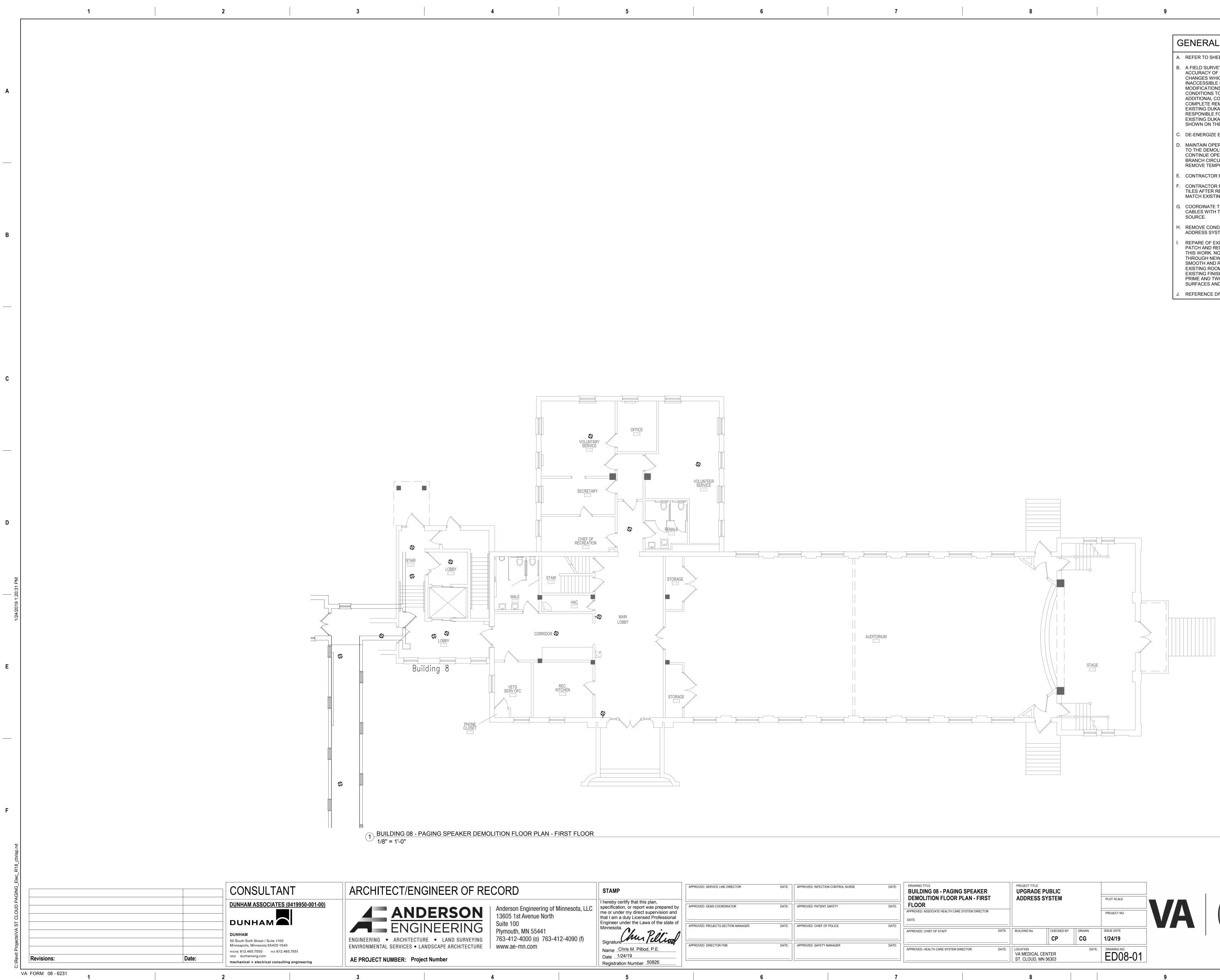
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J. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 08 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM PLOT SC/			PLOT SCALE		STOTI
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APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	ED08-01]	
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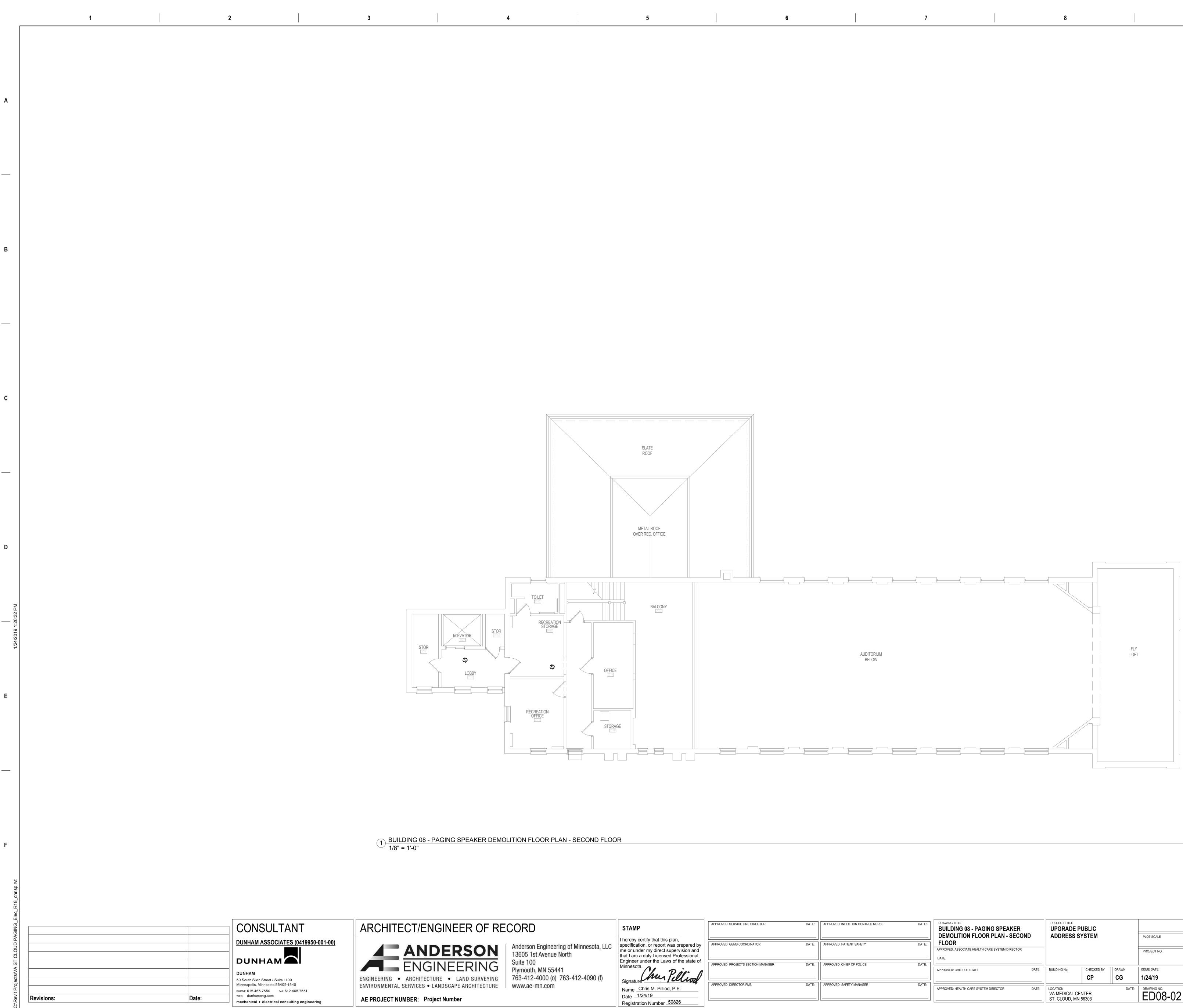
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R FIRESTOPPING REQUIREMENTS.





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STAMP
I hereby certify that this plan, specification, or report was prepar
me or under my direct supervision that I am a duly Licensed Professi Engineer under the Laws of the st
Minnesota.
Signature Chur Pelli
Name Chris M. Pilliod, P.E.

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APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: IN
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PA
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CI
APPROVED: DIRECTOR FMS	DATE:	APPROVED: S/
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D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 08 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STREAM OF
D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	-			PROJECT NO.	VA	T - DEPAR
		APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		STREED ST
D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED08-02		
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7 FOR FIRESTOPPING REQUIREMENTS.





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hereby certify that this plan, specification, or report was prepared b ne or under my direct supervision and hat I am a duly Licensed Professional Engineer under the Laws of the state o
Ainnesota.
- 5
Name Chris M. Pilliod, P.E.
Date 1/24/19
Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFEC
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIE
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFE
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VED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 09 - PAGING SPEAKER DEMOLITION FLOOR PLAN -		PROJECT TITLE UPGRADE F ADDRESS S			PLOT SCALE		ALE ALE
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VED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED09-00		
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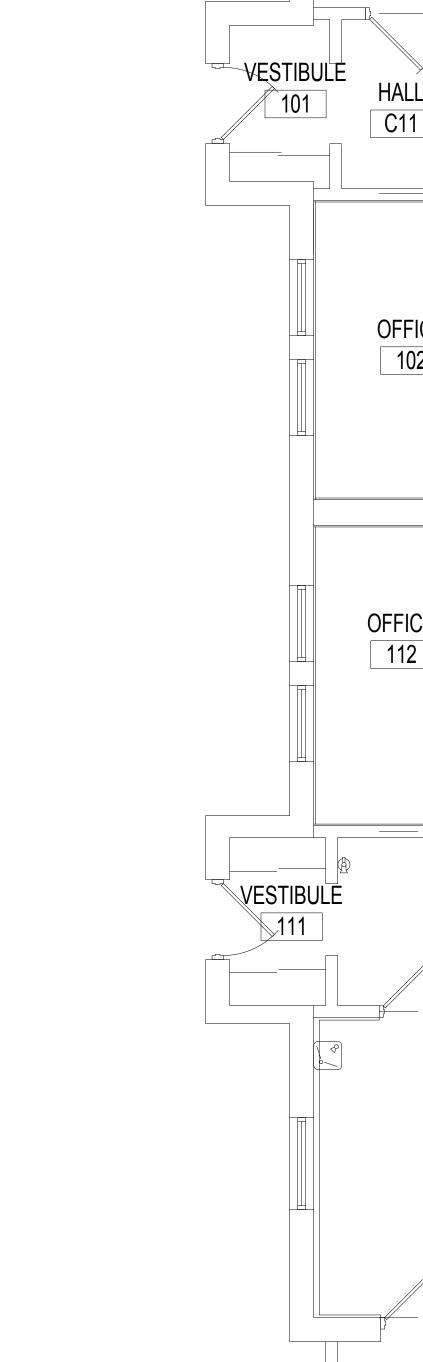
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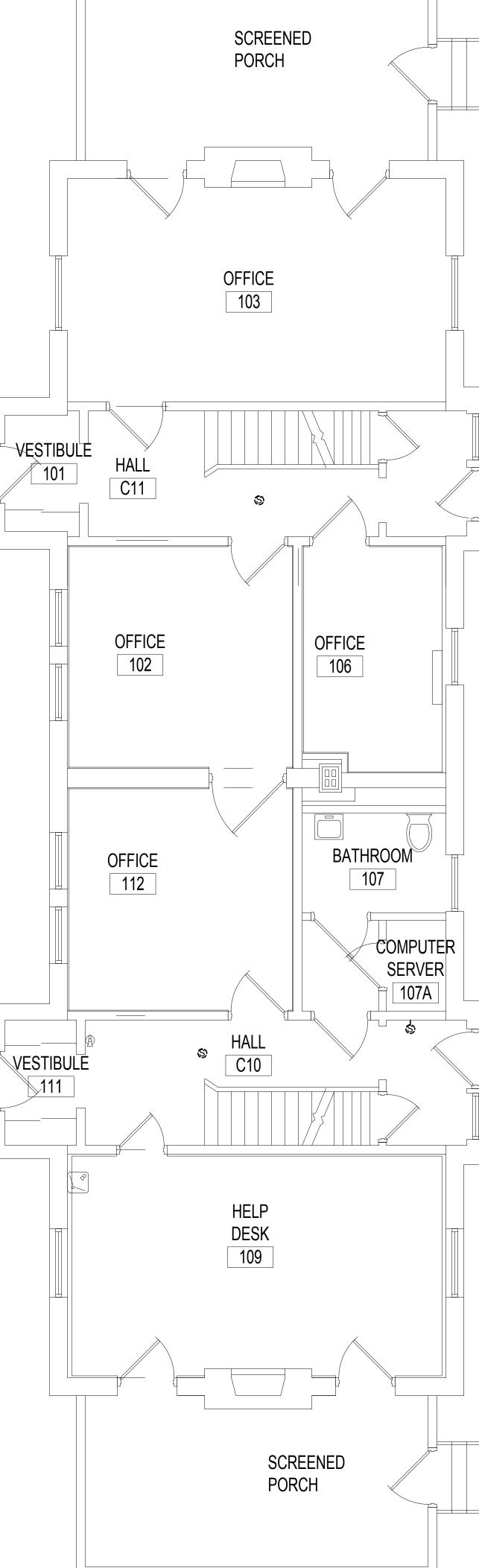
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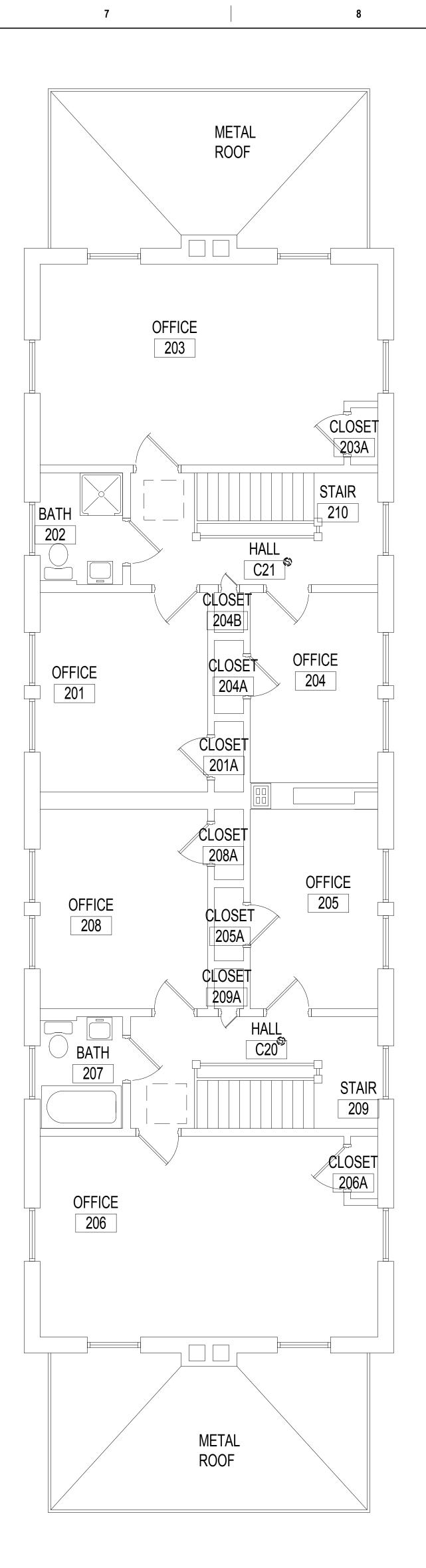












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3 BUILDING 10 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR 1/4" = 1'-0"

D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 10 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT, FIRST & SECOND FLOORS		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		Superior O
	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	,				PROJECT NO.	VA	U - DEPA
D: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DA	ATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		STITLED ST
D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DA	ATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED10-00		
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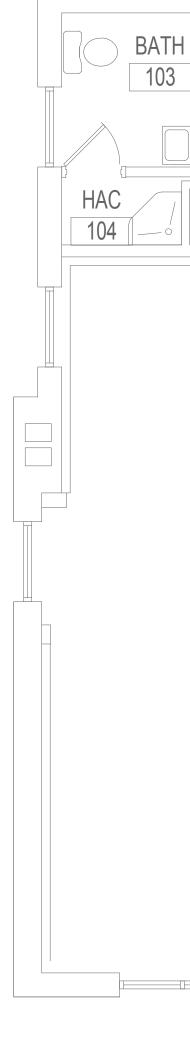
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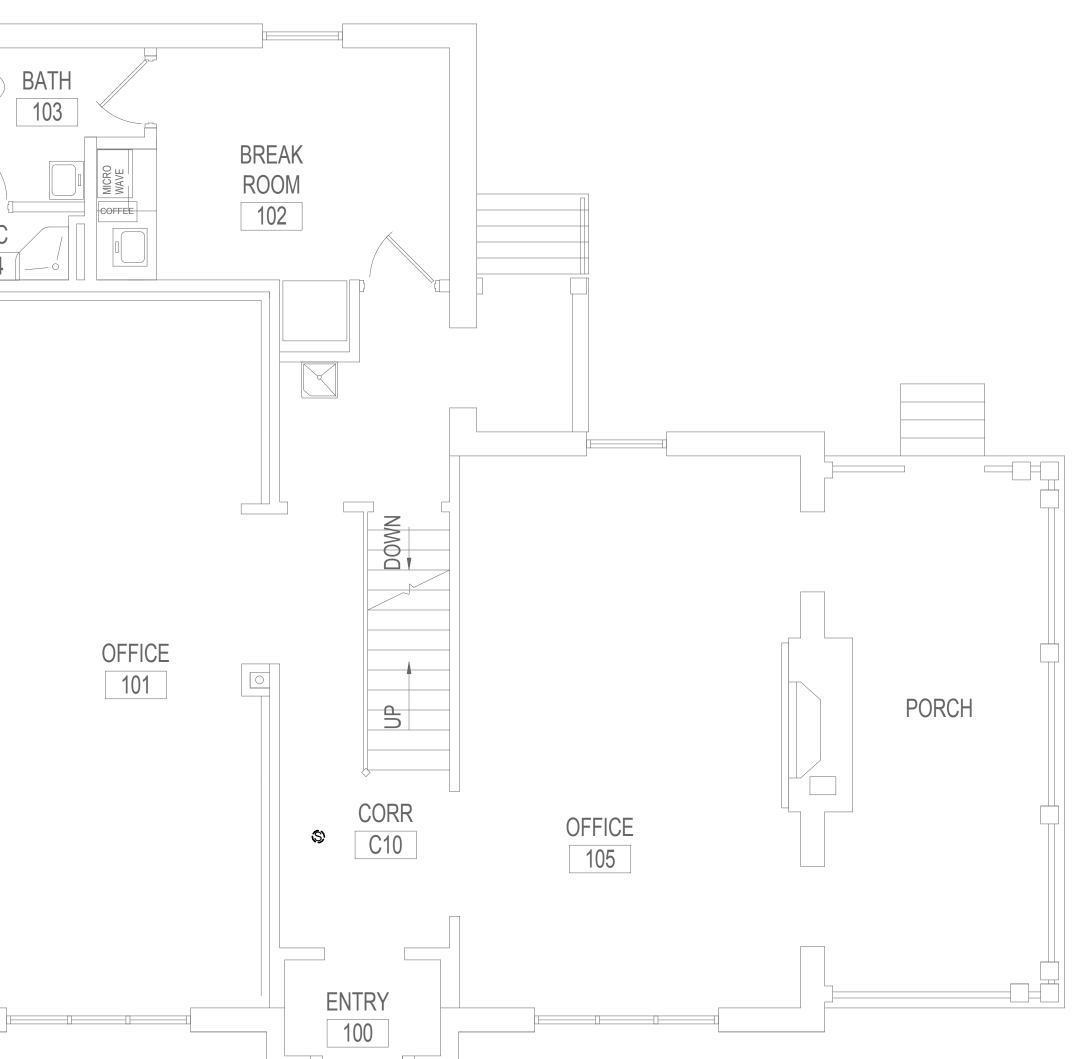


APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: IN STAMP Anderson Engineering of Minnesota, LLC ADCHITTOTURE ADCHITTOTURE ADCHITTOTURE ADCHITTOTURE APPROVED: GEMS COORDINATOR DATE: APPROVED: P Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: C APPROVED: DIRECTOR FMS DATE: APPROVED: Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826 5

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G	ENERAL NOTES:
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I.	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.



2 BUILDING 11 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR 1/4" = 1'-0"

D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 11 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT FIRST & SECOND FLOORS	PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE		Superior Superior
	DATE:	BASEMENT, FIRST & SECOND FLOORS APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	N - DEPA
D: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		STREED S
D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	VA MEDICAL C		DATE:	DRAWING NO. ED11-00		·
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REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

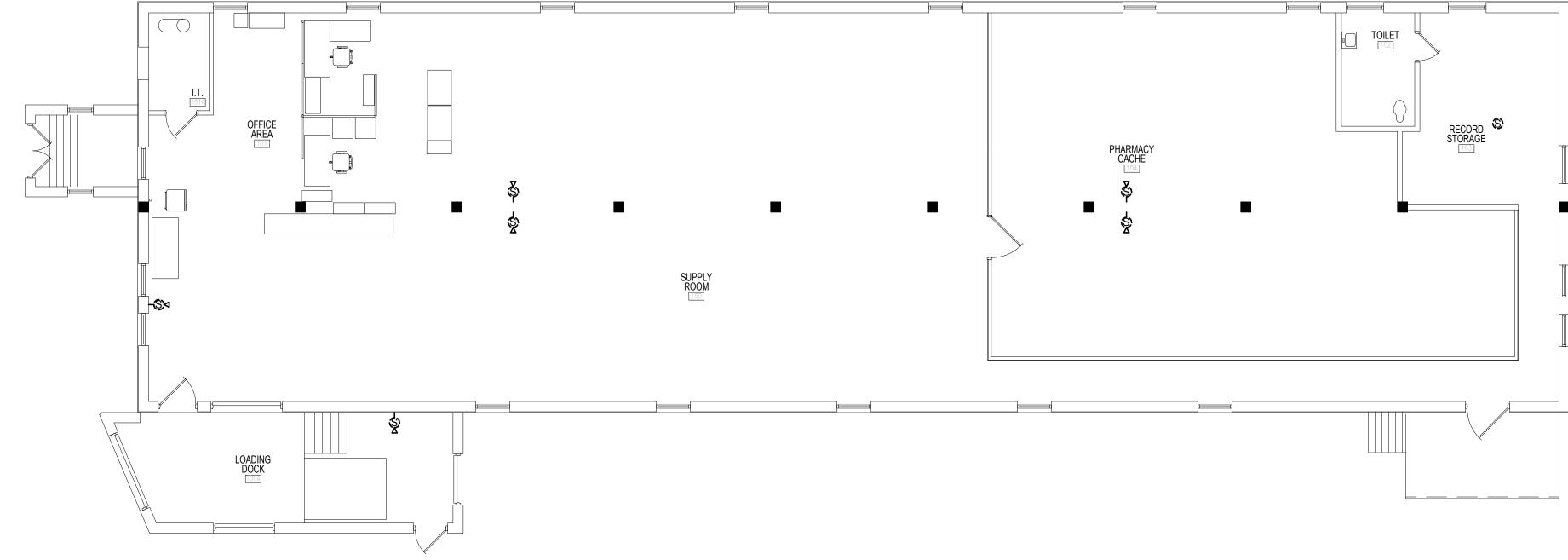


U.S. Department of Veterans Affairs Veterans Health Administration *St. Cloud VA* Health Care System D

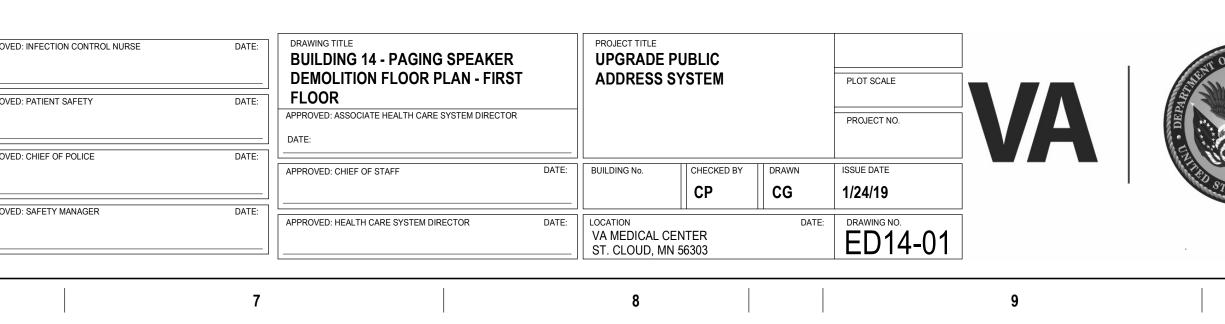
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-			1 <u>BUILDING 14 - PAGII</u> 1/8" = 1'-0"	NG SPEAKER FLOOR PLAN - FIRS	ST FLOOR		
3_chrisp.rvt							
AGING_Elec_R18		CONSULTANT	ARCHITECT/ENGINEER OF R	ECORD	STAMP	PPROVED: SERVICE LINE DIRECTOR DATE:	APPROVED: INF
VA ST CLOUD P		DUNHAM ASSOCIATES (0419950-001-	ANDERSON ENGINEERING	Suite 100	me or under my direct supervision and that I am a duly Licensed Professional Engineer under the Laws of the state of		APPROVED: PAT
C:\Revit Projects\	Revisions:	DUNHAM 50 South Sixth Street / Suite 1100 Minneapolis, Minnesota 55402-1540 PHONE 612.465.7550 FAX 612.465.7551 WEB dunhameng.com mechanical + electrical consulting engineering	ENGINEERING • ARCHITECTURE • LAND SURVEYING ENVIRONMENTAL SERVICES • LANDSCAPE ARCHITECTURE AE PROJECT NUMBER: Project Number	763-412-4000 (o) 763-412-4090	0 (f) Signature Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	PPROVED: DIRECTOR FMS DATE:	APPROVED: SAF
	A FORM 08 - 6231 1	2	3	4	5	6	



G	ENERAL NOTE
Α.	REFER TO SHEET ET.101 F
B.	A FIELD SURVEY WAS CON ACCURACY OF EXISTING F CHANGES WHICH OCCUR INACCESSIBLE CEILINGS A MODIFICATIONS AND ADDI CONDITIONS TO ALLOW FO ADDITIONAL COST TO THE COMPLETE REMOVAL OF F EXISTING DUKANE PUBLIC RESPONIBLE FOR REMOVA EXISTING DUKANE PUBLIC SHOWN ON THE DEMOLITI
C.	DE-ENERGIZE ELECTRICAL
D.	MAINTAIN OPERATION OF TO THE DEMOLITION AND CONTINUE OPERATION OF BRANCH CIRCUITS AND SY REMOVE TEMPORARY PRO
E.	CONTRACTOR RESPONSIE
F.	CONTRACTOR RESPONSIE TILES AFTER REMOVAL OF MATCH EXISTING ADJACE
G.	COORDINATE THE DISCON CABLES WITH THE OWNER SOURCE.
H.	REMOVE CONDUIT AND CO ADDRESS SYSTEM BEING
I.	REPARE OF EXISTING PAIN PATCH AND REPAIR EXIST THIS WORK. NO "TELEGRA THROUGH NEW SURFACIN SMOOTH AND RE-FINISH U EXISTING ROOM OR AREAS EXISTING FINISH WILL NOT PRIME AND TWO (2) FINISH SURFACES AND FINISHES.
J.	REFERENCE DIVISION 7 FC



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1 FOR LOCATION OF BUILDING ON CAMPUS.
ONDUCTED TO VERIFY THE GENERAL G PLANS, NO ATTEMPT HAS BEEN MADE TO FIND JR IN CONCEALED AREAS SUCH AS ABOVE S AND IN WALLS. PERFORM MINOR DITIONS TO CORRECT FOR THESE HIDDEN FOR COMPLETION OF WORK WITH NO HE OWNER. PROJECT INTENT INCLUDES A F EVERY DEVICE ASSOCIATED WITH THE LIC ADDRESS SYSTEM. CONTRACTOR OVAL OF DEVICES ASSOCATED WITH THE LIC ADDRESS SYSTEM REGARDLESS IF THEY ARE LITION DRAWINGS.
CAL EQUIPMENT PRIOR TO DEMOLITION.
OF ELECTRICAL SYSTEMS IN AREAS ADJACENT ID INSTALL TEMPORARY CONNECTIONS TO OF SYSTEMS. PERMANENTLY FEED EXISTING SYSTEMS REMAINING IN OPERATION AND PROVISIONS.
SIBLE FOR CUTTING AND PATCHING.
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ONNECTION OF LOW VOLTAGE SYSTEMS IER AND REMOVE FROM UTILIZATION POINT TO
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AINTED AND FINISHED SURFACES: CLEAN, STING SURFACES DAMAGED OR ALTERED BY RAPHING" OF LINES, RIDGES, FLAKES, ETC., CING IS PERMITTED. WHERE THIS OCCURS, SAND 1 UNTIL SURFACE MEETS COR'S APPROVAL. IN EAS WHERE ALTERATIONS BETWEEN NEW AND IOT SHOW IN FINISHED WORK, APPLY ONE (1) ISH COATS OF PAINT TO MATCH ADJACENT ES.

N 7 FOR FIRESTOPPING REQUIREMENTS.





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ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 28 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMEN		LE DE PUBLIC SS SYSTEM		PLOT SCALE		
ANDERSON ENGINEERING Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 Plymouth, MN 55441	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.	APPROVED: GEMS COORDINATOR APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: PATIENT SAFETY APPROVED: CHIEF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE: APPROVED: CHIEF OF STAFF DA	E: BUILDING No.	CHECKED BY	DRAWN	PROJECT NO.	VA	THIN . DEPARTMENT
ARCHITECTURE • LAND SURVEYING 763-412-4000 (o) 763-412-4090 (f) SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com	EYING 763-412-4000 (o) 763-412-4090 (f)	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DAT	E: LOCATION	AL CENTER	CG DATE:	1/24/19				
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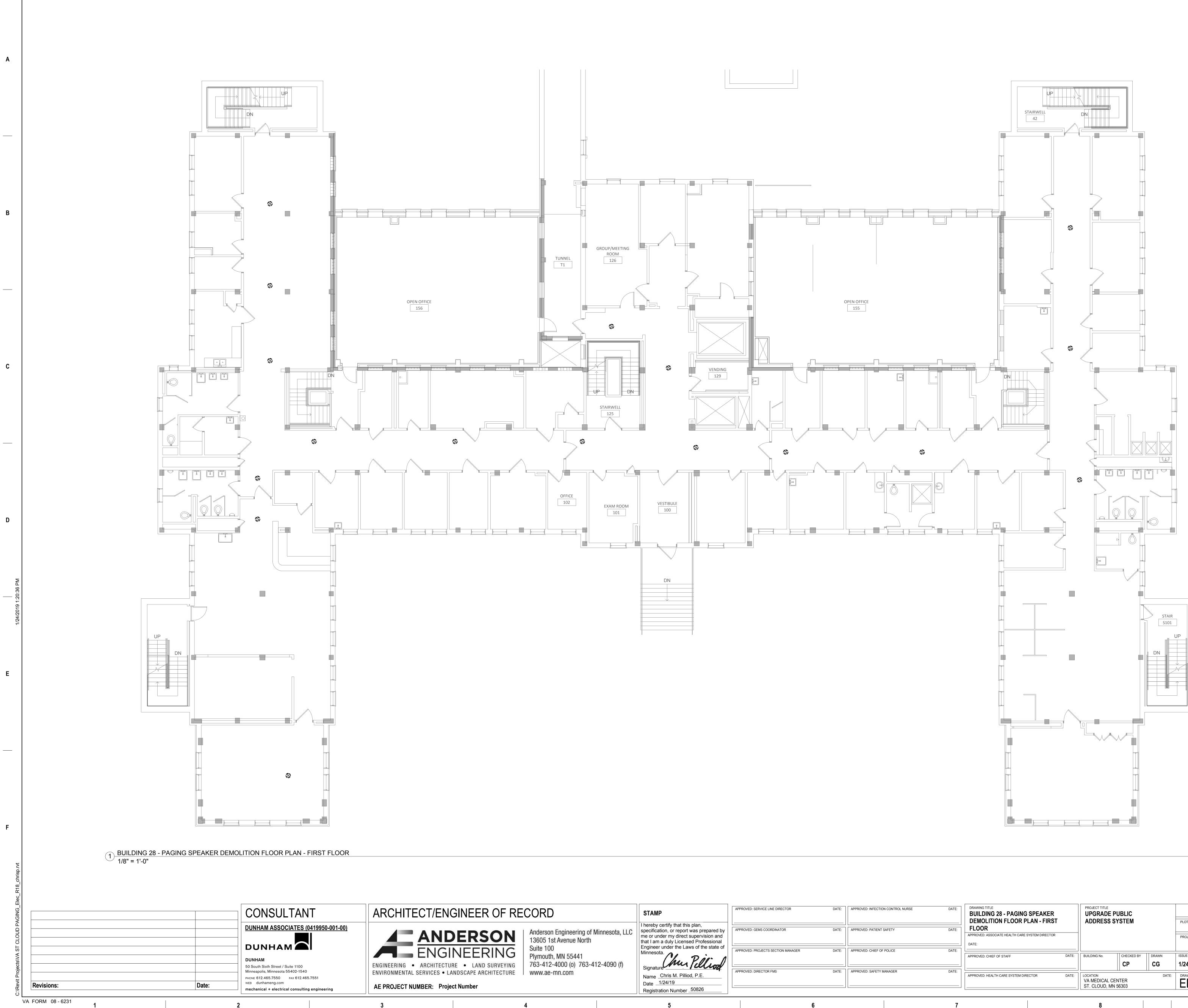
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FOR LOCATION OF BUILDING ON CAMPUS.
ONDUCTED TO VERIFY THE GENERAL PLANS, NO ATTEMPT HAS BEEN MADE TO FIND R IN CONCEALED AREAS SUCH AS ABOVE AND IN WALLS. PERFORM MINOR DITIONS TO CORRECT FOR THESE HIDDEN FOR COMPLETION OF WORK WITH NO IE OWNER. PROJECT INTENT INCLUDES A EVERY DEVICE ASSOCIATED WITH THE C ADDRESS SYSTEM. CONTRACTOR VAL OF DEVICES ASSOCATED WITH THE C ADDRESS SYSTEM REGARDLESS IF THEY ARE TION DRAWINGS.
AL EQUIPMENT PRIOR TO DEMOLITION.
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CONNECTIVITY AND ENCLOSURE. REMOVE 120VAC BACK TO SOURCE. NETWORK SWITCH TO OWNER. REMOVAL OF EXISTING SYSTEM SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM IS INTALLED AND EQUIPMENT SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM IS INTALLED AND TESTED PER PROJECT REQUIREMENTS.



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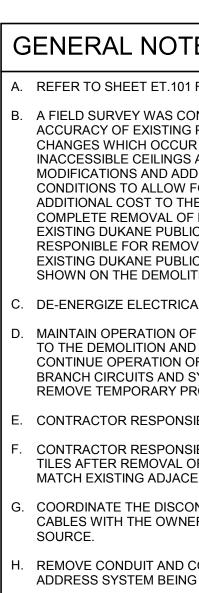
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ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVED
ENGINEERING		Engineer under the Laws of the state of Minnesota.	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
 ARCHITECTURE LAND SURVEYING SERVICES LANDSCAPE ARCHITECTURE 	763-412-4000 (o) 763-412-4090 (f) www.ae-mn.com	Signature Name Chris M. Pilliod, P.E.	APPROVED: DIRECTOR FMS	DATE:	APPROVED
UMBER: Project Number		Date <u>1/24/19</u> Registration Number <u>50826</u>			
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ROVED: INFECTION CONTROL NURSE	DATE:	BUILDING 28 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE]] 	STENT OF VETERANS
	DATE:						PROJECT NO.	VA	
ROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		STATES OF AND
OVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED28-01		
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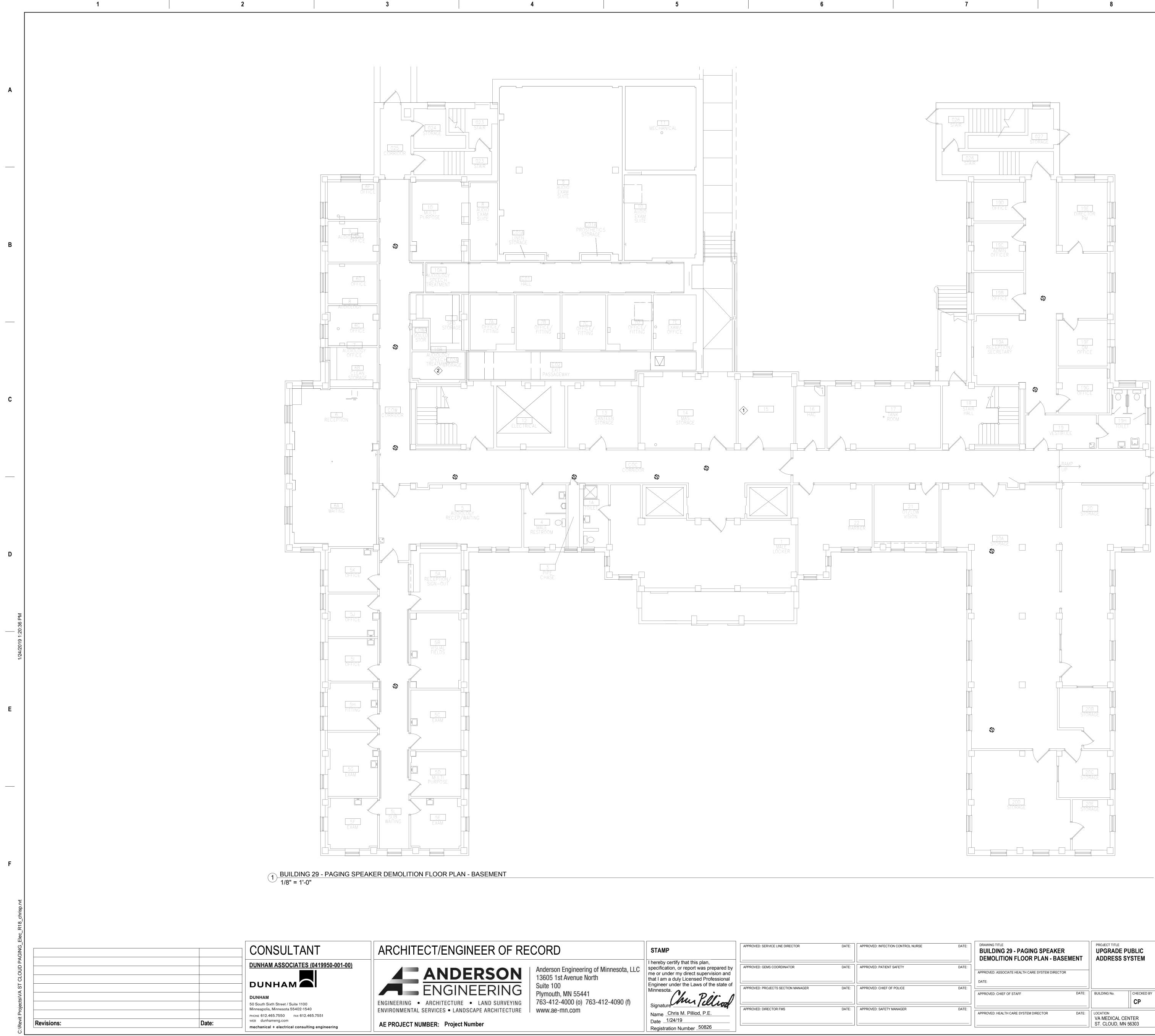
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G	ENERAL NOTES:
A.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
Β.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.
C.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.
E.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.
F.	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.
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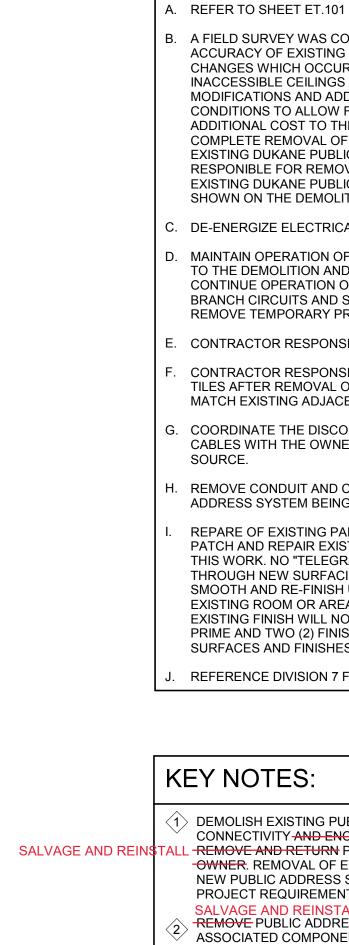
REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED:
ANDERSON ENGINEERING	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100	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.	APPROVED: GEMS COORDINATOR APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED:
ARCHITECTURE • LAND SURVEYING SERVICES • LANDSCAPE ARCHITECTURE JMBER: Project Number	763-412-4000 (o) 763-412-4090 (f) www.ae-mn.com	Signature	APPROVED: DIRECTOR FMS	DATE:	APPROVED:
	4	Registration Number <u>50826</u>		6	

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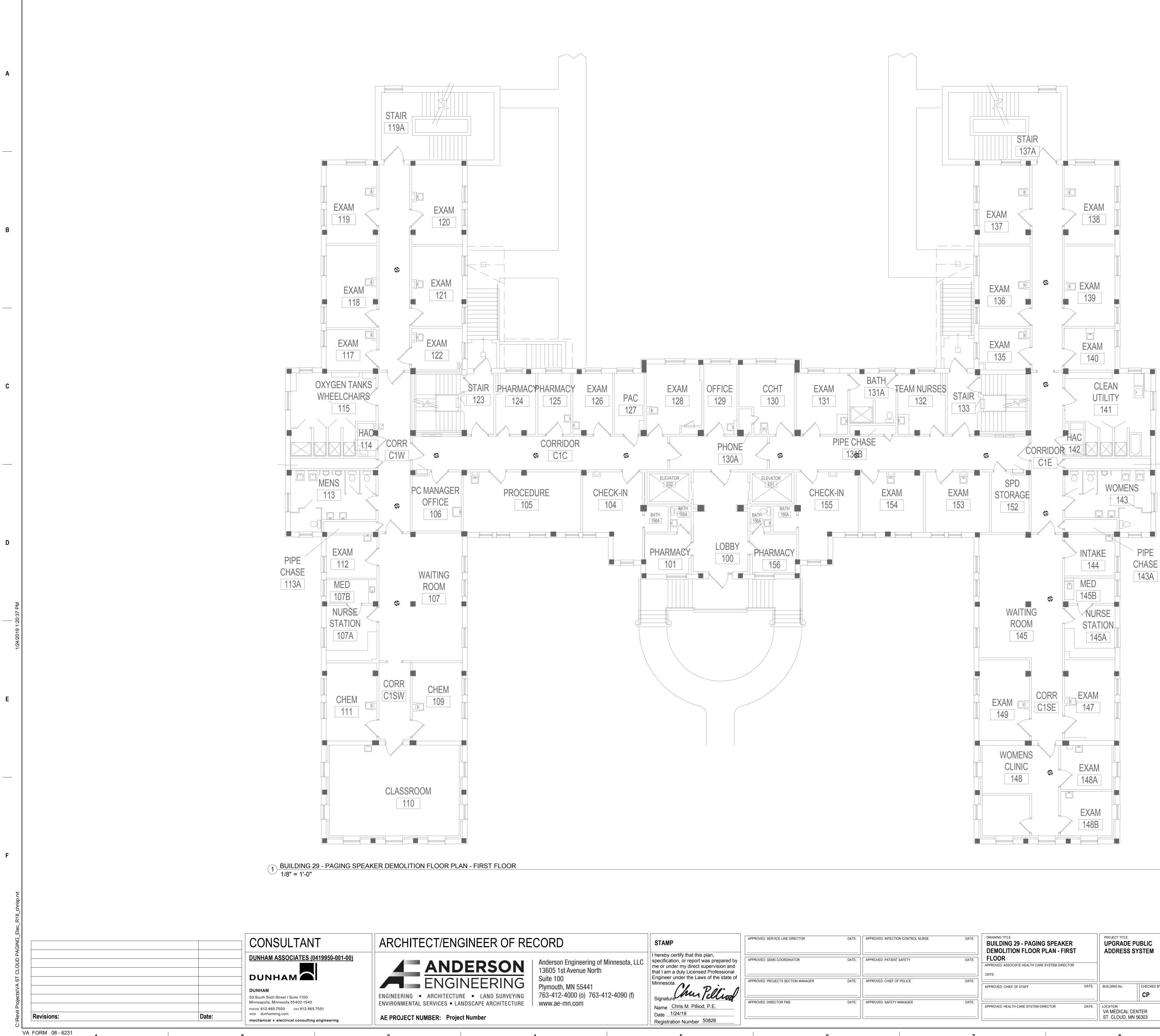


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NFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 29 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT	PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		SLEDVI C
PATIENT SAFETY CHIEF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	-			PROJECT NO.	VA	The DEPART
	DATE.	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		ATTED S
SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	VA MEDICAL C		DATE:	BRAWING NO. ED29-00		
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G	ENERAL NOTES:	
Α.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.	
В.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.	A
C.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.	
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.	
E.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.	
F.	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.	
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Н.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.	В
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J.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.	
K	EY NOTES:	
TAL	 DEMOLISH EXISTING PUBLIC ADDRESS SYSTEM CABLING, CONNECTIVITY AND ENCLOSURE. REMOVE 120VAC BACK TO SOURCE. L REMOVE AND RETURN PUBLIC ADDRESS SYSTEM AMPLIFIER(S) TO OWNER. REMOVAL OF EXISTING SYSTEM SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM IS INTALLED AND TESTED PER PROJECT REQUIREMENTS. SALVAGE AND REINSTALL 	С
2	REMOVE PUBLIC ADDRESS SYSTEM NETWORK SWITCH AND ASSOCIATED COMPONENTS. RETURN TO OWNER: REMOVAL OF EQUIPMENT SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM IS INTALLED AND TESTED PER PROJECT REQUIREMENTS.	U





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ECT/ENGINEER OF RE	CORD		STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	
ANDERSON	Anderson Engineering of M 13605 1st Avenue North		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	APPROVED: GEMS COORDINATOR	DATE:	APPROVE
• ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412		Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
L SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	3N /6	Signature Name _Chris M. Pilliod, P.E. Date Registration Number _50826	APPROVED: DIRECTOR FMS	DATE:	APPROVEI
	4		5		6	

G	ENERAL NOTES:
Α.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
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J.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

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FECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 29 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STEAT OF V
TIENT SAFETY	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		TAD STATE
AFETY MANAGER DATE:		APPROVED: HEALTH CARE SYSTEM DIRECTOR		LOCATION DATE: VA MEDICAL CENTER ST. CLOUD, MN 56303			DRAWING NO. ED29-01		
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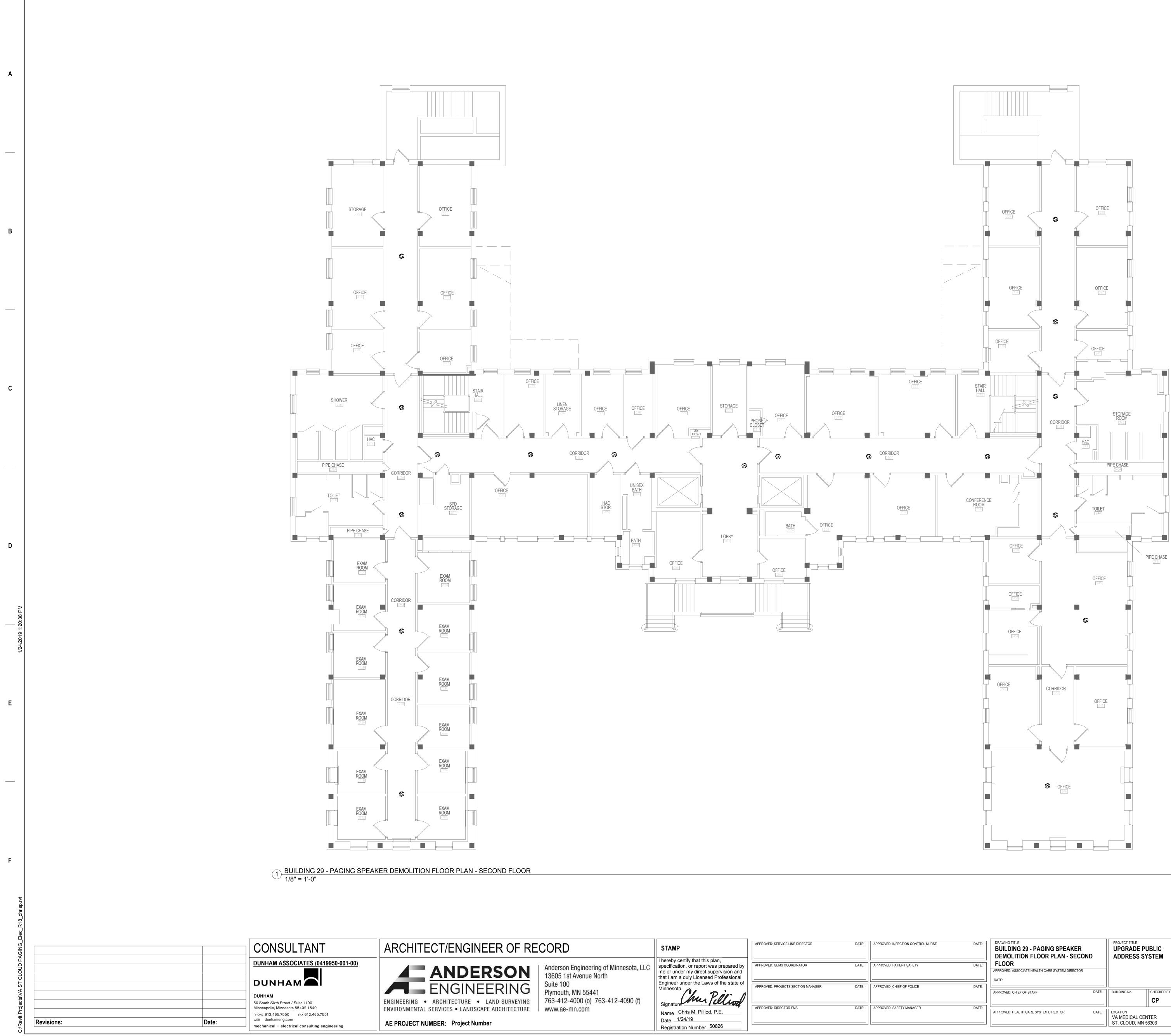
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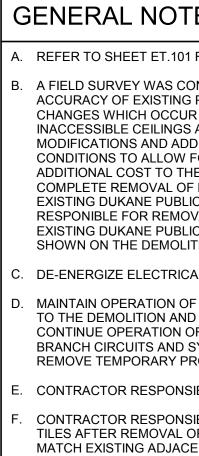
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ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	E: APPROVE
ANDERSON 13605 1st Avenue		APPROVED: GEMS COORDINATOR	DATE:	APPROVE
• ARCHITECTURE • LAND SURVEYING Suite 100 • ARCHITECTURE • LAND SURVEYING Suite 100 Plymouth, MN 5544 763-412-4000 (0)		APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
L SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com	Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>	APPROVED: DIRECTOR FMS	DATE:	APPROVE
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H.	REMOVE CONDUIT AND ADDRESS SYSTEM BEI
I.	REPARE OF EXISTING I PATCH AND REPAIR EX THIS WORK. NO "TELEO THROUGH NEW SURFA SMOOTH AND RE-FINIS EXISTING ROOM OR AF EXISTING FINISH WILL I PRIME AND TWO (2) FIN

SURFACES AND FINISHES

ECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 29 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR)	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STREAM OF
EF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	DEP
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		THED ST.
ETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:		LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED29-02		
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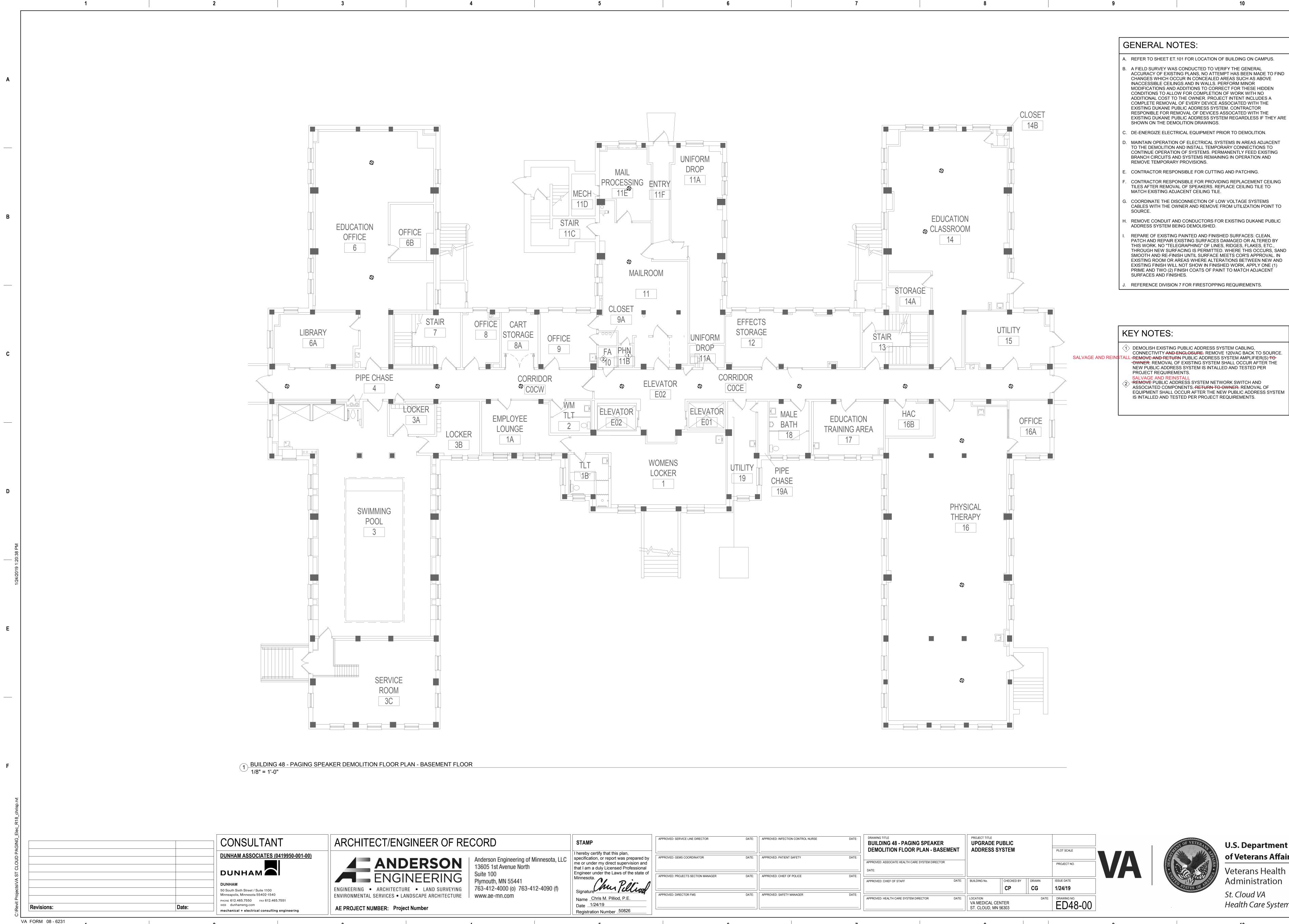
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G	ENERAL NOTES:
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G.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.
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I.	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.

. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





Suite 100 Physical Under the Laws of the state of Unnessia. Physical Under the Laws of the state of Unnessia. Physical Under the Laws of the state of Unnessia. ARCHITECTURE LAND SURVEYING Services LAND SURVEYING Name Chris M. Pilliod, P.E Date 1/24/19	ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 48 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT	PROJECT TITLE UPGRADE ADDRESS	E PUBLIC		PLOT SCALE		
• ARCHITECTURE • LAND SURVEYING • ARCHITECTURE • LAND SURVEYING • Signature Minnesota. • Mane Chris M. Pilliod, P.E. • Date I/24/19		13605 1st Avenue North	me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	-				VA	• DEPART
L SERVICES • LANDSCAPE ARCHITECTURE WWW.ae-mn.com Name Chris M. Pilliod, P.E. Date 1/24/19		Plymouth, MN 55441	Minnesota.					APPROVED: CHIEF OF STAFF DATE:	BUILDING No.					
Registration Number <u>50025</u>			Name _Chris M. Pilliod, P.E.	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	VA MEDICAL		DATE			

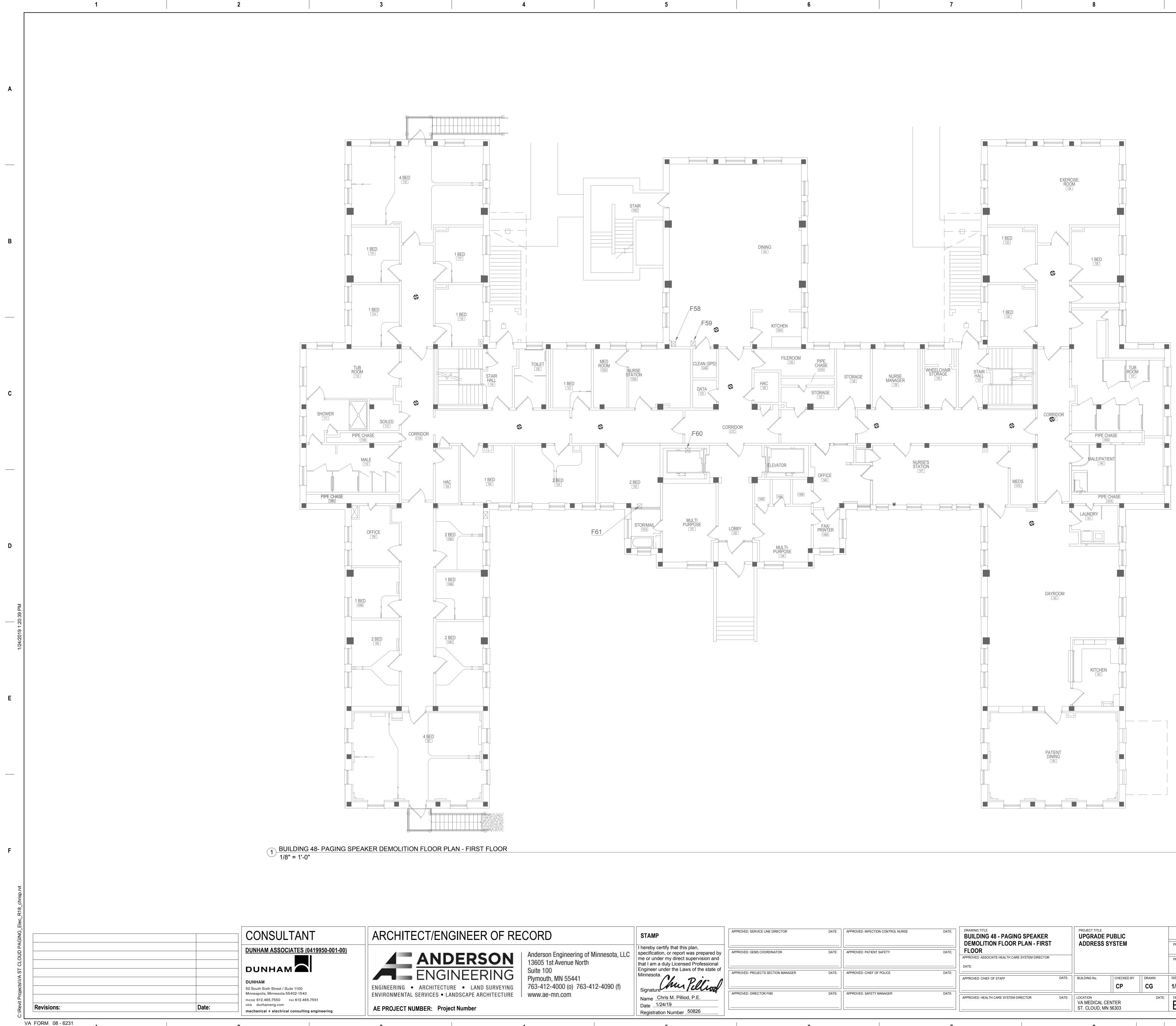
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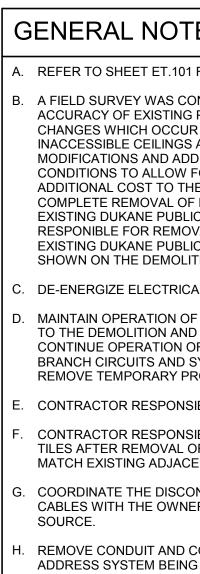
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ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 48 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST		ADE PUB			PLOT SCALE		STAT OF VETERANS	U.S. De
ANDERSON ENGINEERING	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	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.	APPROVED: GEMS COORDINATOR APPROVED: PROJECTS SECTION MANAGER		APPROVED: PATIENT SAFETY APPROVED: CHIEF OF POLICE	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE: APPROVED: CHIEF OF STAFF DATI			CHECKED BY	DRAWN	PROJECT NO. ISSUE DATE 1/24/19	VA	AND STATES OF ANNUAL	of Vete Veterar Admini
SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Signature Name Date Image: 1/24/19 Registration Number	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATI	VA MEDI	CAL CENTE JD, MN 5630		DATE:	DRAWING NO. ED48-01			St. Cloud Health (
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ED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR		LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303		DATE:	DRAWING NO. ED48-01		
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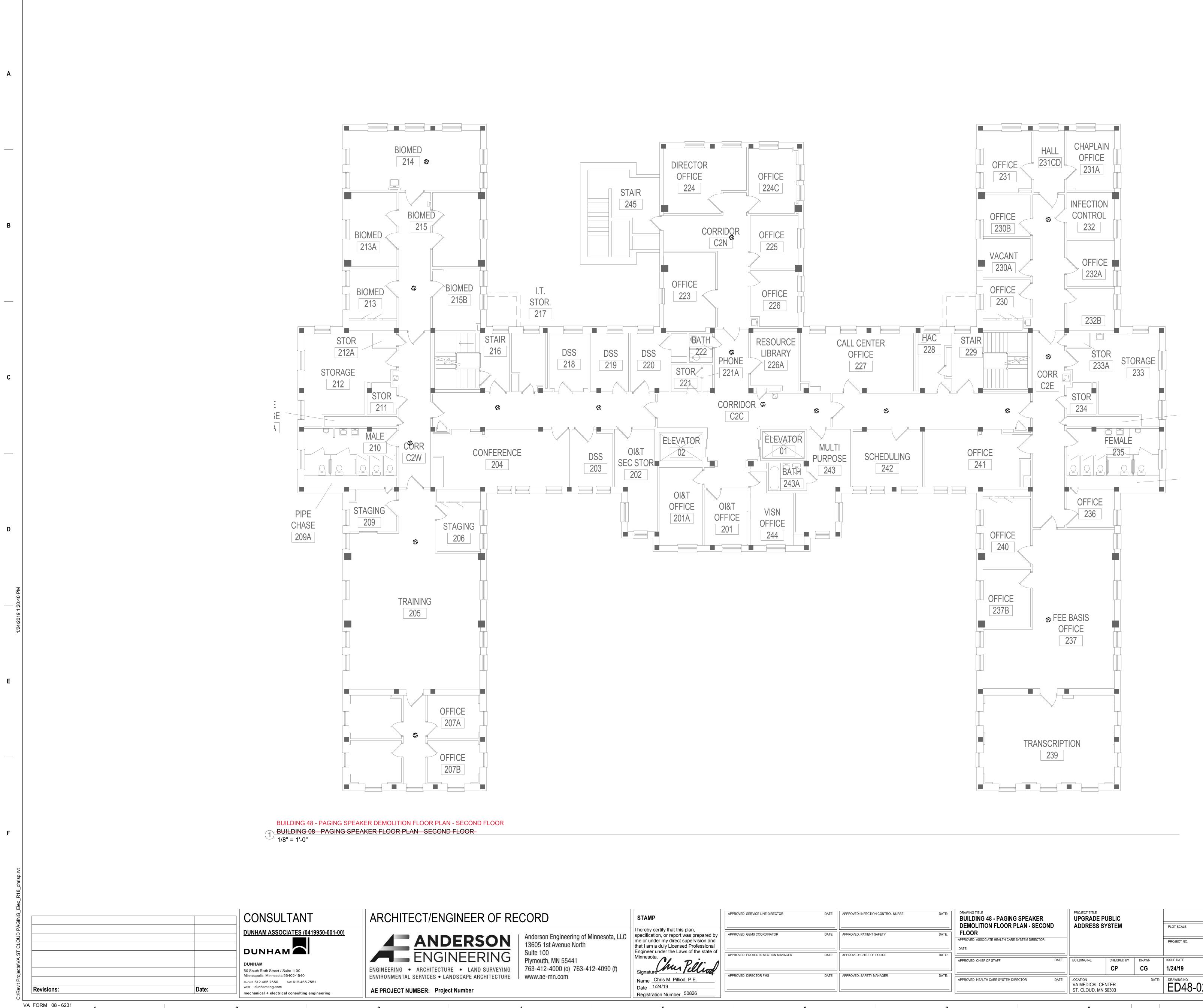
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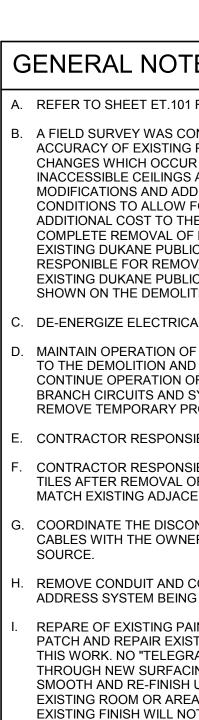
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ECT/ENGINEER OF RE	ECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVE
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVE
• ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
L SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>	APPROVED: DIRECTOR FMS	DATE:	APPROVE
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SURFACES AND FINISHES

INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 48 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECON FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	D	PROJECT TITLE UPGRADE PI ADDRESS S			PLOT SCALE PROJECT NO.		AND STREET OF
CHIEF OF POLICE	DATE:	DATE: APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		ENTRED STAT
SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	DRAWING NO. ED48-02		
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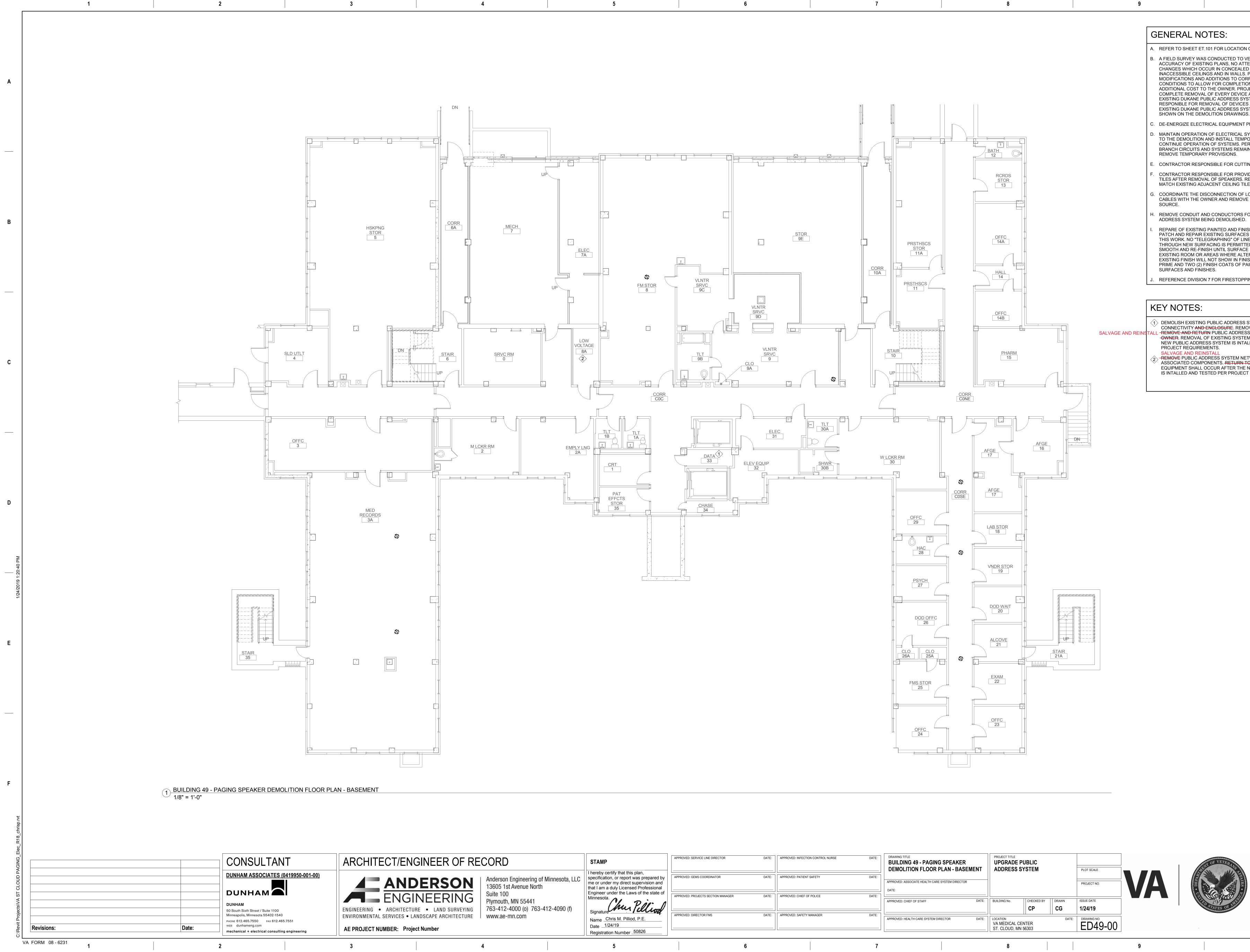
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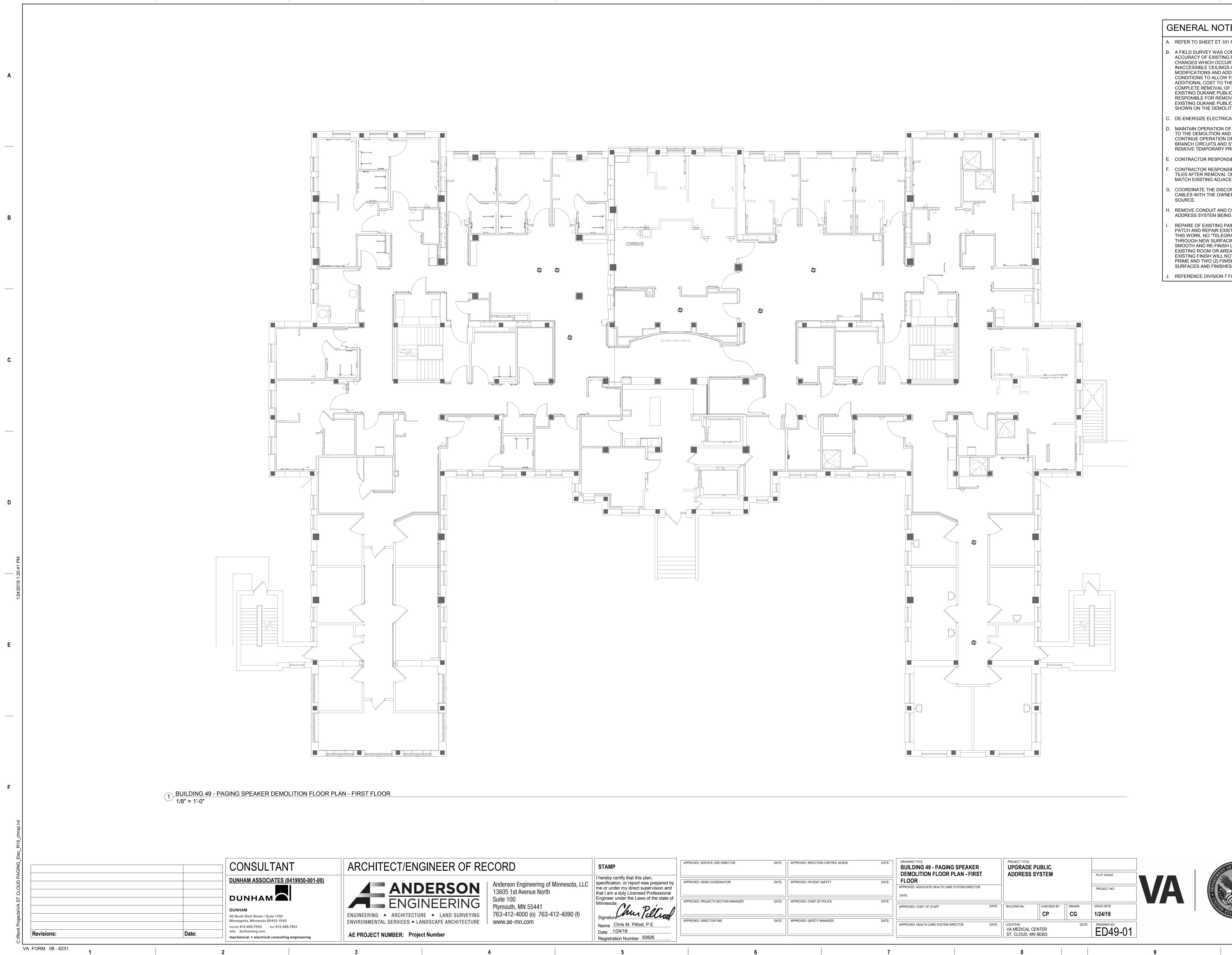




ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) www.ae-mn.com	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the Laws of the state of Minnesota. Signature Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: GEMS COORDINATOR APPROVED: PROJECTS SECTION MANAGER APPROVED: DIRECTOR FMS	DATE: DATE: DATE: DATE:	APPROVED APPROVED APPROVED
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INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 49 - PAGING SPEAKE DEMOLITION FLOOR PLAN - BAS		PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		SENT OF VETERAAS
PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECT	OR				PROJECT NO.	VA	
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SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL C ST. CLOUD, M		DATE:	DRAWING NO. ED49-00		
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RESS SYSTEM NETWORK SWITCH AND NENTS. RETURN TO OWNER . REMOVAL OF CCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM TED PER PROJECT REQUIREMENTS.



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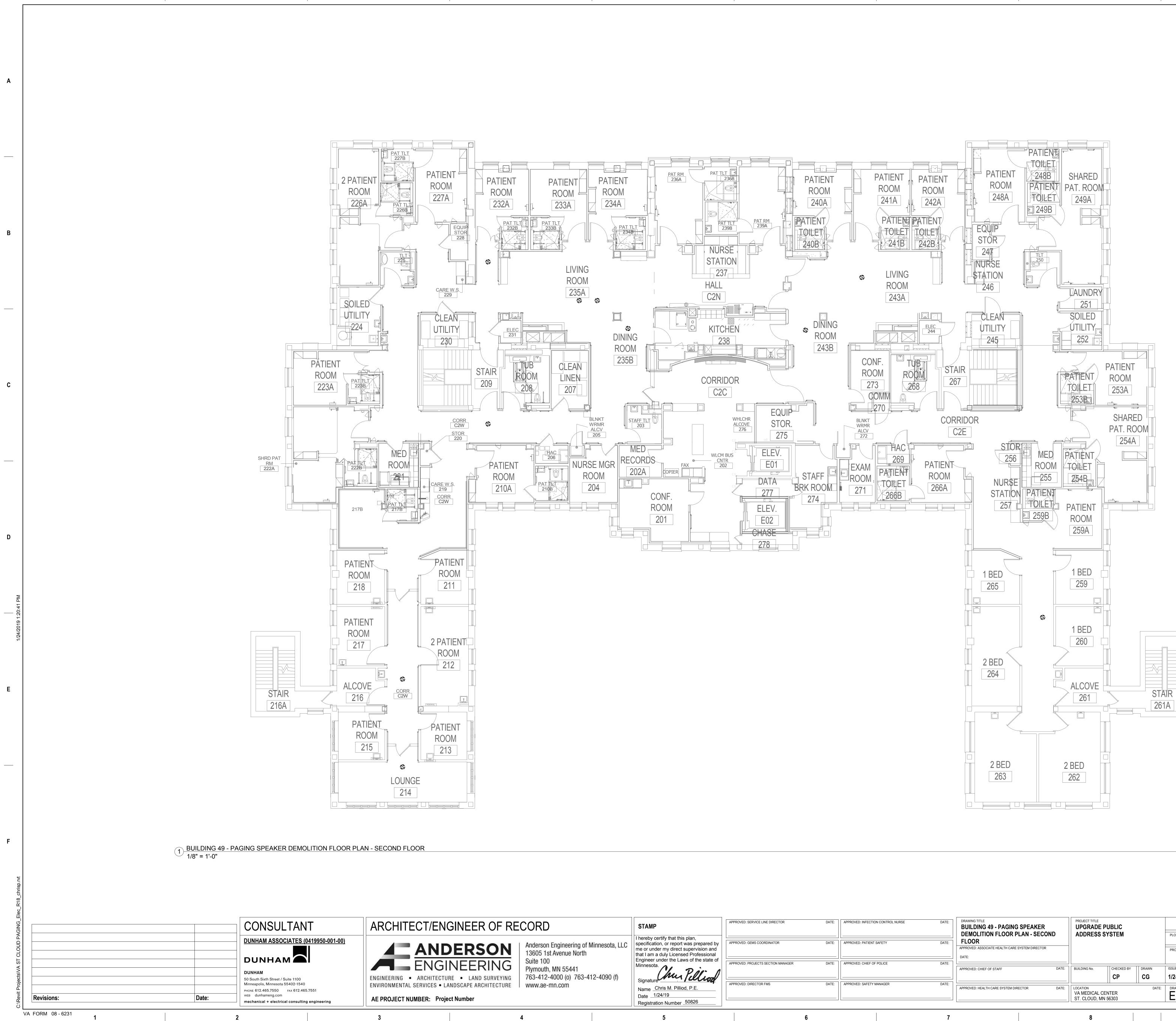
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ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVED
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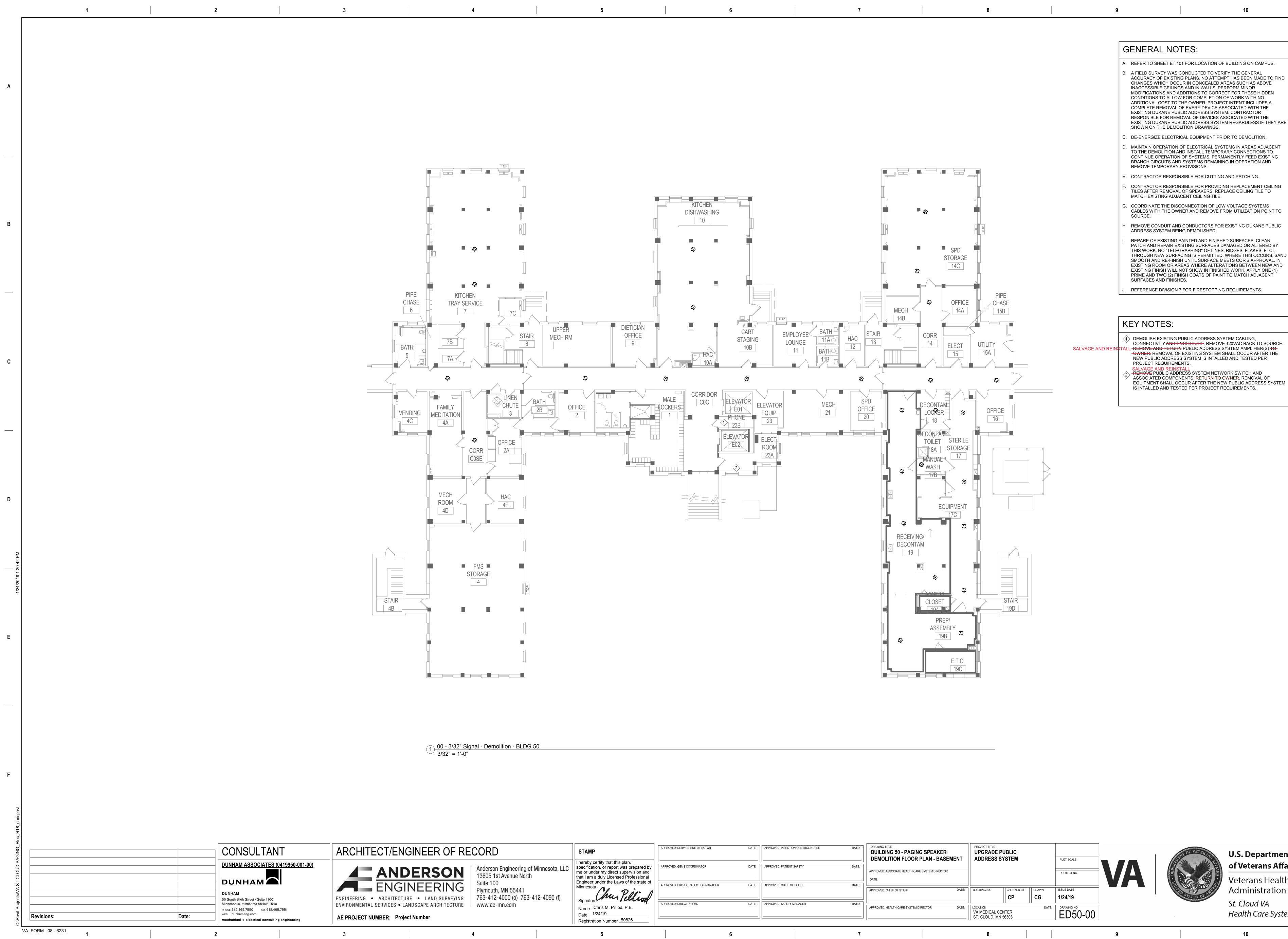
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ATIENT SAFETY DATE: APP	ROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR							
DAT		R				PROJECT NO.	VA	DEPAR
	ROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		
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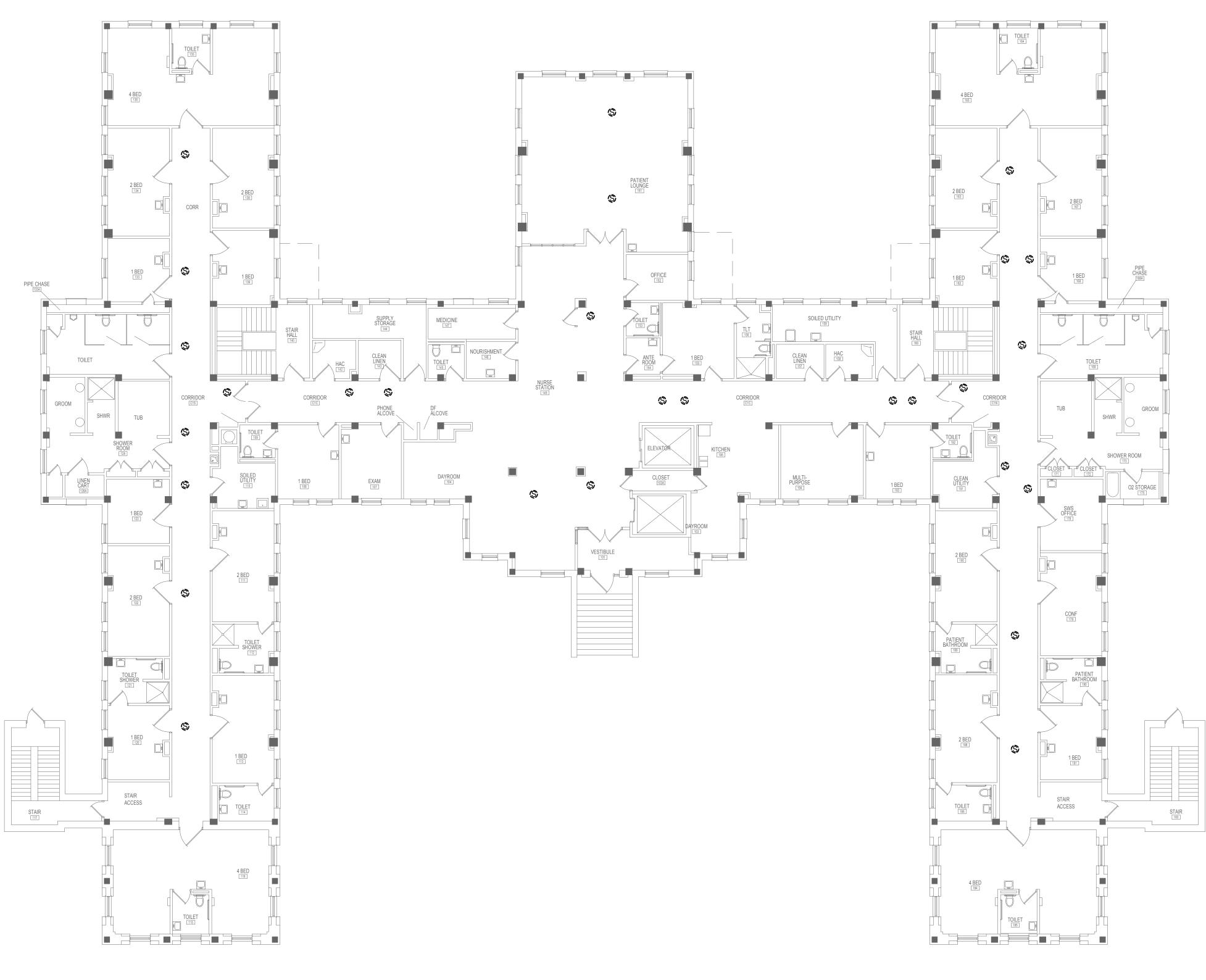
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1 01 - 3/32" Signal - Demolition - BLDG 50 3/32" = 1'-0"

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FECT/ENGINEER OF RECORD APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: IN STAMP 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 Minnegate ANDERSON Anderson Engineering of Minnesota, LLC 13605 1st Avenue North APPROVED: GEMS COORDINATOR DATE: APPROVED: PA Suite 100 ENGINEERING Minnesota. Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: CH Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) ARCHITECTURE LAND SURVEYING ITAL SERVICES • LANDSCAPE ARCHITECTURE | www.ae-mn.com APPROVED: DIRECTOR FMS DATE: APPROVED: S Name Chris M. Pilliod, P.E. Date 1/24/19 NUMBER: Project Number Registration Number 50826 4 5

GENERAL NOT A. REFER TO SHEET ET.101 B. A FIELD SURVEY WAS CO ACCURACY OF EXISTING CHANGES WHICH OCCUR INACCESSIBLE CEILINGS MODIFICATIONS AND ADD CONDITIONS TO ALLOW F ADDITIONAL COST TO TH COMPLETE REMOVAL OF EXISTING DUKANE PUBLIC RESPONIBLE FOR REMO EXISTING DUKANE PUBLIC SHOWN ON THE DEMOLIT C. DE-ENERGIZE ELECTRICA

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- D. MAINTAIN OPERATION OF TO THE DEMOLITION AND CONTINUE OPERATION O BRANCH CIRCUITS AND S REMOVE TEMPORARY PR
- E. CONTRACTOR RESPONSE CONTRACTOR RESPONSI TILES AFTER REMOVAL C MATCH EXISTING ADJACE
- G. COORDINATE THE DISCO CABLES WITH THE OWNE SOURCE.
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D: PATIENT SAFETY	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	U DERM
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D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL C ST. CLOUD, M		DATE:	DRAWING NO. ED50-01		
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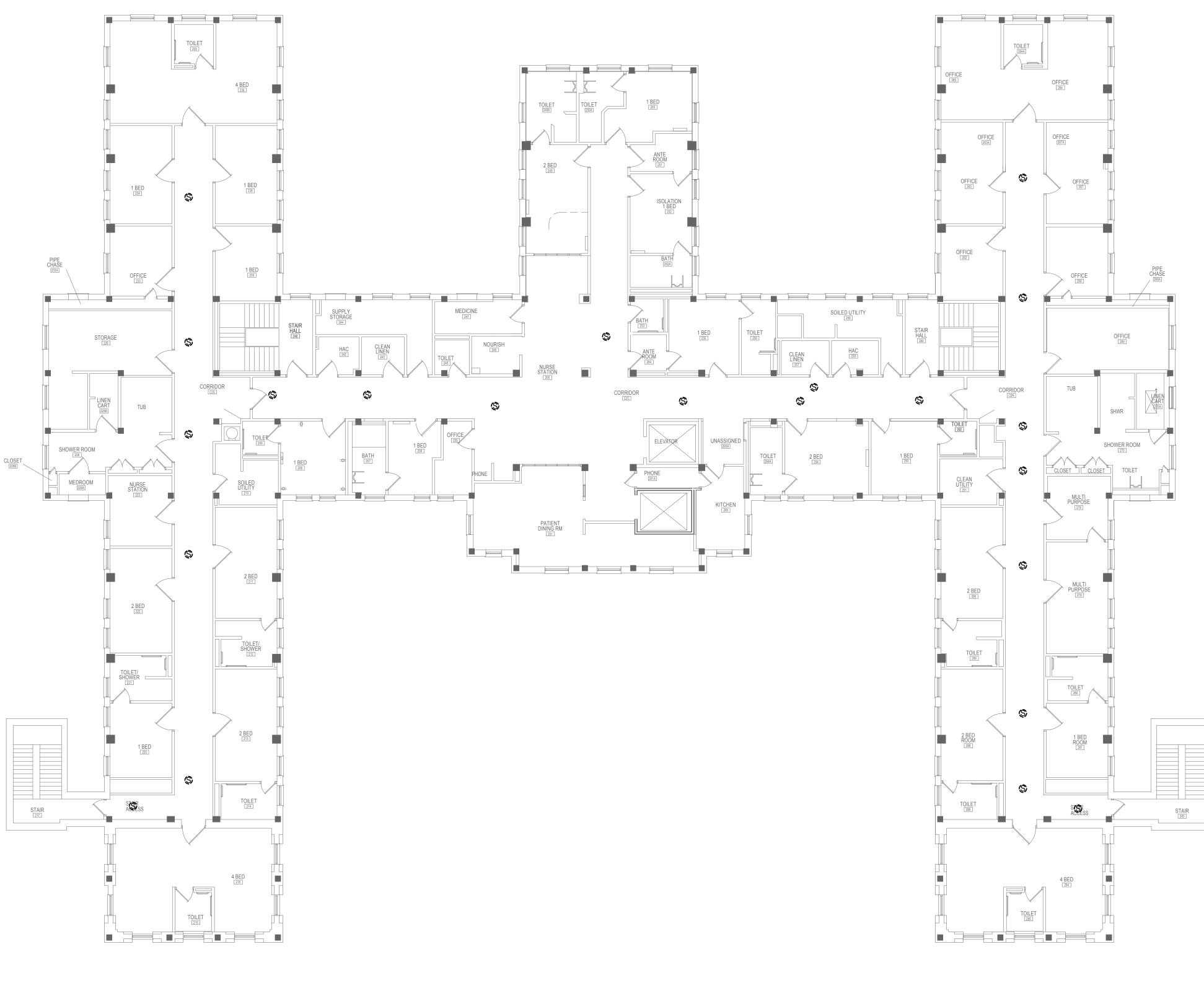
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G	ENERAL NOTES:
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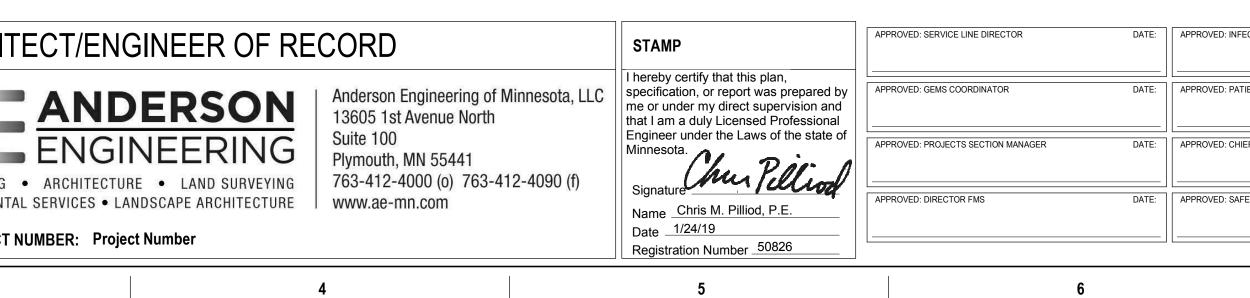
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IEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		CAN THE D
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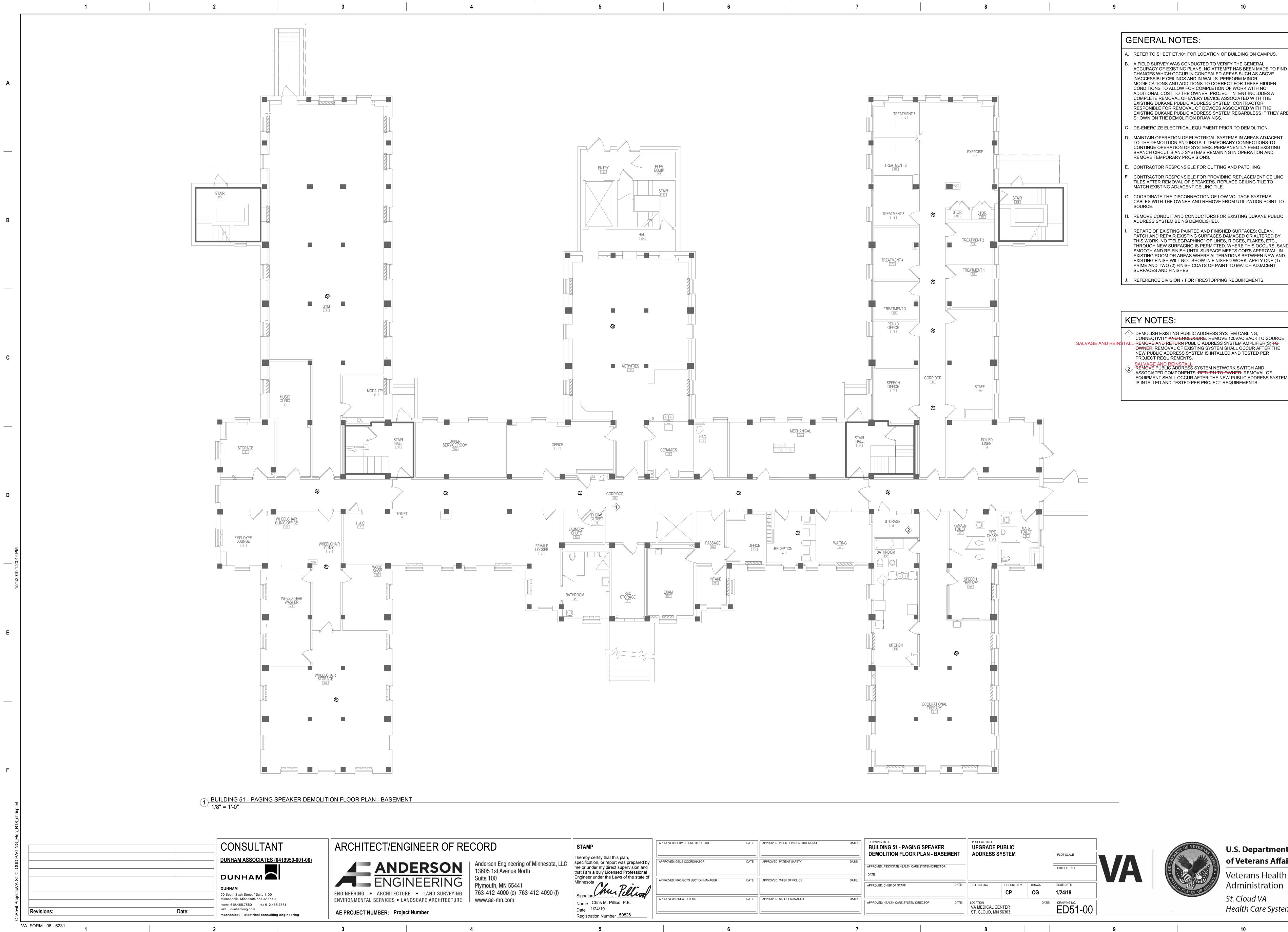
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. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





Chur Pelliod
Chris M. Pilliod, P.E.
1/24/19
ation Number 50826

PPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 51 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASE	MENT	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		SLEAT
PPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR					PROJECT NO.	VA	A DEPART
PPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		CONTRACTOR
PPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED51-00		
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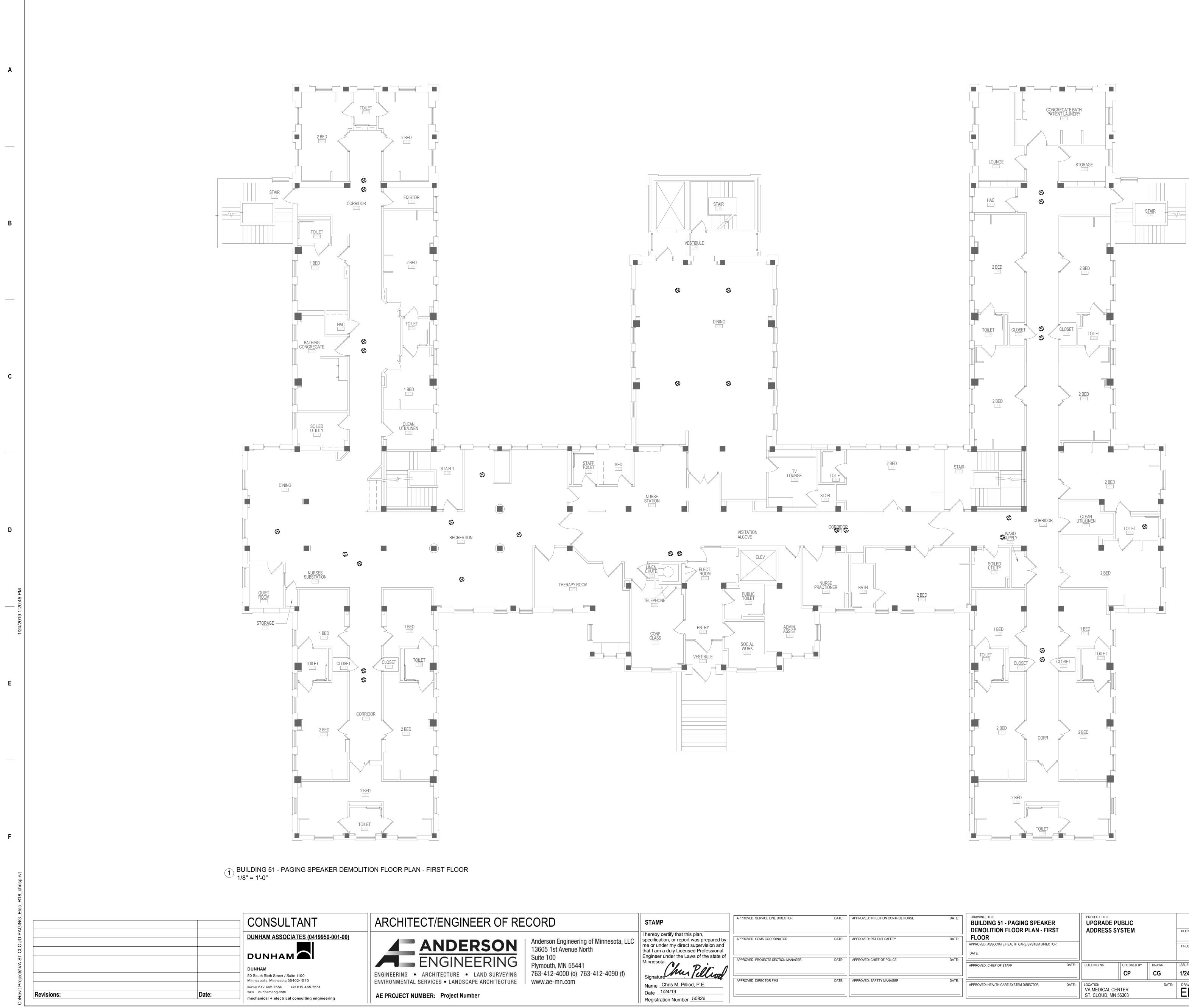
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FOR FIRESTOPPING REQUIREMENTS.
UBLIC ADDRESS SYSTEM CABLING, ICLOSURE . REMOVE 120VAC BACK TO SOURCE.

EQUIPMENT SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM



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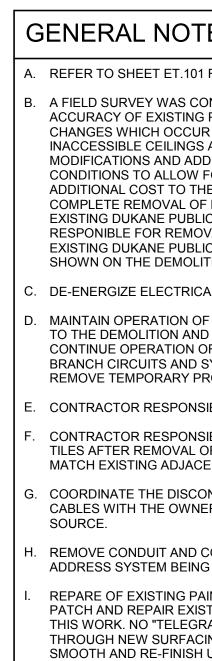
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NFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 51 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		PROJECT TITLE UPGRADE F ADDRESS S			PLOT SCALE PROJECT NO.		DEPART
HIEF OF POLICE	DATE:	DATE: APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		
AFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	ED51-01		·
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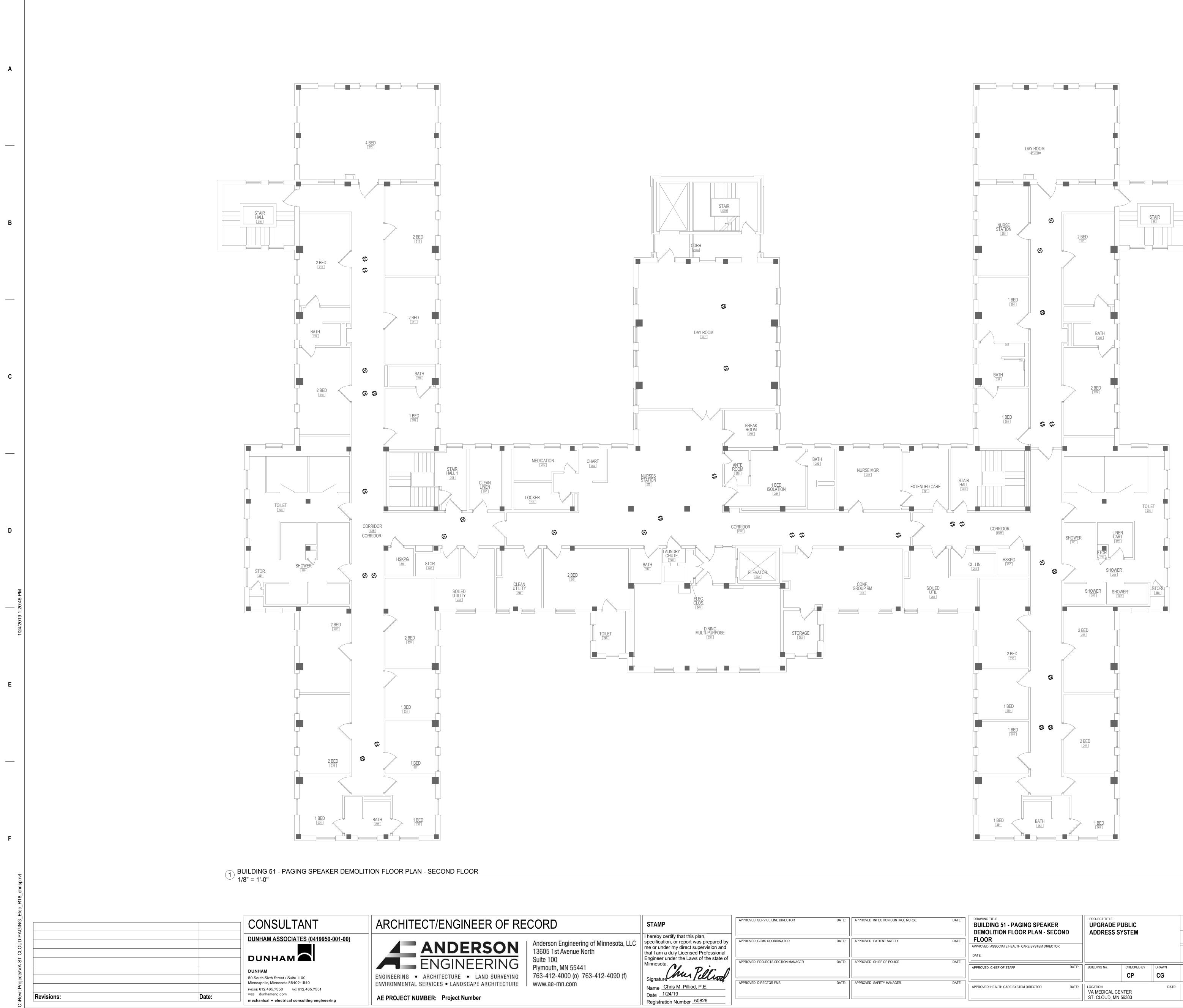
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REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





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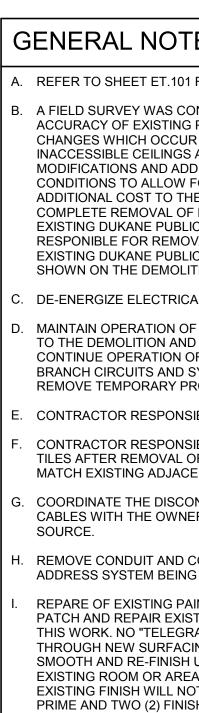
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me or under my direct supervision a
that I am a duly Licensed Professior
Engineer under the Laws of the stat
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Signature / 1000
Name _Chris M. Pilliod, P.E.
Date 1/24/19

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SURFACES AND FINISHES

D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 51 - PAGING SPEAKER DEMOLITION FLOOR PLAN - SECOND FLOOR	PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		Sugar C
		APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	DEPA
D: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		A CONTRACTOR
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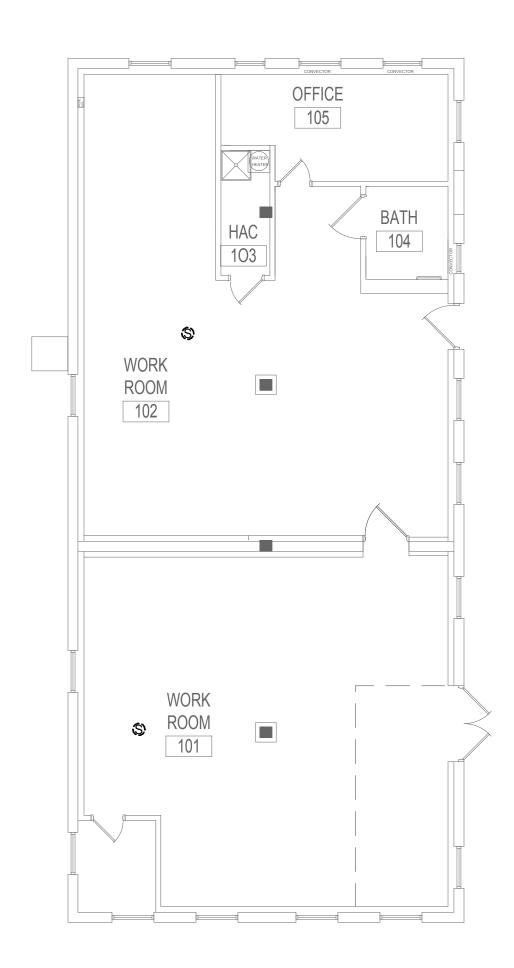
Name _Chris M. Pilliod, P.E. Date <u>1/24/19</u> Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 57 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST		PROJECT TITLE UPGRADE I ADDRESS \$			PLOT SCALE		SUNT OF VETERANS
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	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.

SURFACES AND FINISHES.

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1 BUILDING 57 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

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. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

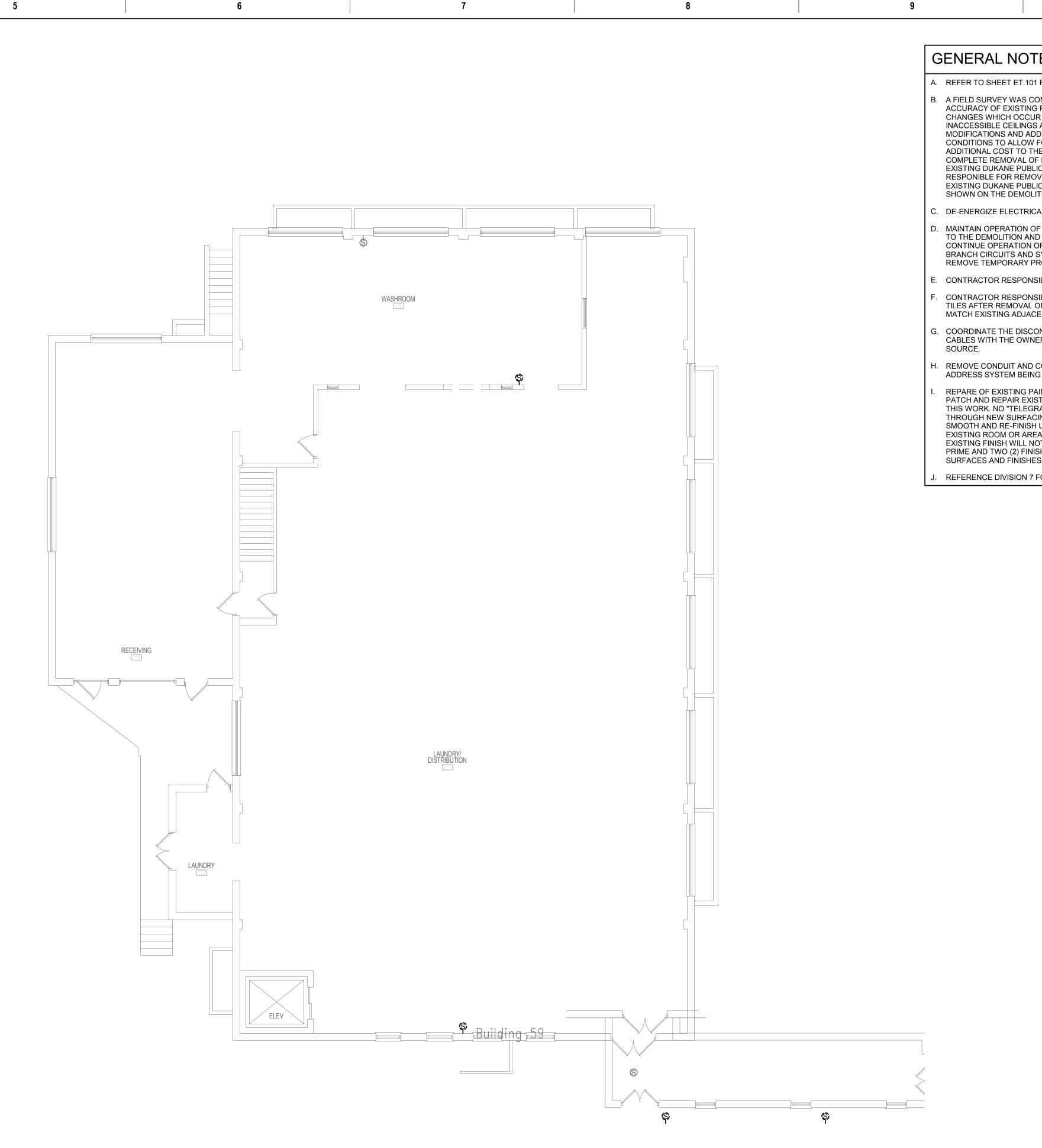




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2 BUILDING 59 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

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that I am a duly Licensed Profession Engineer under the Laws of the state Minnesota. Signature
Signature
Name Chris M. Pilliod, P.E.

Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
APPROVED: GEMS COORDINATOR	DATE:	APPROVED
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
APPROVED: DIRECTOR FMS	DATE:	APPROVED

D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 59 - PAGING SPEAKER DEMOLITION FLOOR PLAN - BASEMENT	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		ALLAND C
D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	_			PROJECT NO.	VA	T DEPART
		APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		A STATE OF STATE
D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED59-00		
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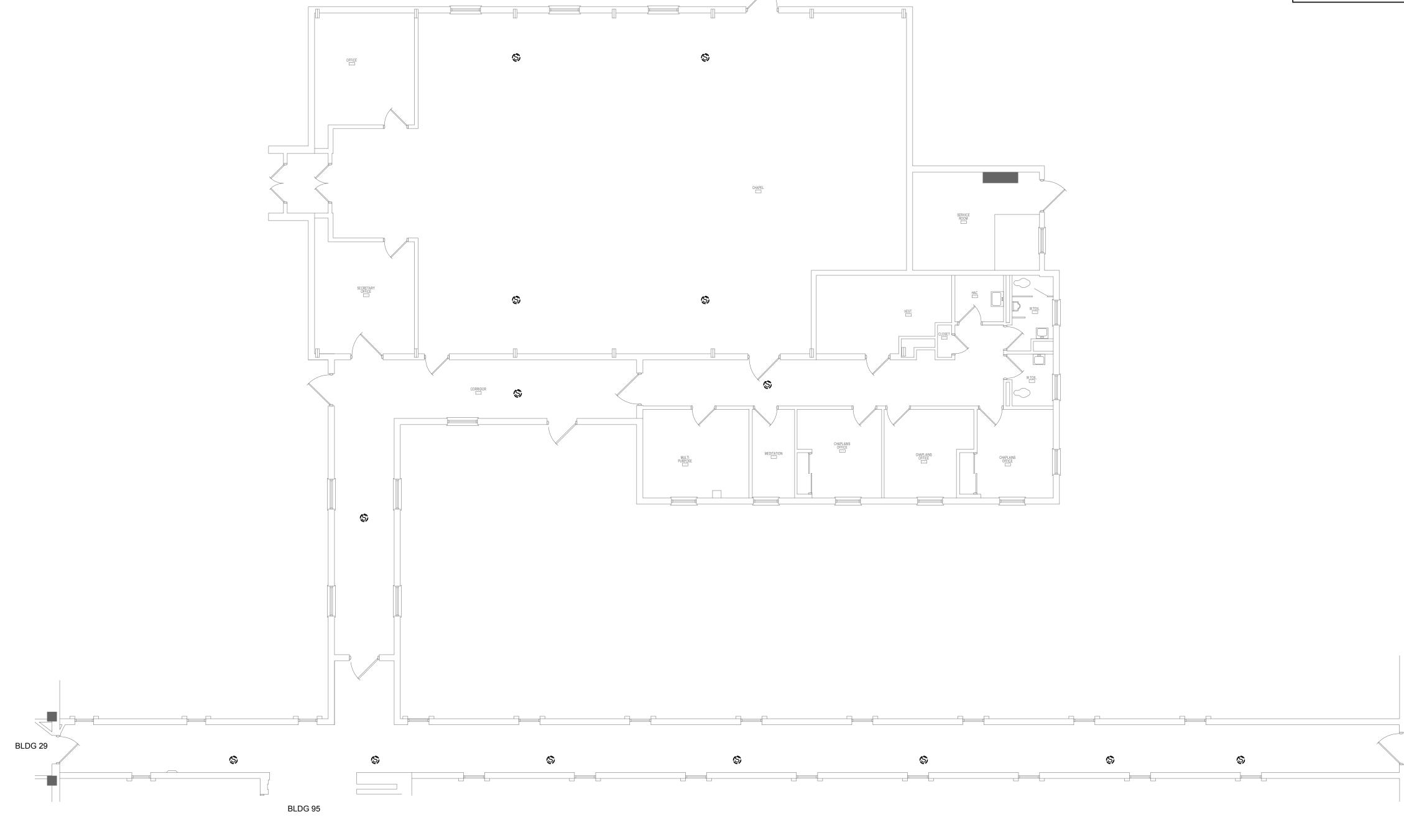
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OF ELECTRICAL SYSTEMS IN AREAS ADJACENT ID INSTALL TEMPORARY CONNECTIONS TO OF SYSTEMS. PERMANENTLY FEED EXISTING SYSTEMS REMAINING IN OPERATION AND PROVISIONS.
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SIBLE FOR PROVIDING REPLACEMENT CEILING OF SPEAKERS. REPLACE CEILING TILE TO CENT CEILING TILE.
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REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



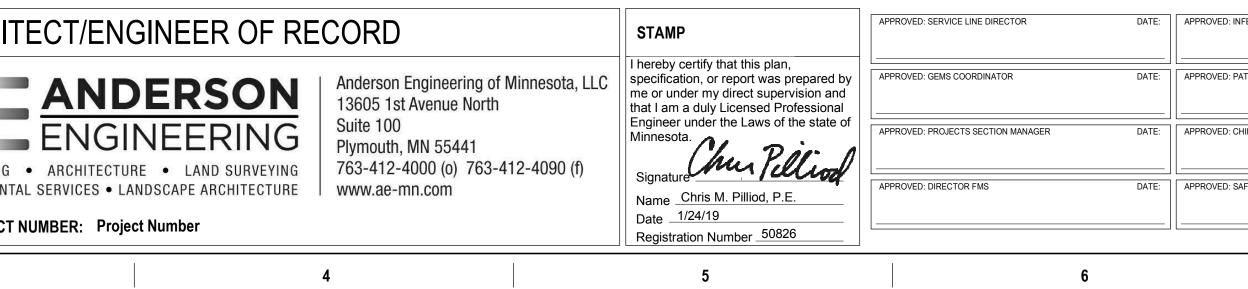
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	VA FORM 08 - 6231	 Date:	WEB dunhameng.com mechanical + electrical consulting		AE PROJECT N
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 $1 \frac{\text{BUILDING 88 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR}{1/8" = 1'-0"}$



	GENERAL NOTES:							
_								
Α.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.							
В.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.							
C.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.							
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.							
E.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.							
F.	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.							
G.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.							
H.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.							
I.	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.							

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DVED: INFECTION CONTROL NURSE DATE:		DRAWING TITLE BUILDING 88 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE PROJECT NO.	VA	THE REAL STREET	U. of Ve
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		TATES OF AND	A
PROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED88-01			St He
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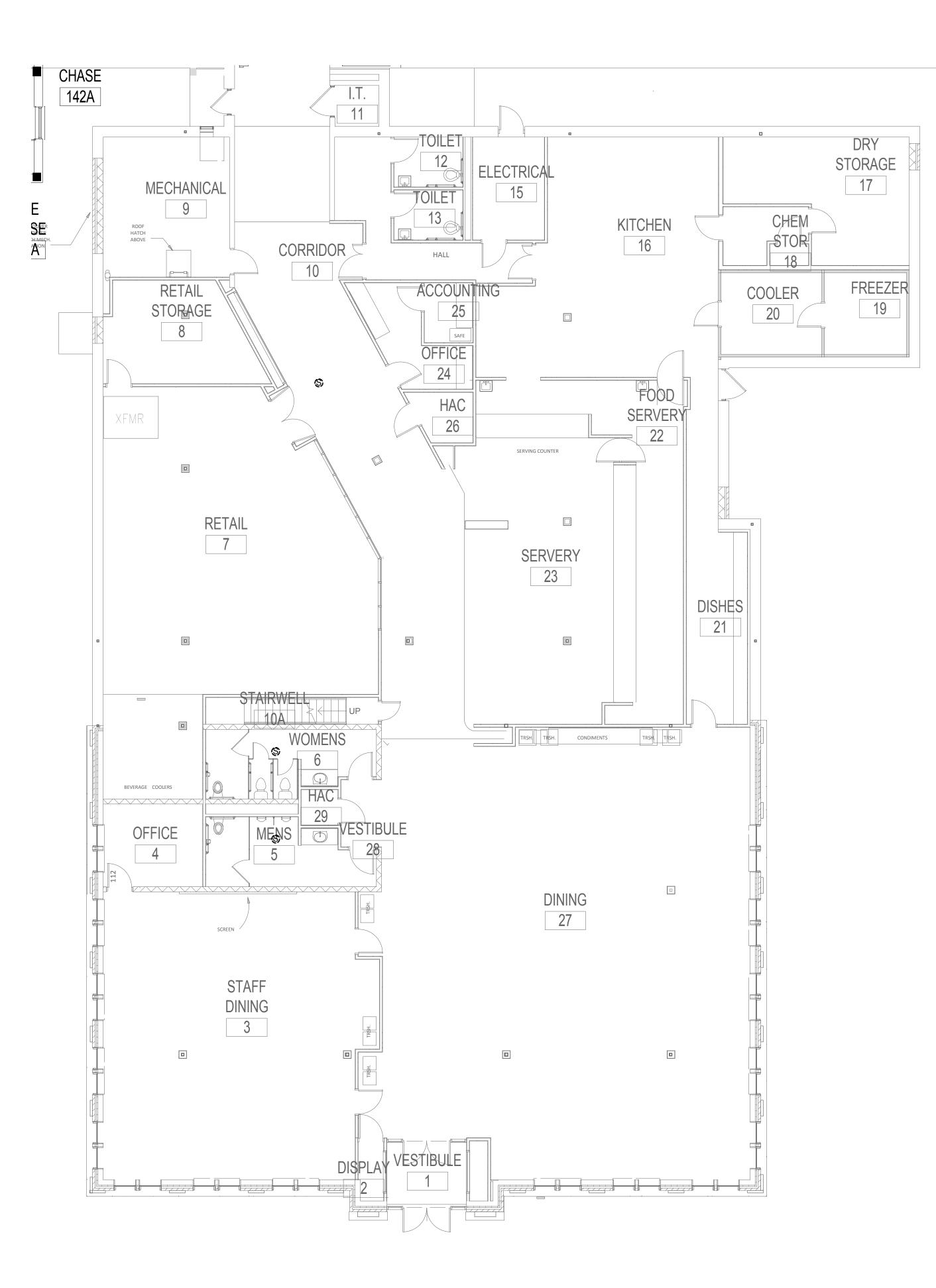
REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

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 $1 \frac{\text{BUILDING 95 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR}{1/8" = 1'-0"}$



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G	ENERAL NOTES:
Α.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
B.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.
C.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.
E.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.
F.	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.
G.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.
H.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.
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NFECTION CONTROL NURSE	DATE:	BUILDING 95 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST		PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE	STRITT OF VETER	
ATIENT SAFETY	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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AFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL C ST. CLOUD, MM		DATE:	DRAWING NO. ED95-01		
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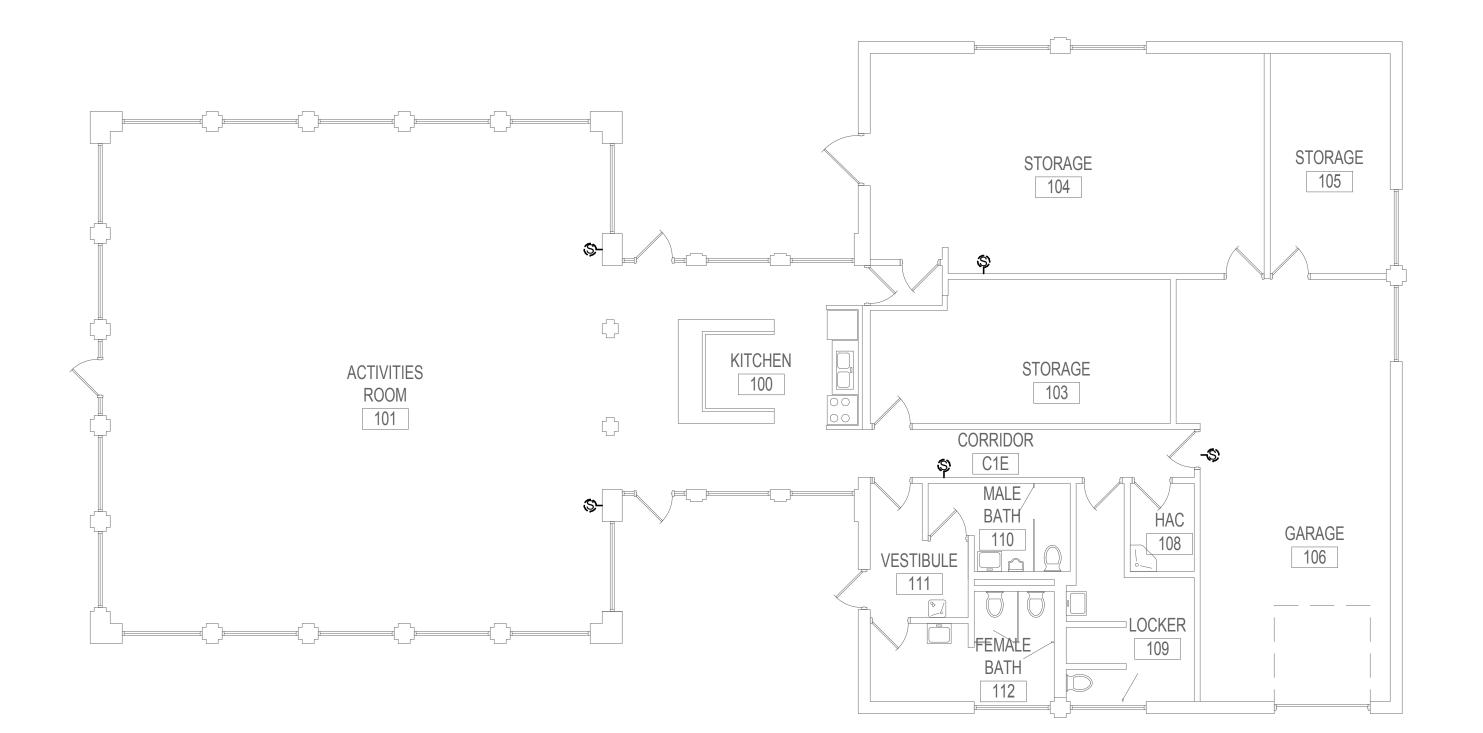


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APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PAT
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHI
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAF

1 BUILDING 96 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"



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G	ENERAL NOTES:
A.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
В.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.
C.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.
D.	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.
E.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.
F.	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.
G.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.
H.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.
I.	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.
J.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

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ROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA		01 Ve
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		STATES OF ANIS	A
ROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	DRAWING NO. ED96-01			St He
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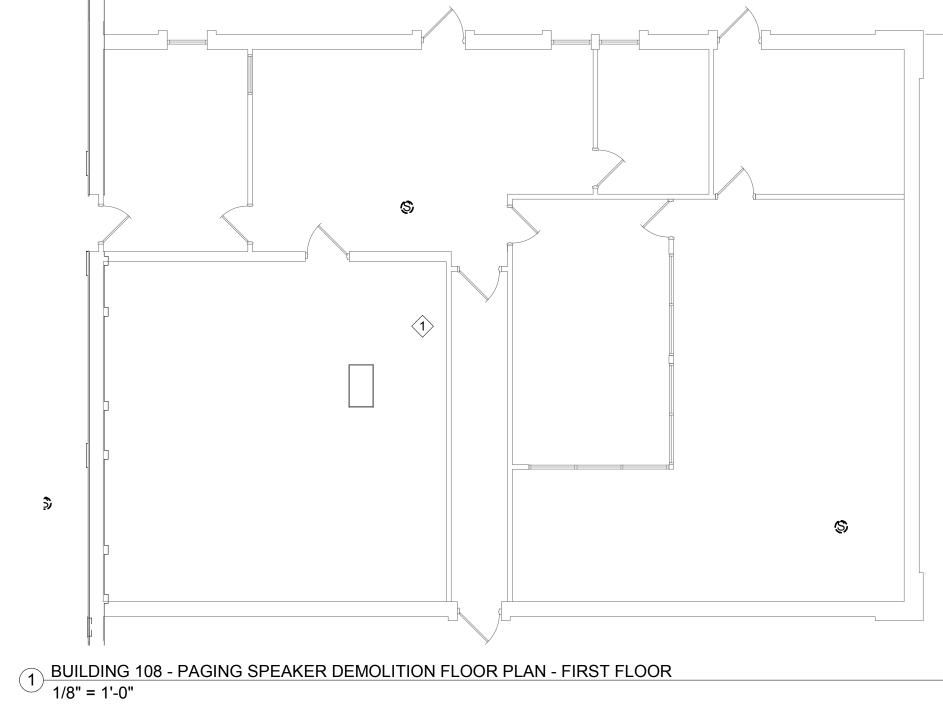
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Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

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APPROVED: SERVICE LINE DIRECTOR D.	TE: APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 108 - PAGING SPEAKE DEMOLITION FLOOR PLAN - FIR		PROJECT TITLE UPGRADE F ADDRESS S			PLOT SCALE		STATT OF VET
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		DATE.	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		STATES
APPROVED: DIRECTOR FMS D.	TE: APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303		DATE:	DRAWING NO. ED108-01		
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۹.	REFER TO SHEET ET.101
3.	A FIELD SURVEY WAS CO ACCURACY OF EXISTING CHANGES WHICH OCCUR INACCESSIBLE CEILINGS MODIFICATIONS AND ADE CONDITIONS TO ALLOW F ADDITIONAL COST TO TH COMPLETE REMOVAL OF EXISTING DUKANE PUBLIC RESPONIBLE FOR REMOVE EXISTING DUKANE PUBLIC SHOWN ON THE DEMOLIT
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KEY NOTES:

1 DEMOLISH PAGING ADDR AND ASSOCIATED CABLIN TO SOURCE. REMOVE AN AMPLIFIERS AND 1/O EQUI OWNER TO CONFIRM ITER PA SYSTEM HEAD END IN B EXISTING PA SPEAKER CIRC 108 TO THE NEW PA HEAD E AFTER THE EXISTING PA SF FROM THE PA HEAD END, EXTENDED CIRCUITS BETW

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CONDUCTED TO VERIFY THE GENERAL IG PLANS, NO ATTEMPT HAS BEEN MADE TO FIND UR IN CONCEALED AREAS SUCH AS ABOVE SS AND IN WALLS. PERFORM MINOR DDITIONS TO CORRECT FOR THESE HIDDEN V FOR COMPLETION OF WORK WITH NO THE OWNER. PROJECT INTENT INCLUDES A OF EVERY DEVICE ASSOCIATED WITH THE BLIC ADDRESS SYSTEM. CONTRACTOR IOVAL OF DEVICES ASSOCATED WITH THE BLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE LITION DRAWINGS.	A
ICAL EQUIPMENT PRIOR TO DEMOLITION.	
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D CONDUCTORS FOR EXISTING DUKANE PUBLIC NG DEMOLISHED.	В
PAINTED AND FINISHED SURFACES: CLEAN, (ISTING SURFACES DAMAGED OR ALTERED BY GRAPHING" OF LINES, RIDGES, FLAKES, ETC., ACING IS PERMITTED. WHERE THIS OCCURS, SAND 6H UNTIL SURFACE MEETS COR'S APPROVAL. IN REAS WHERE ALTERATIONS BETWEEN NEW AND NOT SHOW IN FINISHED WORK, APPLY ONE (1) NISH COATS OF PAINT TO MATCH ADJACENT IES.	
7 FOR FIRESTOPPING REQUIREMENTS.	
DRESS SYSTEM CAMPUS HEADEND EQUIPMENT BLING AND CONNECTIVITY REMOVE 120VAC BACK AND RETURN HEADEND ELECTRONICS, QUIPMENT TO OWNER. COORDINATE WITH ITEMS TO BE SALVAGED. BUILDING 108 HAS ALREADY BEEN DEMOLISHED.	
IRCUITS HAVE BEEN EXTENDED FROM BUILDING D END IN THE BUILDING 4 DATA CENTER. SPEAKER CIRCUITS HAVE BEEN DISCONNECTED THE CONTRACTOR SHALL DEMOLISH THESE WEEN BUILDING 108 AND BUILDING 4.	с



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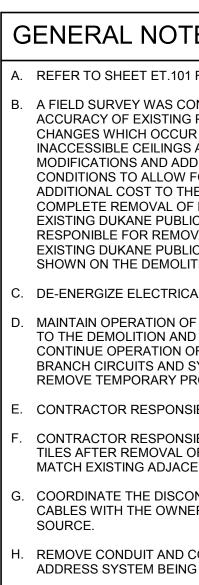
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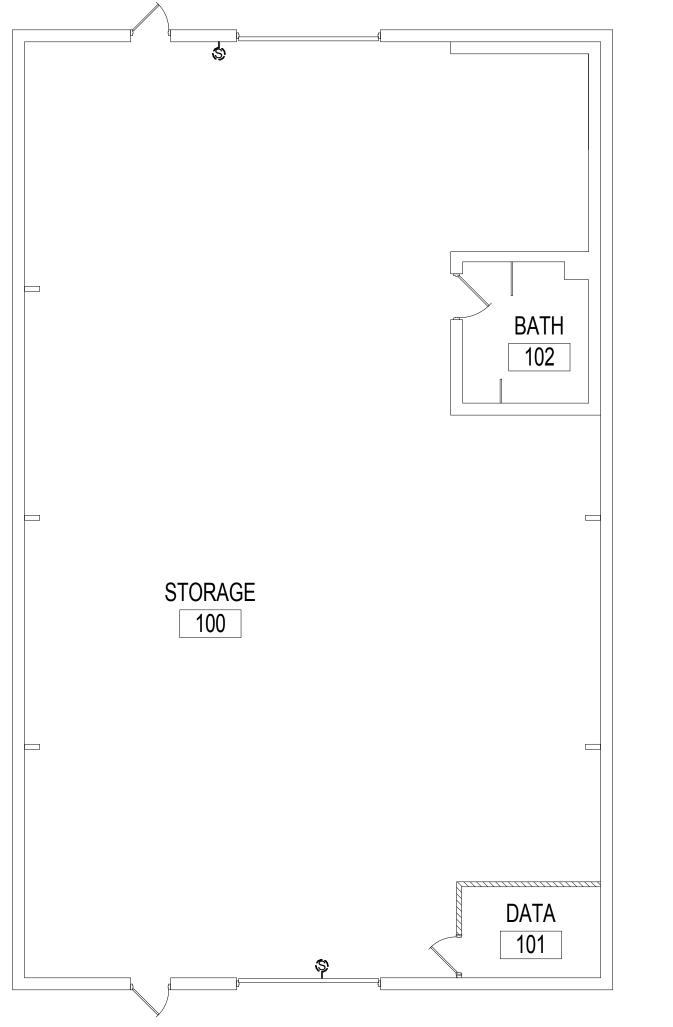
Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

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APPROVED: SERVICE LINE DIRECTOR DATE:		APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 109 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST	PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE		JENT OF VETER	
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ED109-01		
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1 BUILDING 109 - PAGING SPEAKER DEMOLITION FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

G	ENERAL NOTES:
۹.	REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS.
3.	A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS.
С.	DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION.
) .	MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS.
Ξ.	CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING.
	CONTRACTOR RESPONSIBLE FOR PROVIDING REPLACEMENT CEILING TILES AFTER REMOVAL OF SPEAKERS. REPLACE CEILING TILE TO MATCH EXISTING ADJACENT CEILING TILE.
3.	COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE.
١.	REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED.
	REPARE OF EXISTING PAINTED AND FINISHED SURFACES: CLEAN, PATCH AND REPAIR EXISTING SURFACES DAMAGED OR ALTERED BY THIS WORK. NO "TELEGRAPHING" OF LINES, RIDGES, FLAKES, ETC., THROUGH NEW SURFACING IS PERMITTED. WHERE THIS OCCURS, SAND SMOOTH AND RE-FINISH UNTIL SURFACE MEETS COR'S APPROVAL. IN EXISTING ROOM OR AREAS WHERE ALTERATIONS BETWEEN NEW AND EXISTING FINISH WILL NOT SHOW IN FINISHED WORK, APPLY ONE (1) PRIME AND TWO (2) FINISH COATS OF PAINT TO MATCH ADJACENT SURFACES AND FINISHES.

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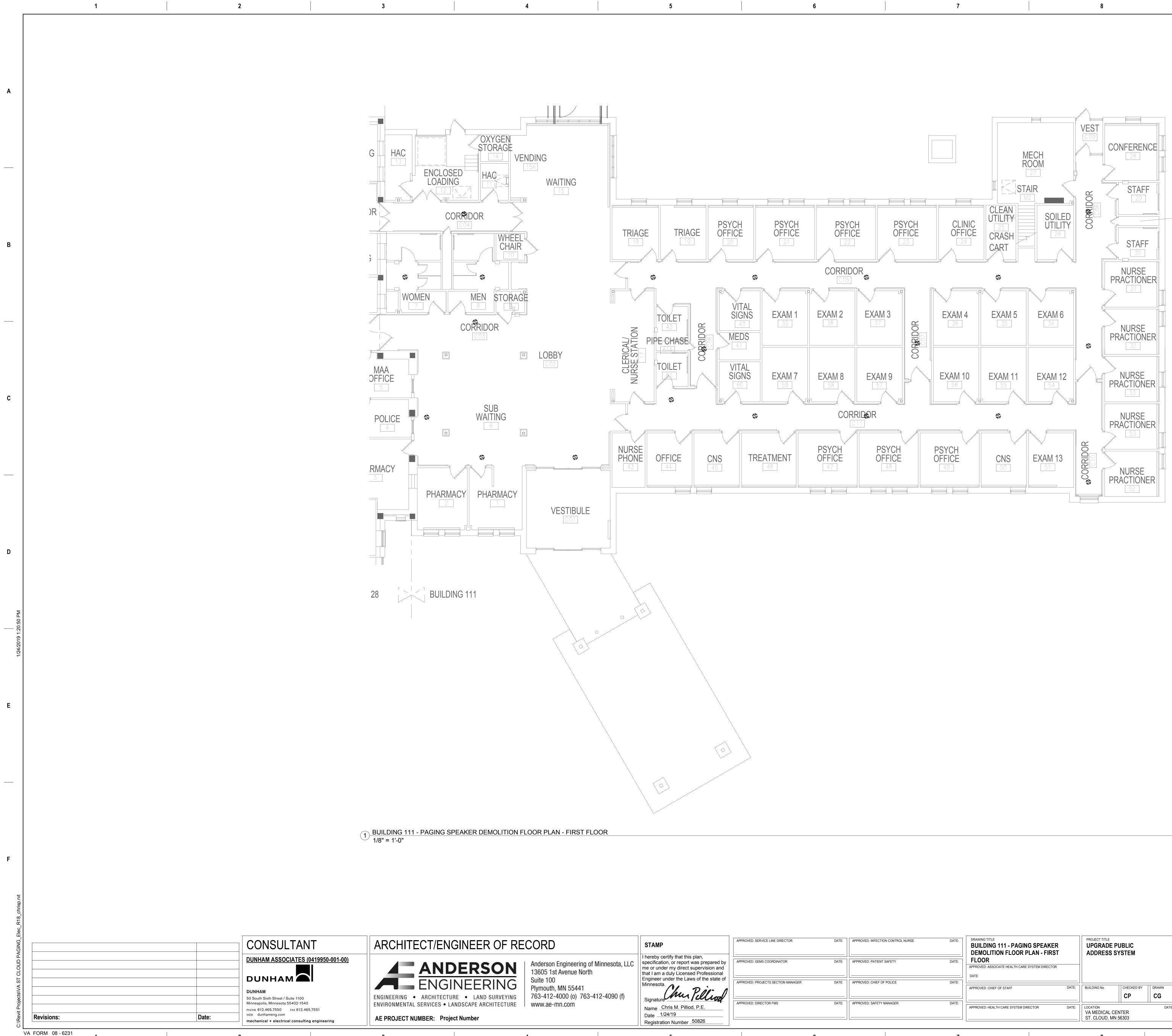
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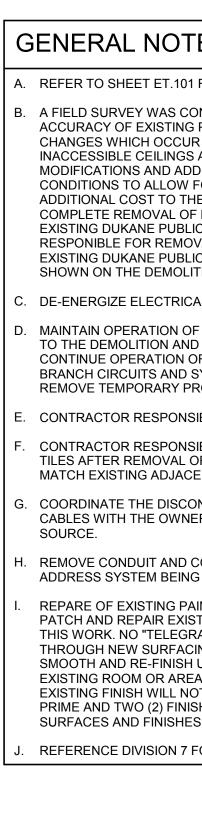
REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.







ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 111 - PAGING SPEAKER	PROJECT TITLE					STT OF
ANDERSON ENGINEERING ARCHITECTURE • LAND SURVEYING SERVICES • LANDSCAPE ARCHITECTURE	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) www.ae-mn.com	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 Name Chris M. Pilliod, P.E. Date 1/24/19	APPROVED: GEMS COORDINATOR APPROVED: PROJECTS SECTION MANAGER APPROVED: DIRECTOR FMS		APPROVED: PATIENT SAFETY APPROVED: CHIEF OF POLICE APPROVED: SAFETY MANAGER	DATE: DATE: DATE: DATE:	DEMOLITION FLOOR PLAN - FIRST FLOOR APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE: APPROVED: CHIEF OF STAFF DATE: APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	CP	CHECKED BY CP CP	DRAWN CG DAT	PLOT SCALE PROJECT NO. ISSUE DATE 1/24/19 E: DRAWING NO. ED111-01		
	4	Registration Number <u>50826</u>		6		7		8				9	



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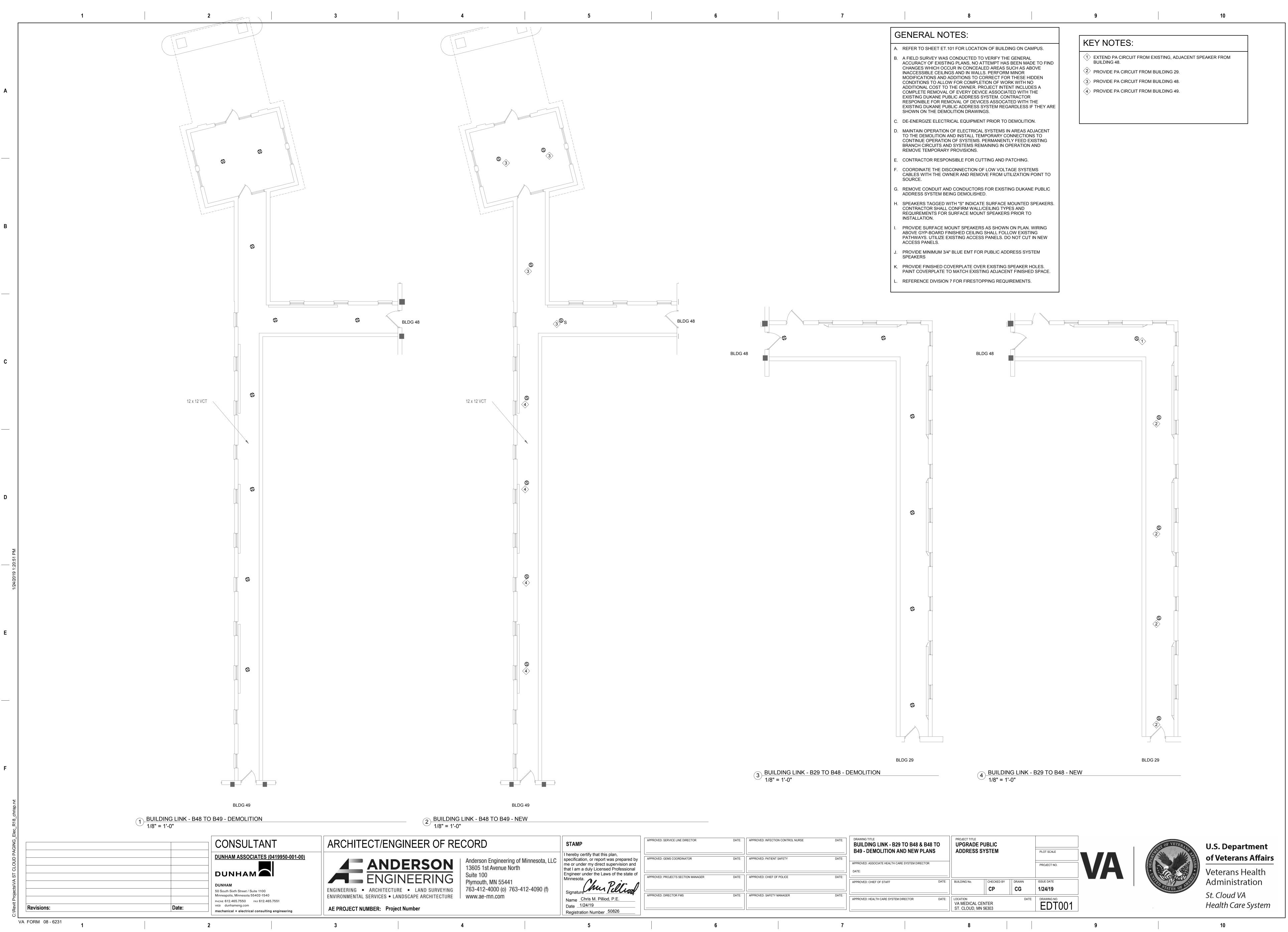
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OF ELECTRICAL SYSTEMS IN AREAS ADJACENT ID INSTALL TEMPORARY CONNECTIONS TO OF SYSTEMS. PERMANENTLY FEED EXISTING SYSTEMS REMAINING IN OPERATION AND PROVISIONS.
SIBLE FOR CUTTING AND PATCHING.
SIBLE FOR PROVIDING REPLACEMENT CEILING OF SPEAKERS. REPLACE CEILING TILE TO CENT CEILING TILE.
ONNECTION OF LOW VOLTAGE SYSTEMS IER AND REMOVE FROM UTILIZATION POINT TO
CONDUCTORS FOR EXISTING DUKANE PUBLIC IG DEMOLISHED.
AINTED AND FINISHED SURFACES: CLEAN, STING SURFACES DAMAGED OR ALTERED BY RAPHING" OF LINES, RIDGES, FLAKES, ETC., CING IS PERMITTED. WHERE THIS OCCURS, SAND 4 UNTIL SURFACE MEETS COR'S APPROVAL. IN EAS WHERE ALTERATIONS BETWEEN NEW AND IOT SHOW IN FINISHED WORK, APPLY ONE (1) ISH COATS OF PAINT TO MATCH ADJACENT ES.

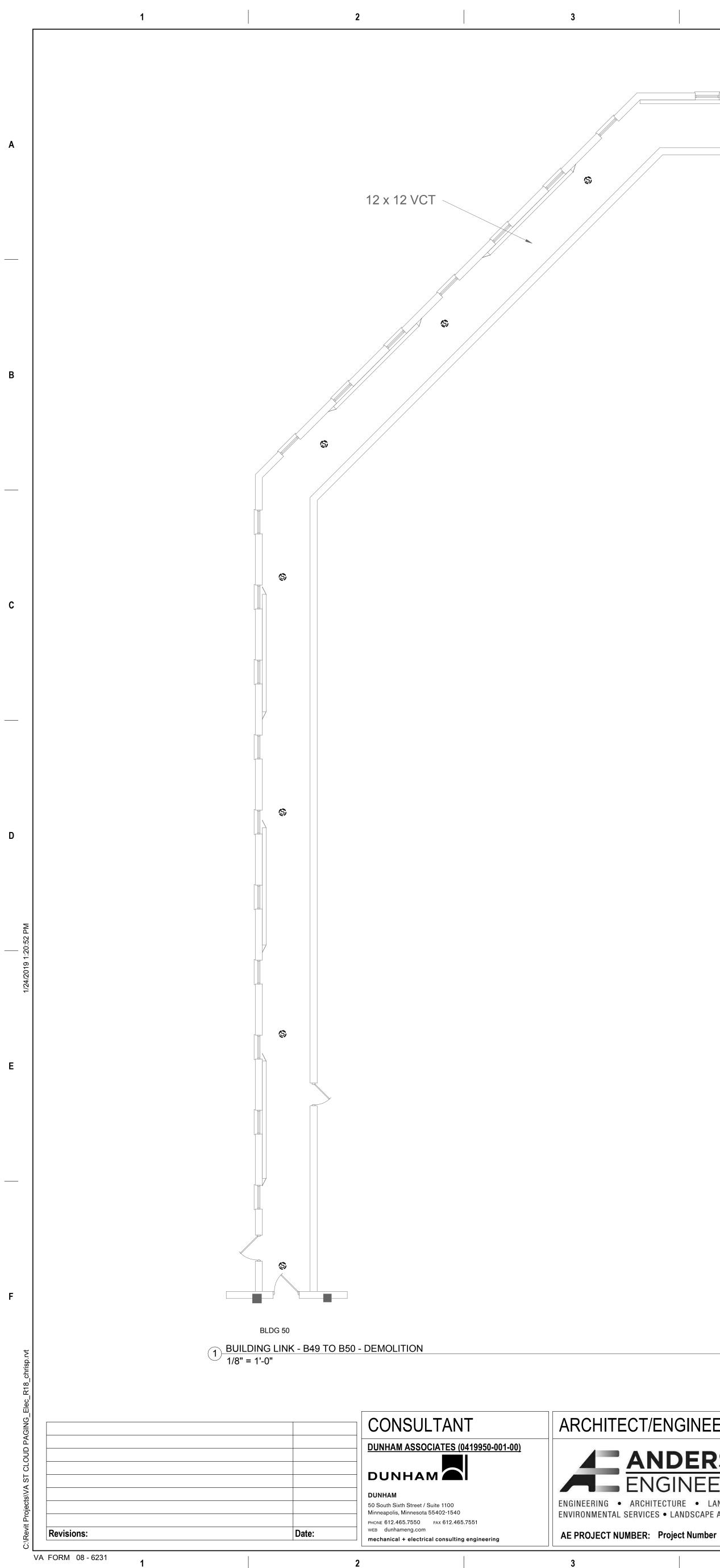
REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

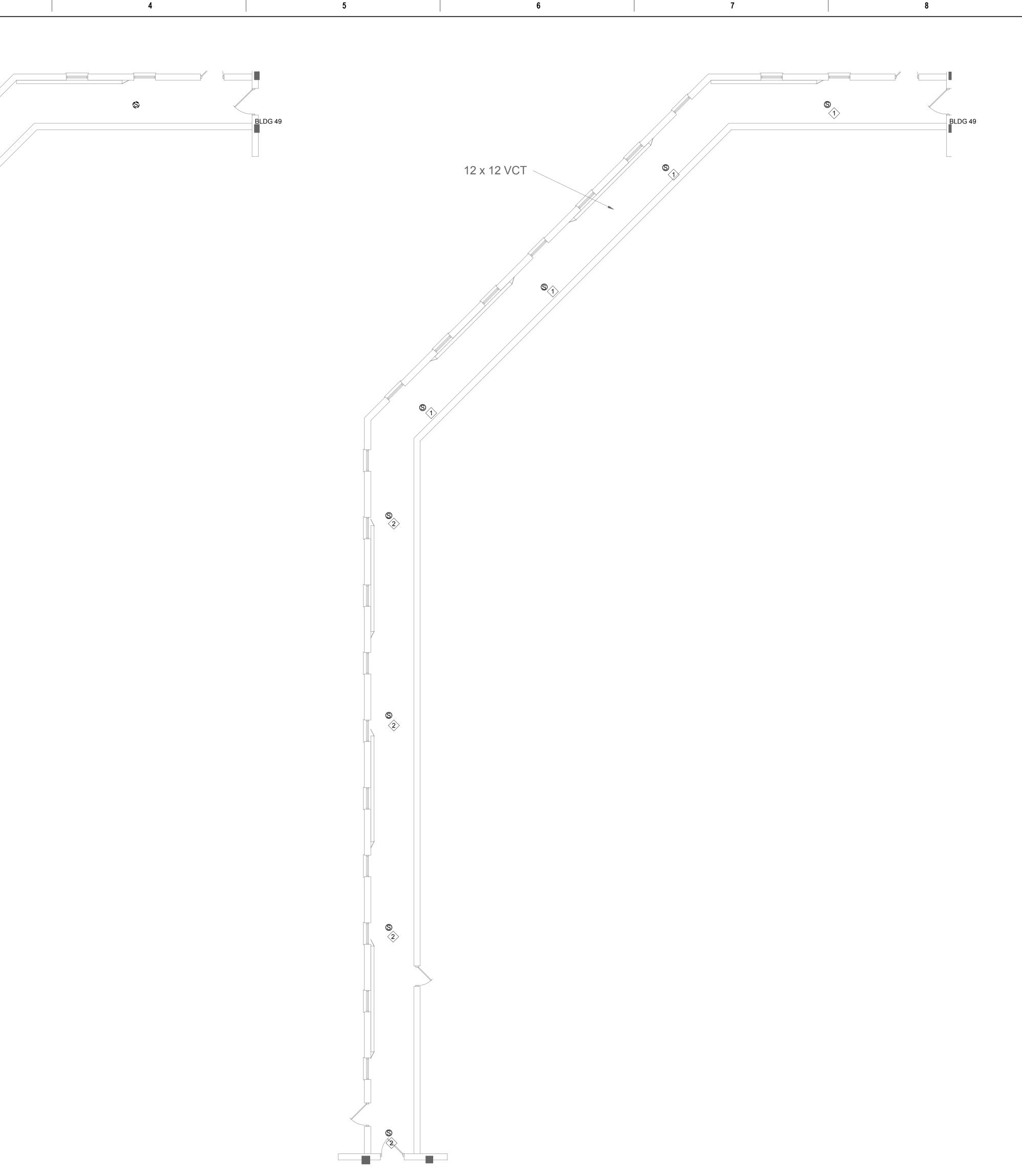




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	GENERAL NOTES:	
	 A. REFER TO SHEET ET.101 FOR LOCATION OF BUILDING ON CAMPUS. B. A FIELD SURVEY WAS CONDUCTED TO VERIFY THE GENERAL ACCURACY OF EXISTING PLANS, NO ATTEMPT HAS BEEN MADE TO FIND CHANGES WHICH OCCUR IN CONCEALED AREAS SUCH AS ABOVE INACCESSIBLE CEILINGS AND IN WALLS. PERFORM MINOR MODIFICATIONS AND ADDITIONS TO CORRECT FOR THESE HIDDEN CONDITIONS TO ALLOW FOR COMPLETION OF WORK WITH NO ADDITIONAL COST TO THE OWNER. PROJECT INTENT INCLUDES A COMPLETE REMOVAL OF EVERY DEVICE ASSOCIATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM. CONTRACTOR RESPONIBLE FOR REMOVAL OF DEVICES ASSOCATED WITH THE EXISTING DUKANE PUBLIC ADDRESS SYSTEM REGARDLESS IF THEY ARE SHOWN ON THE DEMOLITION DRAWINGS. C. DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOR TO DEMOLITION. D. MAINTAIN OPERATION OF ELECTRICAL SYSTEMS IN AREAS ADJACENT TO THE DEMOLITION AND INSTALL TEMPORARY CONNECTIONS TO CONTINUE OPERATION OF SYSTEMS. PERMANENTLY FEED EXISTING BRANCH CIRCUITS AND SYSTEMS REMAINING IN OPERATION AND REMOVE TEMPORARY PROVISIONS. E. CONTRACTOR RESPONSIBLE FOR CUTTING AND PATCHING. F. COORDINATE THE DISCONNECTION OF LOW VOLTAGE SYSTEMS 	KEY NOTES: 1 Extend pa circuit from exist building 48. 2 PROVIDE PA CIRCUIT FROM BUIL 3 PROVIDE PA CIRCUIT FROM BUIL 4 PROVIDE PA CIRCUIT FROM BUIL
	 CABLES WITH THE OWNER AND REMOVE FROM UTILIZATION POINT TO SOURCE. G. REMOVE CONDUIT AND CONDUCTORS FOR EXISTING DUKANE PUBLIC ADDRESS SYSTEM BEING DEMOLISHED. H. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION. I. PROVIDE SURFACE MOUNT SPEAKERS AS SHOWN ON PLAN. WIRING ABOVE GYP-BOARD FINISHED CEILING SHALL FOLLOW EXISTING PATHWAYS. UTILIZE EXISTING ACCESS PANELS. DO NOT CUT IN NEW ACCESS PANELS. J. PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS K. PROVIDE FINISHED COVERPLATE OVER EXISTING SPEAKER HOLES. PAINT COVERPLATE TO MATCH EXISTING ADJACENT FINISHED SPACE. L. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS. 	

ED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING LINK - B29 TO B48 & B48 TO B49 - DEMOLITION AND NEW PLANS	PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE		MENT O
ED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	
ED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		STITUD ST
ED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL C ST. CLOUD, M		DATE:	DRAWING NO.		
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BLDG 50

2 BUILDING LINK - B49 TO B50 - NEW 1/8" = 1'-0" / 1/8" = 1'-0"

APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: IN STAMP Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 APPROVED: GEMS COORDINATOR DATE: APPROVED: Suite 100 Engineer under the Laws of the state of Minnesota. Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: C Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) ENVIRONMENTAL SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com APPROVED: DIRECTOR FMS DATE: APPROVED: Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826 4 5

ARCHITECT/ENGINEER OF RECORD

ENGINEERING ENGINEERING • ARCHITECTURE • LAND SURVEYING



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- A. REFER TO SHEET ET.101 FOR LOCATION OF B B. A FIELD SURVEY WAS CONDUCTED TO VERIFY ACCURACY OF EXISTING PLANS, NO ATTEMPT CHANGES WHICH OCCUR IN CONCEALED ARE INACCESSIBLE CEILINGS AND IN WALLS. PERF MODIFICATIONS AND ADDITIONS TO CORRECT CONDITIONS TO ALLOW FOR COMPLETION OF ADDITIONAL COST TO THE OWNER. PROJECT COMPLETE REMOVAL OF EVERY DEVICE ASS EXISTING DUKANE PUBLIC ADDRESS SYSTEM RESPONIBLE FOR REMOVAL OF DEVICES ASS EXISTING DUKANE PUBLIC ADDRESS SYSTEM SHOWN ON THE DEMOLITION DRAWINGS. DE-ENERGIZE ELECTRICAL EQUIPMENT PRIOF MAINTAIN OPERATION OF ELECTRICAL SYSTE TO THE DEMOLITION AND INSTALL TEMPORAF CONTINUE OPERATION OF SYSTEMS. PERMAN BRANCH CIRCUITS AND SYSTEMS REMAINING REMOVE TEMPORARY PROVISIONS. . CONTRACTOR RESPONSIBLE FOR CUTTING A COORDINATE THE DISCONNECTION OF LOW V CABLES WITH THE OWNER AND REMOVE FROM SOURCE. REMOVE CONDUIT AND CONDUCTORS FOR E ADDRESS SYSTEM BEING DEMOLISHED. . SPEAKERS TAGGED WITH "S" INDICATE SURFA CONTRACTOR SHALL CONFIRM WALL/CEILING
- REQUIREMENTS FOR SURFACE MOUNT SPEA INSTALLATION. PROVIDE SURFACE MOUNT SPEAKERS AS SH
- ABOVE GYP-BOARD FINISHED CEILING SHALL I PATHWAYS. UTILIZE EXISTING ACCESS PANEL ACCESS PANELS.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC SPEAKERS
- PROVIDE FINISHED COVERPLATE OVER EXIST PAINT COVERPLATE TO MATCH EXISTING ADJ REFERENCE DIVISION 7 FOR FIRESTOPPING F

KEY NOTES:

1 PROVIDE PA CIRCUIT FROM BUILDING 49. 2 PROVIDE PA CIRCUIT FROM BUILDING 50.

INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING LINK - B49 TO B50 - DEMOLITION AND NEW PLANS		PROJECT TITLE UPGRADE I ADDRESS S			PLOT SCALE		MENT OF
PATIENT SAFETY CHIEF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.		U DERA
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		STREED STR
SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL CI ST. CLOUD, MN		DATE	E DRAWING NO. EDT002		·
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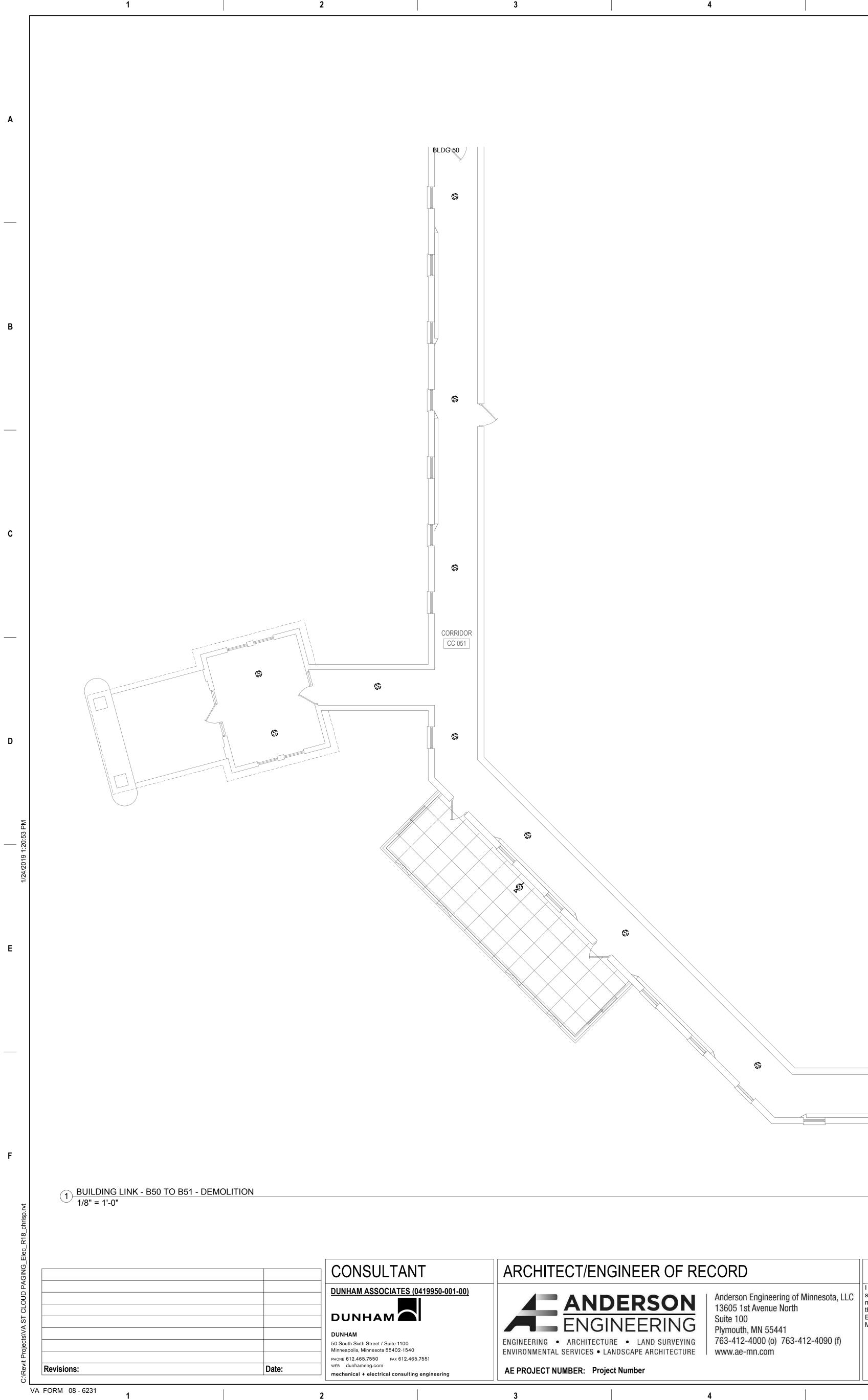
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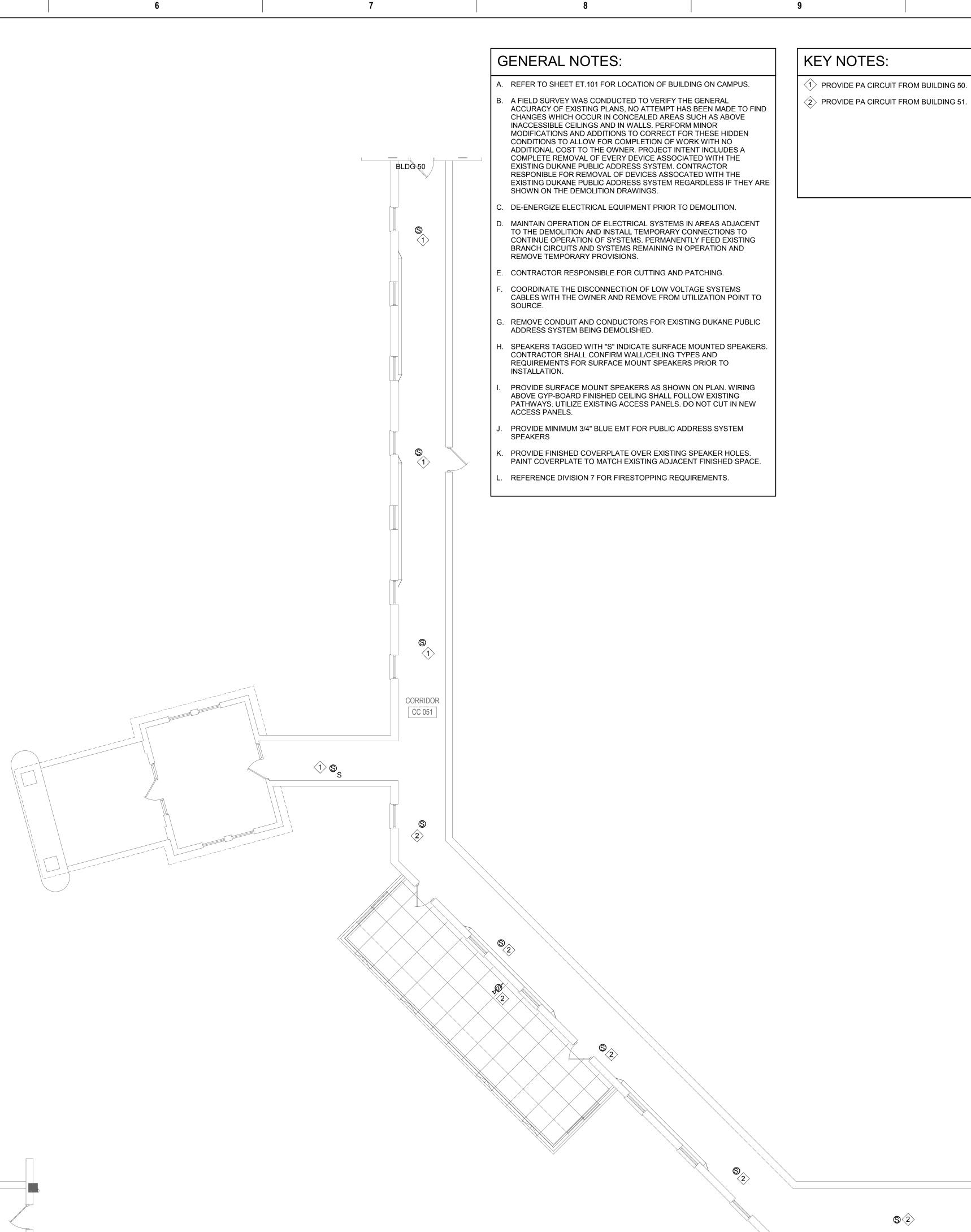
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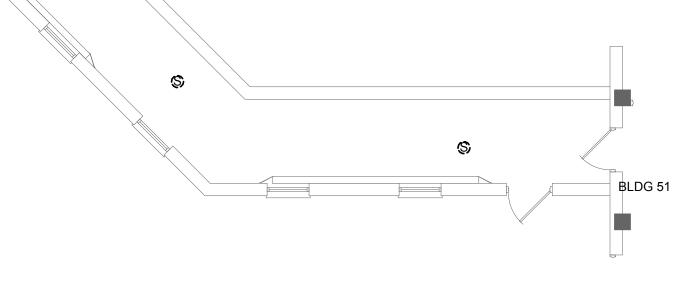
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IC ADDRESS SYSTEM
STING SPEAKER HOLES. DJACENT FINISHED SPACE.
REQUIREMENTS.









2 BUILDING LINK - B50 TO B51 - NEW 1/8" = 1'-0"

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specification me or und that I am a	ertify that this plan, on, or report was prepared b er my direct supervision and a duly Licensed Professional under the Laws of the state o
U U	Chris M. Pilliod, P.E.
	24/19
Registrat	ion Number <u>50826</u>

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APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED:
APPROVED: GEMS COORDINATOR	DATE:	APPROVED:
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED:
APPROVED: DIRECTOR FMS	DATE:	APPROVED:

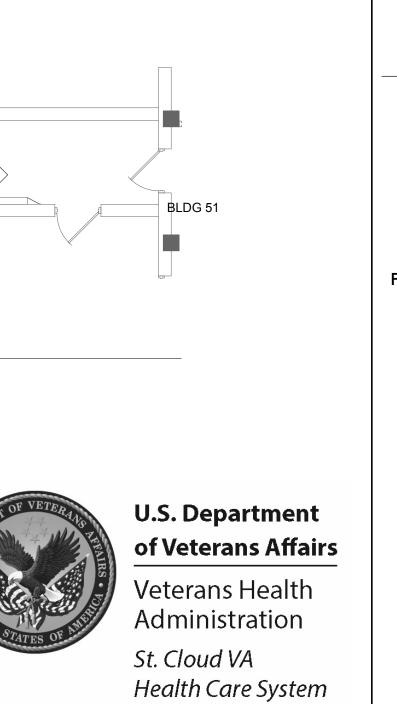
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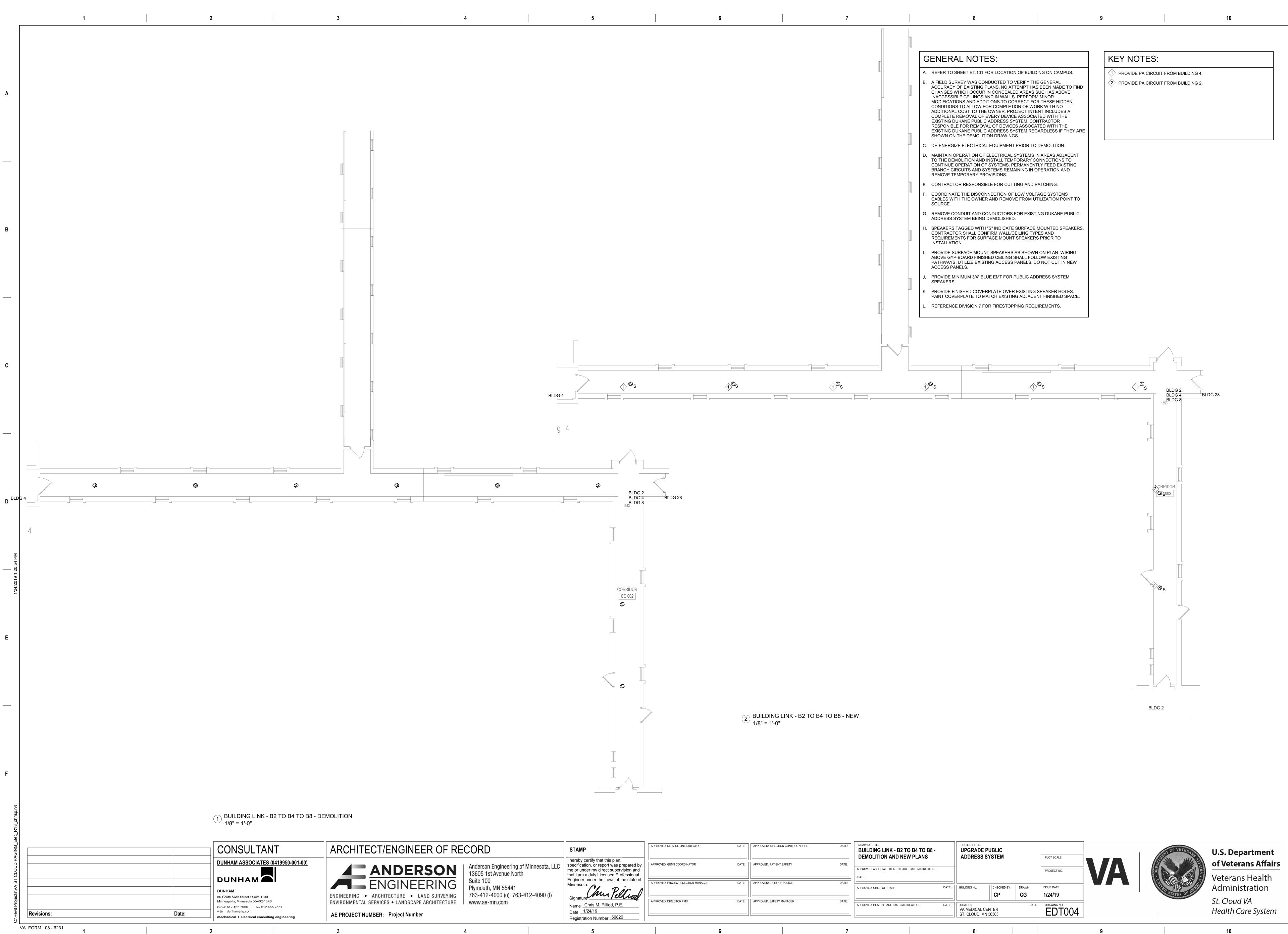
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		APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	DEE
ED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		ALLED ST
ED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	DRAWING NO. EDT003		
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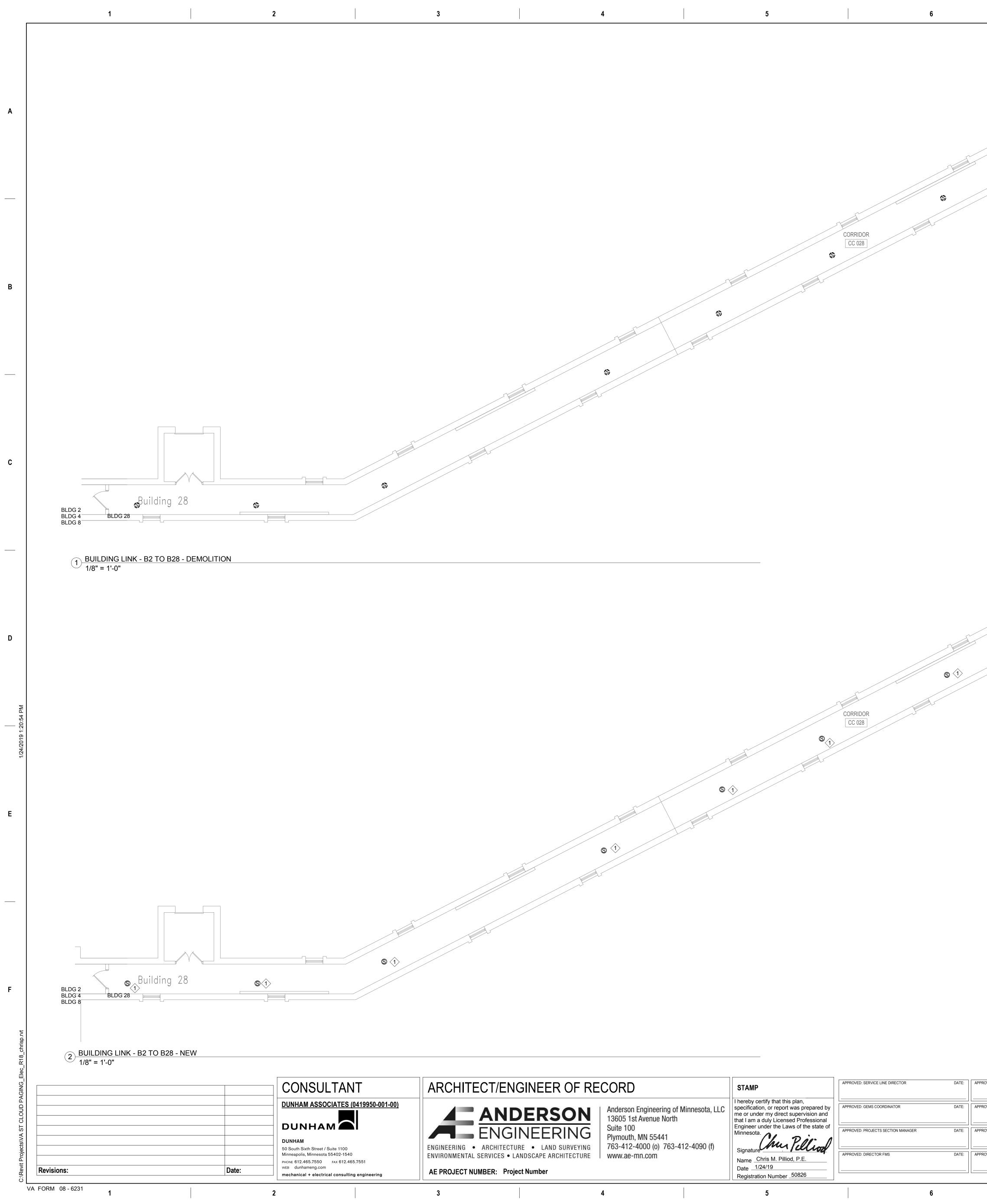
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I hereby certify that this plan, specification, or report was prepared me or under my direct supervision an that I am a duly Licensed Professiona Engineer under the Laws of the state
Minnesota. Signature
Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u>
Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
APPROVED: GEMS COORDINATOR	DATE:	APPROVED
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
APPROVED: DIRECTOR FMS	DATE:	APPROVED

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APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFET

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GENERAL NOTES:

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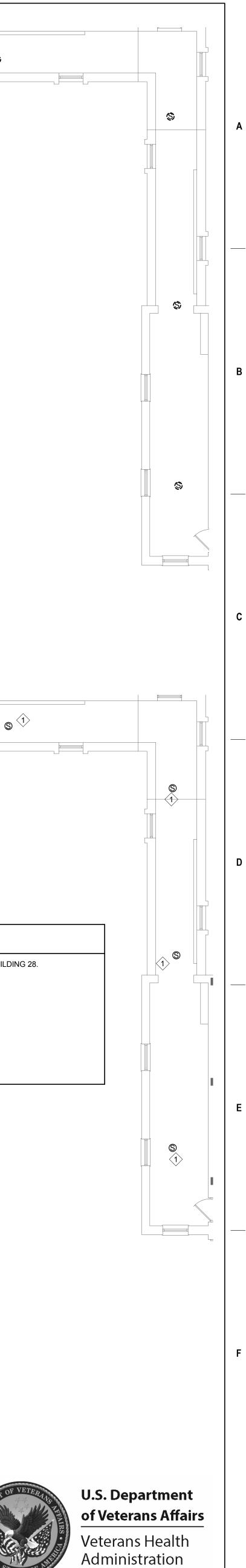
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- SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.
- PROVIDE SURFACE MOUNT SPEAKERS AS SHOWN ON PLAN. WIRING ABOVE GYP-BOARD FINISHED CEILING SHALL FOLLOW EXISTING PATHWAYS. UTILIZE EXISTING ACCESS PANELS. DO NOT CUT IN NEW ACCESS PANELS.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS
- PROVIDE FINISHED COVERPLATE OVER EXISTING SPEAKER HOLES. PAINT COVERPLATE TO MATCH EXISTING ADJACENT FINISHED SPACE.
- REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

ECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING LINK - B2 TO B28 - DEMOLITION AND NEW PLANS		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STEAT OF
	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
IEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		STAND STA
FETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	EDT005		
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KEY NOTES:

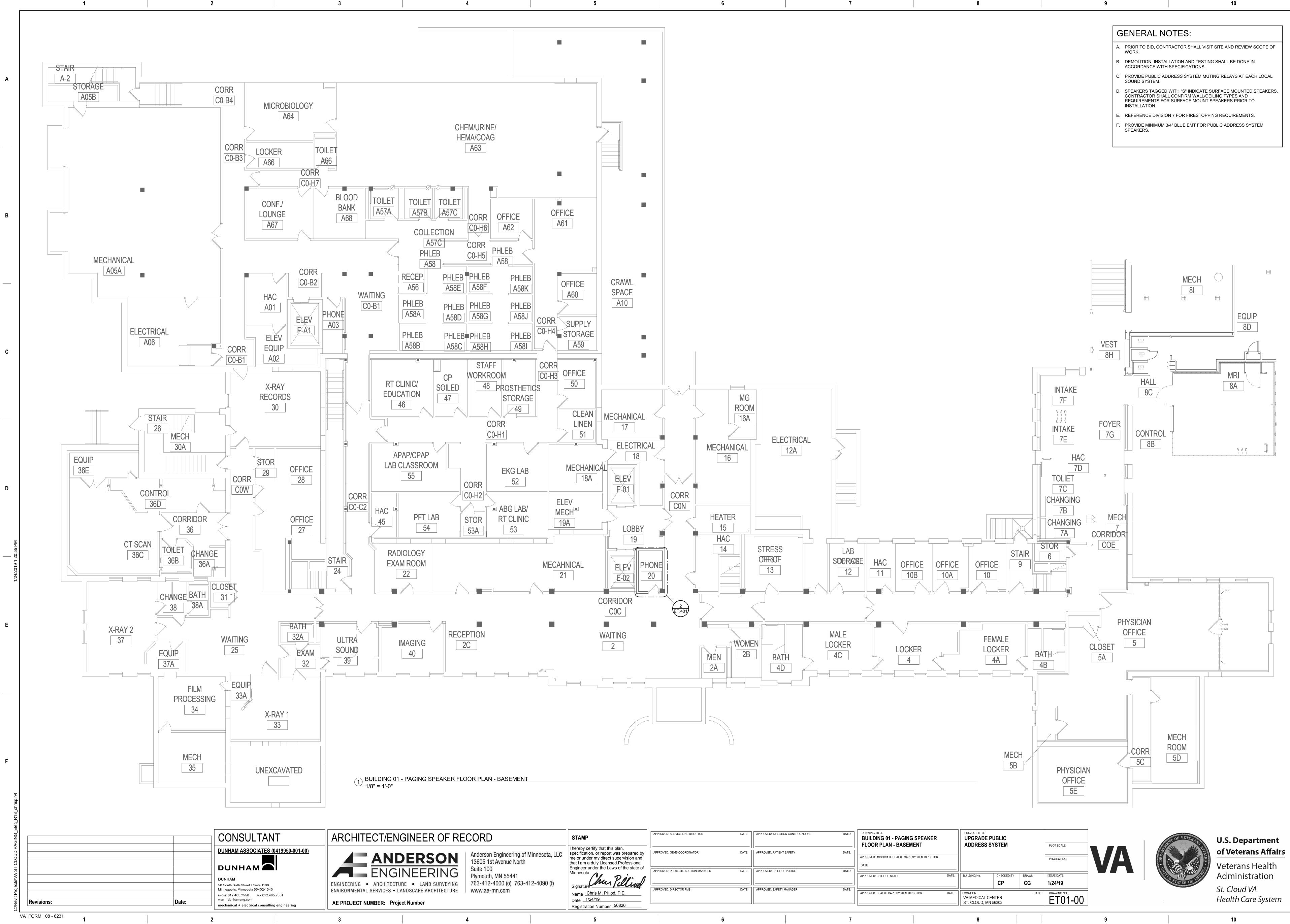
 PROVIDE PUBLIC ADDRESS CIRCUIT FROM BUILDING 28.





St. Cloud VA

Health Care System

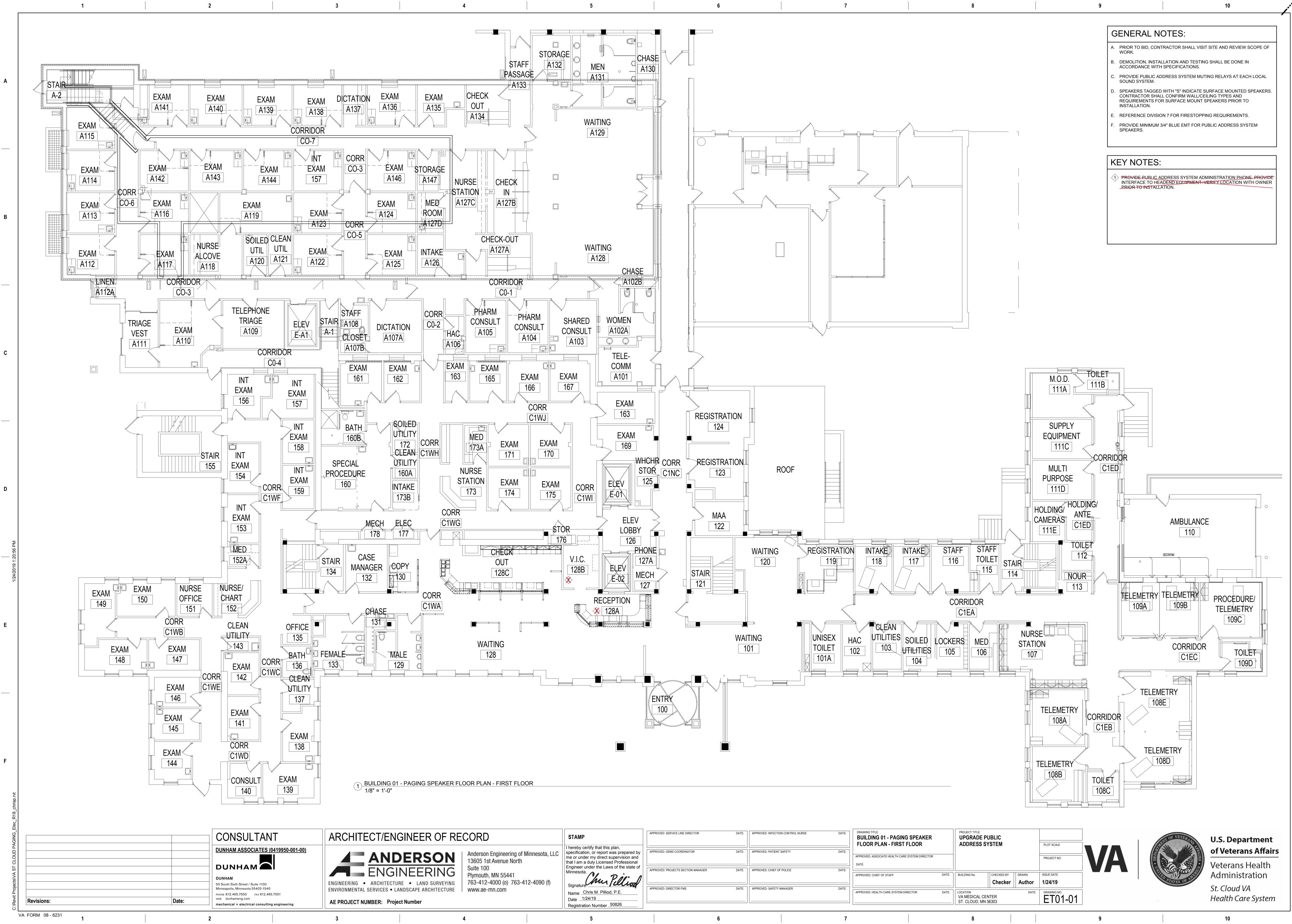


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I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the Laws of the state of Minnesota.
Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVEE
APPROVED: GEMS COORDINATOR	DATE:	APPROVE
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
APPROVED: DIRECTOR FMS	DATE:	APPROVED
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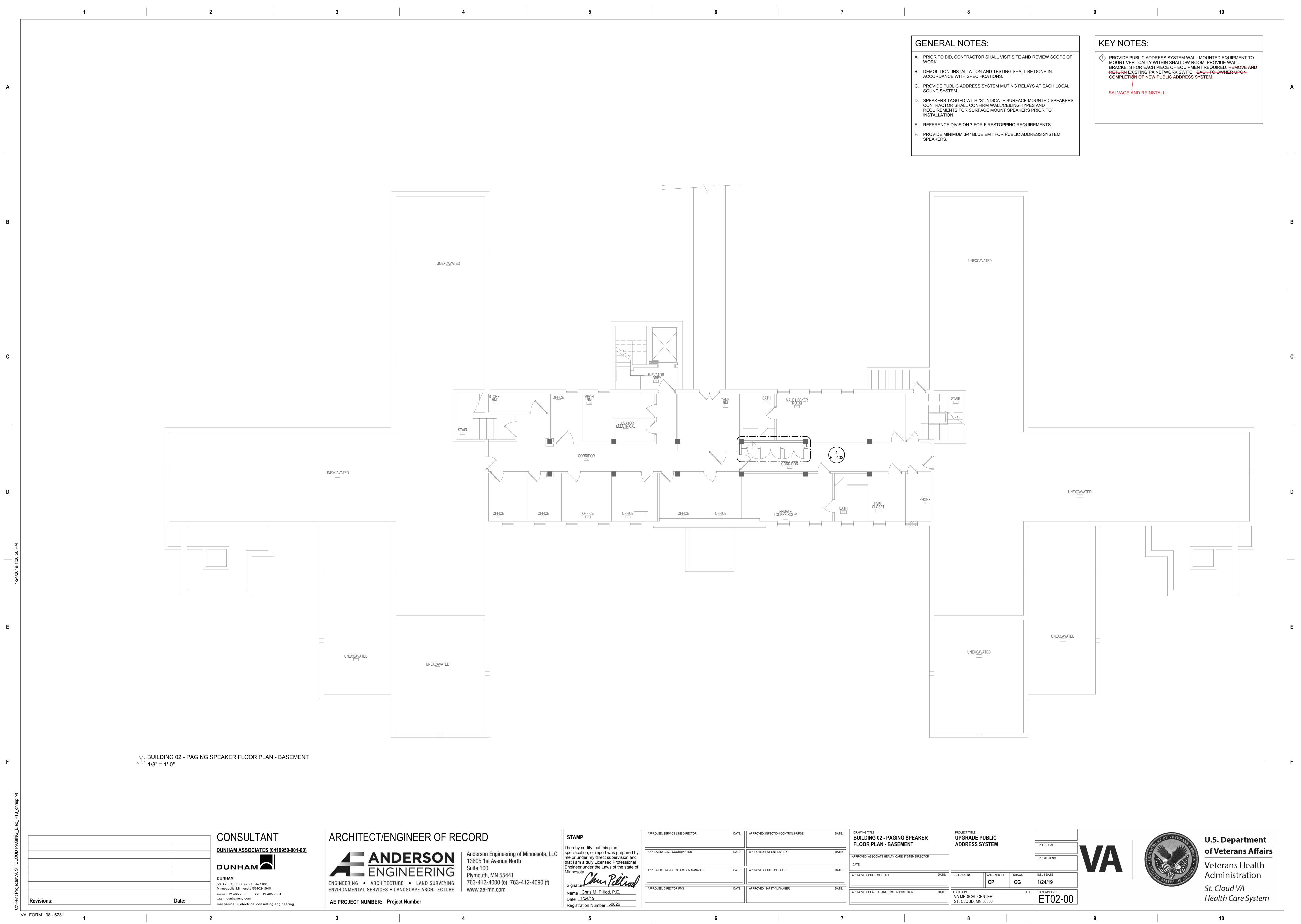
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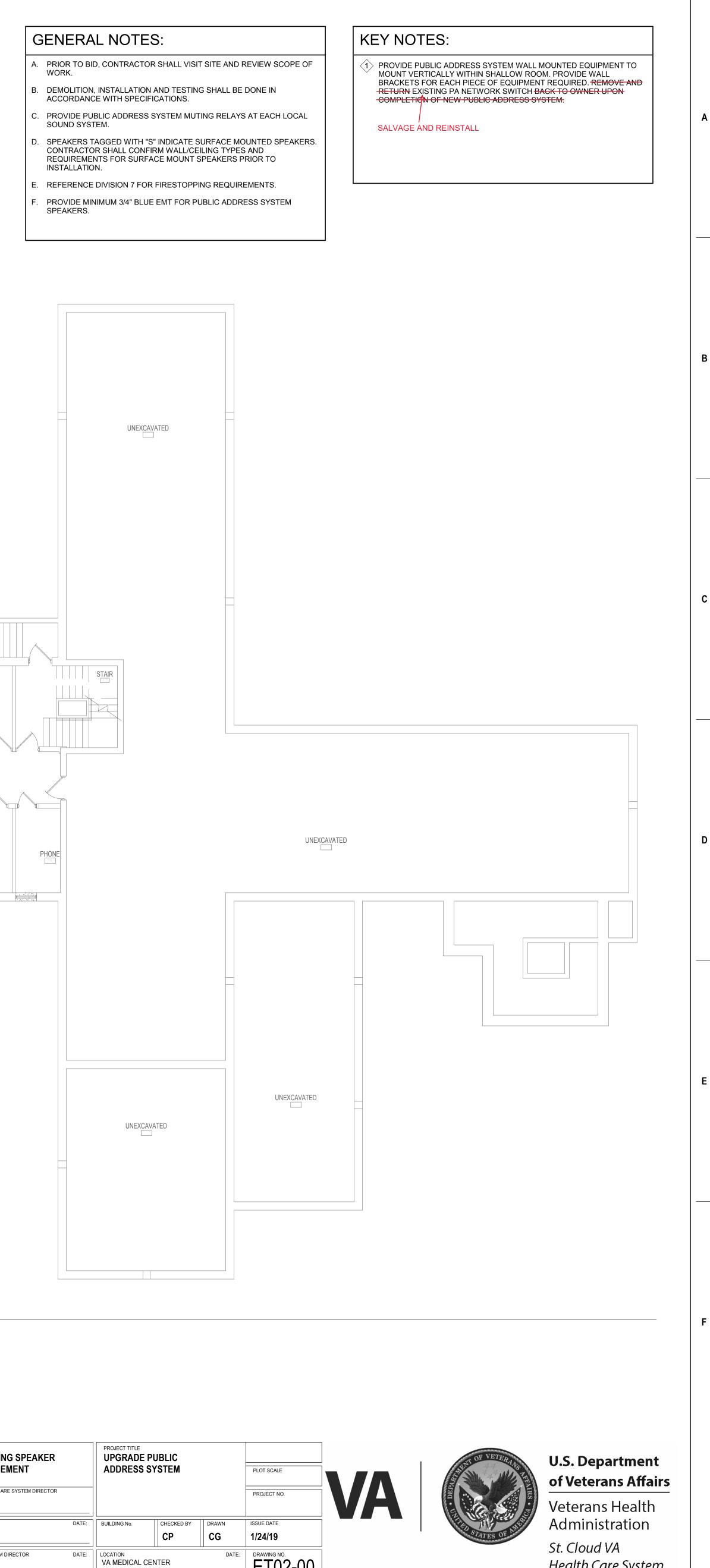
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I hereby certify that this plan,
specification, or report was prepared b
me or under my direct supervision and
that I am a duly Licensed Professional
Engineer under the Laws of the state of
Minnesota.
Signature Mu Pellios
Signature / Clubo
Name Chris M. Pilliod, P.E.
Date <u>1/24/19</u>
Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
APPROVED: GEMS COORDINATOR	DATE:	APPROVED
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
APPROVED: DIRECTOR FMS	DATE:	APPROVED

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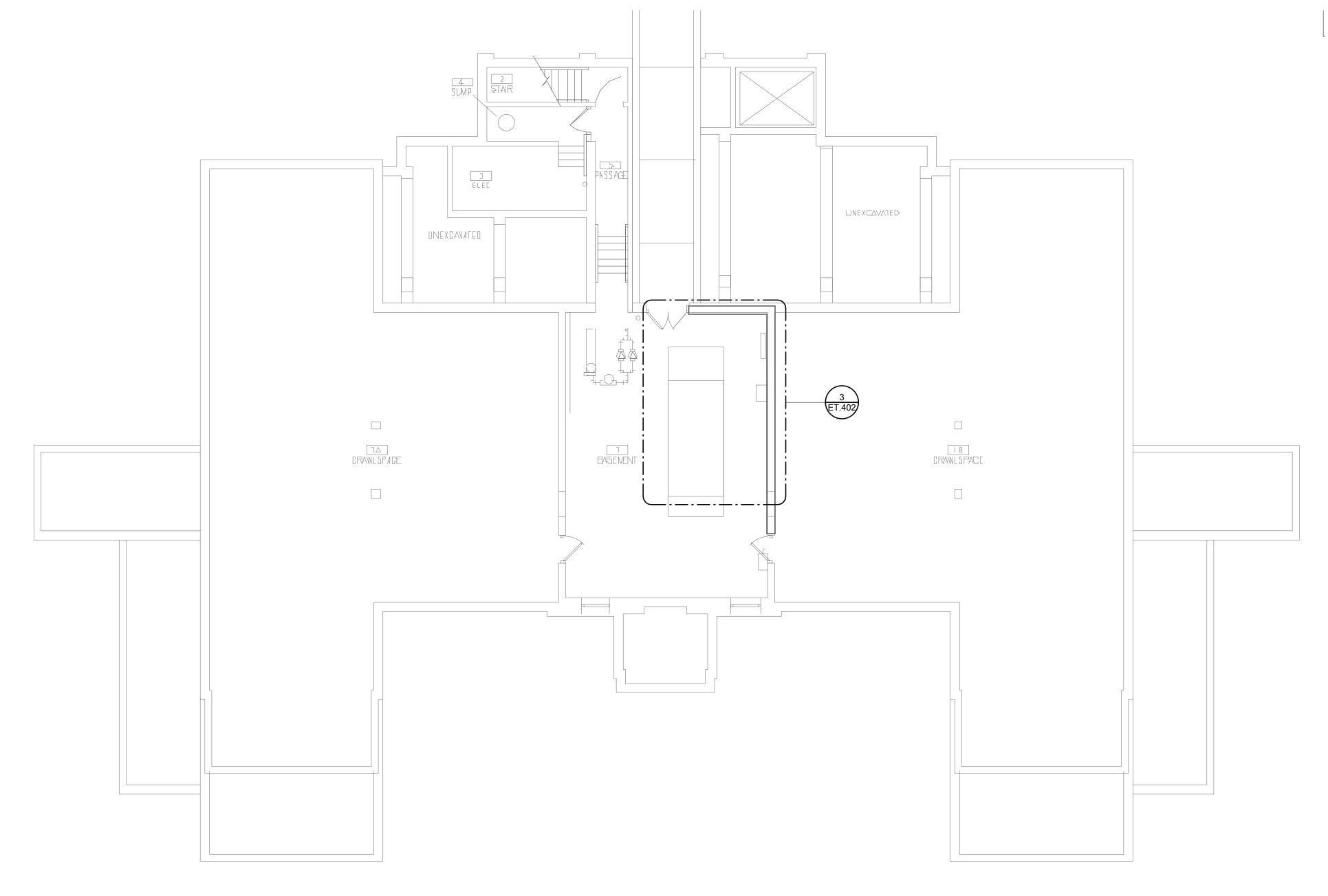


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Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROV
• ARCHITECTURE • LAND SURVEYING Suite 100 • ARCHITECTURE • LAND SURVEYING 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVI
UMBER: Project Number	Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>	APPROVED: DIRECTOR FMS	DATE:	APPROV
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D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 02 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE F ADDRESS S			PLOT SCALE		MENT OF
D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	L DEPART
D: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		ALLED STAT
D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ET02-00		
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'rojects/V.				DUNHAM 50 South Sixth Street / Suite 1100 Minneapolis, Minnesota 55402-1540		ENGINEERING ENVIRONMENTA
):\Revit P	Revisions:		 Date:	PHONE 612.465.7550 FAX 612.46 WEB dunhameng.com mechanical + electrical consultin		AE PROJECT N
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1 BUILDING 03 - PAGING SPEAKER FLOOR PLAN - BASEMENT 1/8" = 1'-0"

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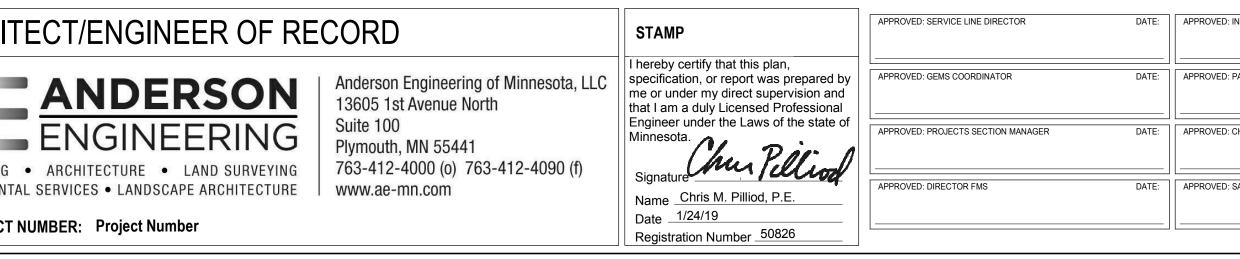
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GENERAL NOTES: A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SO WORK.	
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-	501
B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.	
C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH SOUND SYSTEM.	LO
D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SF CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.	PEA
E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.	
F. PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTE SPEAKERS.	EM

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D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 03 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE		STATI OF VETERANS
D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
	DATE.	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		STATES OF AND
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- CTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- TION AND TESTING SHALL BE DONE IN ECIFICATIONS.

ESS SYSTEM MUTING RELAYS AT EACH LOCAL

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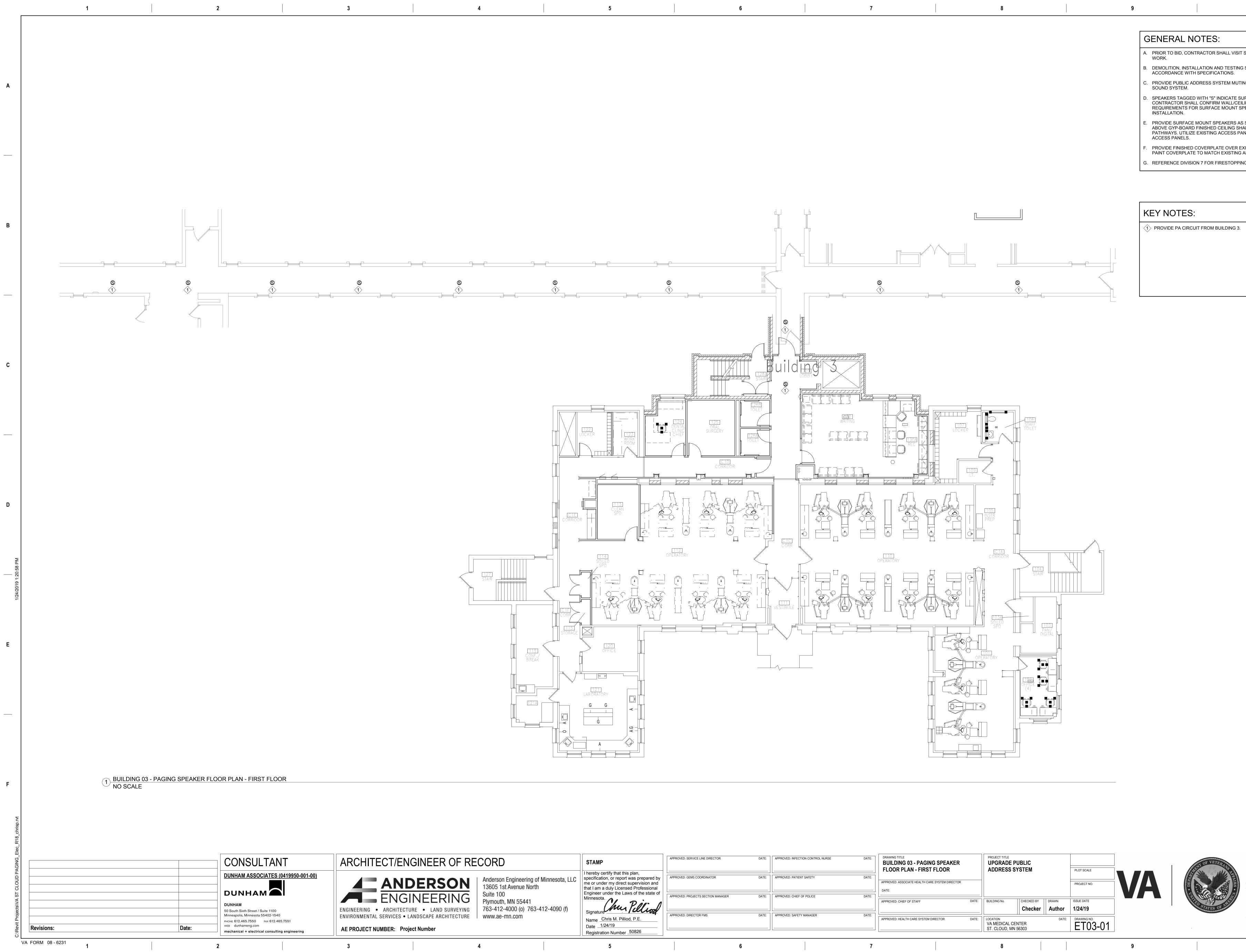
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/ITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONFIRM WALL/CEILING TYPES AND SURFACE MOUNT SPEAKERS PRIOR TO





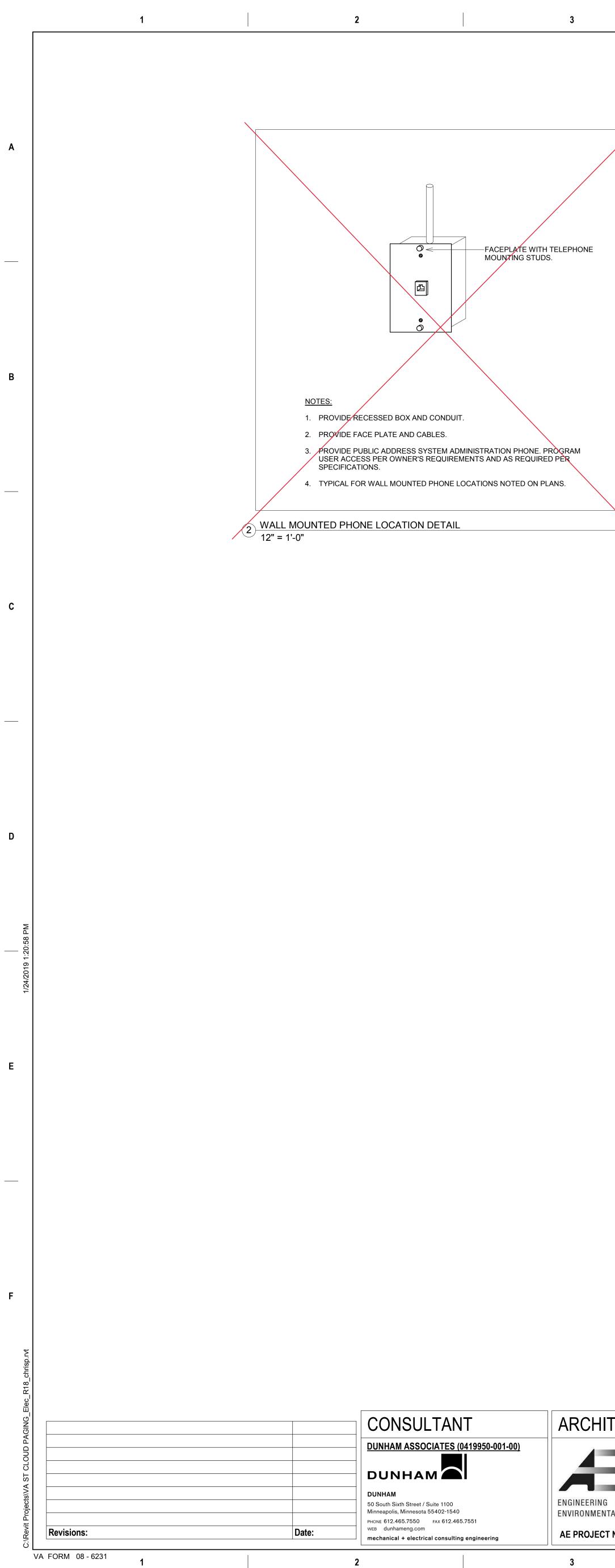
ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 03 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR	UPO	JECT TITLE ORADE PUBLIC DRESS SYSTEM		PLOT SCALE	
ANDERSON Anderson Engineering of Minne 13605 1st Avenue North	esota, LLC 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	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA
ENGINEERINGSuite 100ARCHITECTURELAND SURVEYINGPlymouth, MN 55441763-412-4000 (o)763-412-4000 (o)763-412-4000 (o)	Minnesota.	APPROVED: PROJECTS SECTION MANAGER	DATE:		DATE:	APPROVED: CHIEF OF STAFF	DATE: BUILDI	DING No. CHECKED BY	DRAWN Author	ISSUE DATE 1/24/19	
SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR		TION MEDICAL CENTER CLOUD, MN 56303	DATE:	DRAWING NO. ET03-01	

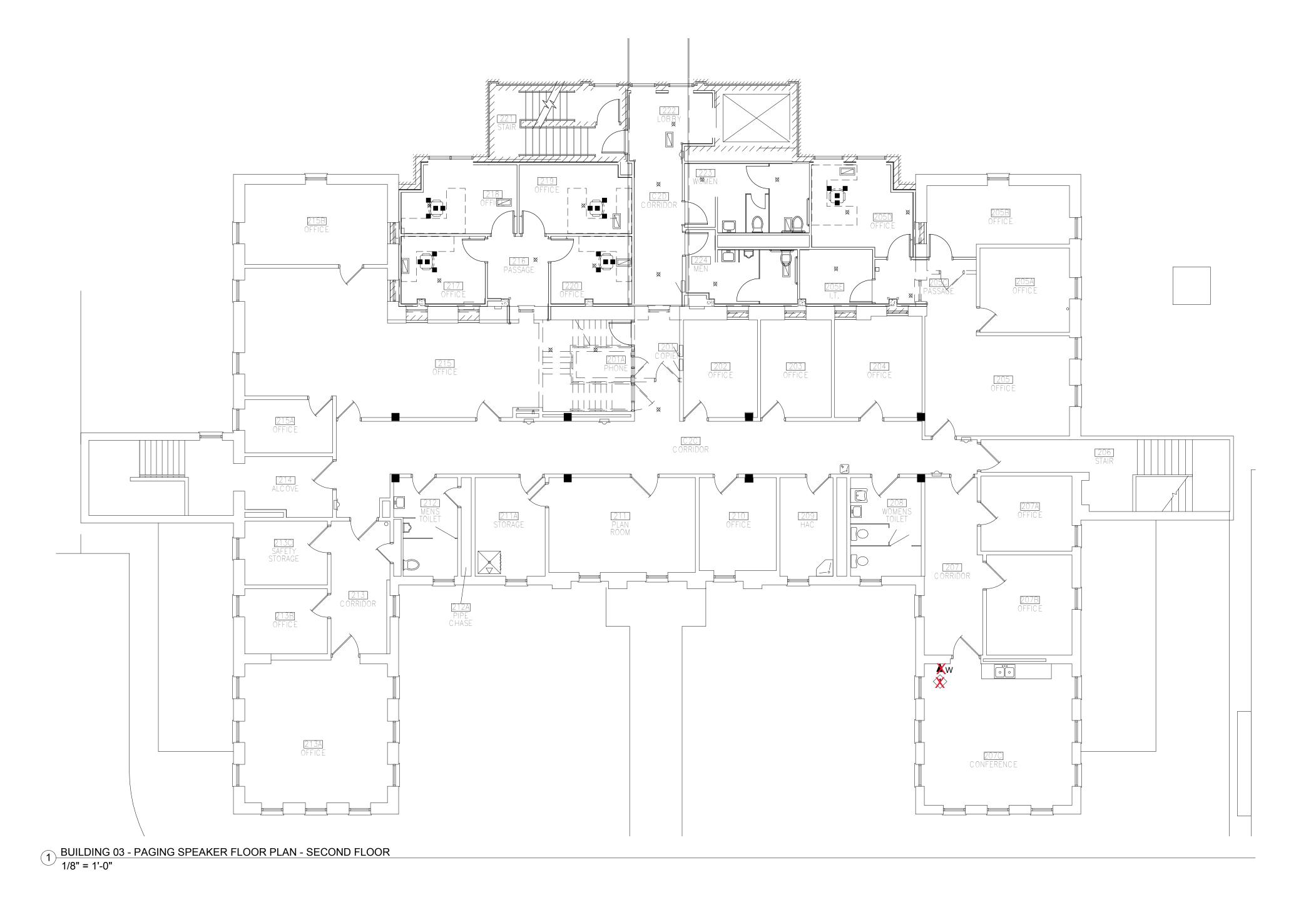
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ESS SYSTEM MUTING RELAYS AT EACH LOCAL
TH "S" INDICATE SURFACE MOUNTED SPEAKERS. ONFIRM WALL/CEILING TYPES AND URFACE MOUNT SPEAKERS PRIOR TO
UNT SPEAKERS AS SHOWN ON PLAN. WIRING ISHED CEILING SHALL FOLLOW EXISTING ISTING ACCESS PANELS. DO NOT CUT IN NEW
/ERPLATE OVER EXISTING SPEAKER HOLES. MATCH EXISTING ADJACENT FINISHED SPACE.
FOR FIRESTOPPING REQUIREMENTS.

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APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: IN ARCHITECT/ENGINEER OF RECORD STAMP Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Swite 100 APPROVED: GEMS COORDINATOR DATE: APPROVED: PA Suite 100 ENGINEERING Minnesota. Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: CH Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) ENGINEERING • ARCHITECTURE • LAND SURVEYING APPROVED: DIRECTOR FMS DATE: APPROVED: S ENVIRONMENTAL SERVICES • LANDSCAPE ARCHITECTURE | www.ae-mn.com Name _Chris M. Pilliod, P.E. Date 1/24/19 AE PROJECT NUMBER: Project Number Registration Number 50826

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А.	PRIOR TO BID, CONTRAC WORK.
В.	DEMOLITION, INSTALLATI ACCORDANCE WITH SPE
C.	PROVIDE PUBLIC ADDRES SOUND SYSTEM.
D.	SPEAKERS TAGGED WITH CONTRACTOR SHALL CO REQUIREMENTS FOR SU INSTALLATION.
E.	REFERENCE DIVISION 7 F
F.	PROVIDE MINIMUM 3/4" B SPEAKERS.

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KEY NOTES: PROVIDE PUBLIC ADDRES INTERFACE TO HEADEND PRIOR TO INSTALLATION. WITHIN MASONRY WALL.

PROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 03 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR			PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM				STATIOF VETER
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		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN Author	ISSUE DATE 1/24/19		STATES OF
PROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	ET03-02		
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- CTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- TION AND TESTING SHALL BE DONE IN PECIFICATIONS.
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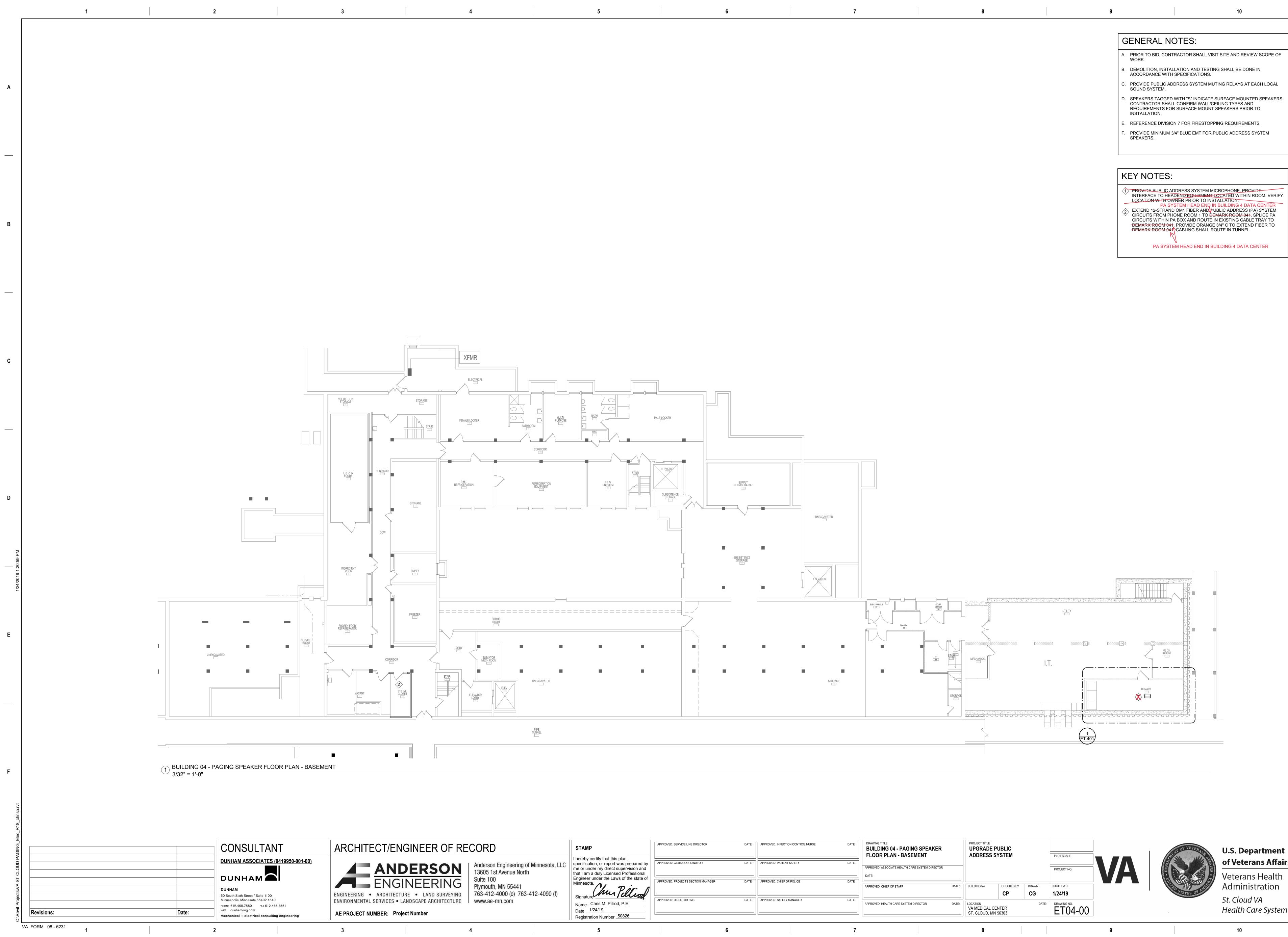
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/ITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONFIRM WALL/CEILING TYPES AND SURFACE MOUNT SPEAKERS PRIOR TO

- FOR FIRESTOPPING REQUIREMENTS.
- BLUE EMT FOR PUBLIC ADDRESS SYSTEM

1 PROVIDE PUBLIC ADDRESS SYSTEM ADMINISTRATION PHONE, PROVIDE INTERFACE TO HEADEND EQUIPMENT, VERIFY LOCATION WITH OWNER PRIOR TO INSTALLATION, MOUNT 48" AFF. INSTALL OUTLET RECESSED WITHIN MASONRY WALL.





ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE: APPROVE
ANDERSON 13605 1st Ave		APPROVED: GEMS COORDINATOR	DATE: APPROVE
ENGINEERINGSuite 100ARCHITECTURELAND SURVEYINGPlymouth, MN763-412-400	L 55441 10 (0) 763-412-4090 (f) Signature	APPROVED: PROJECTS SECTION MANAGER	DATE: APPROVE
SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.c	COM Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE: APPROVE
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A.	PRIOR TO BID, CONTRAC WORK.
В.	DEMOLITION, INSTALLAT ACCORDANCE WITH SPI
C.	PROVIDE PUBLIC ADDRE SOUND SYSTEM.
D.	SPEAKERS TAGGED WIT CONTRACTOR SHALL CO REQUIREMENTS FOR SL INSTALLATION.
E.	REFERENCE DIVISION 7
F.	PROVIDE MINIMUM 3/4" E SPEAKERS.
K	EY NOTES:
(1)	PROVIDE PUBLIC ADDR INTERFACE TO HEADER LOCATION WITH OWNE PA SYSTE EXTEND 12-STRAND ON CIRCUITS FROM PHONE CIRCUITS WITHIN PA BO

): INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 04 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE				
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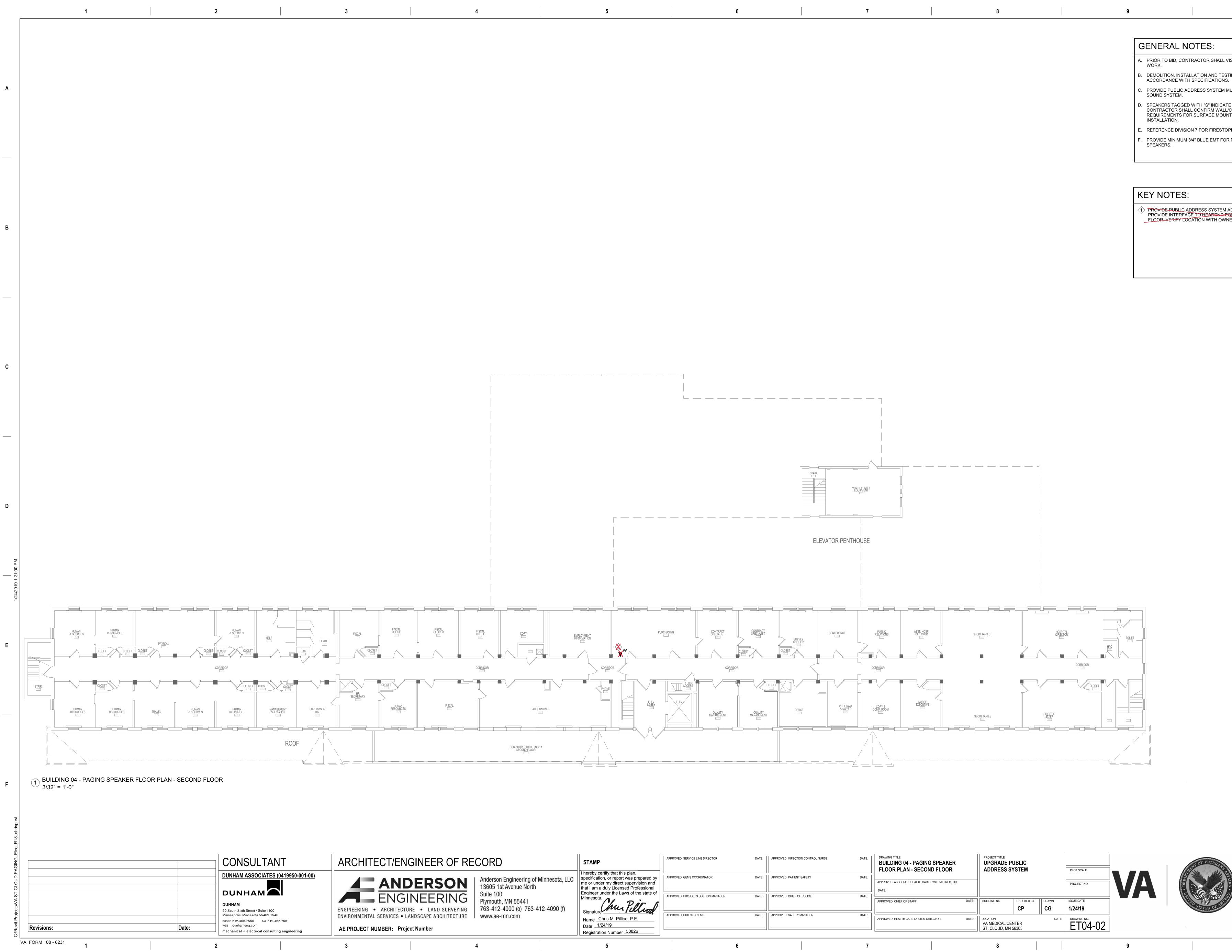
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7 FOR FIRESTOPPING REQUIREMENTS. BLUE EMT FOR PUBLIC ADDRESS SYSTEM

DRESS SYSTEM MICROPHONE<u>. PROVIDE</u> END <u>EQUIPMENT LOC</u>ATED WITHIN ROOM. VERIFY JER PRIOR TO INSTALLATION. TEM HEAD END IN BUILDING 4 DATA CENTER OM1 FIBER AND PUBLIC ADDRESS (PA) SYSTEM NE ROOM 1 TO DEMARK ROOM 041. SPLICE PA BOX AND ROUTE IN EXISTING CABLE TRAY TO DEMARK ROOM 041. PROVIDE ORANGE 3/4" C TO EXTEND FIBER TO DEMARK ROOM 041 CABLING SHALL ROUTE IN TUNNEL.

PA SYSTEM HEAD END IN BUILDING 4 DATA CENTER



ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVE
ANDERSON Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	
ENGINEERINGSuite 100ARCHITECTURELAND SURVEYINGPlymouth, MN 55441763-412-4000 (o)763-412-4090 (f)	Engineer under the Laws of the state of Minnesota.	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVI
UMBER: Project Number	Signature	APPROVED: DIRECTOR FMS	DATE:	APPROVI

INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 04 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR		PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		MANT OF
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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN
- PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

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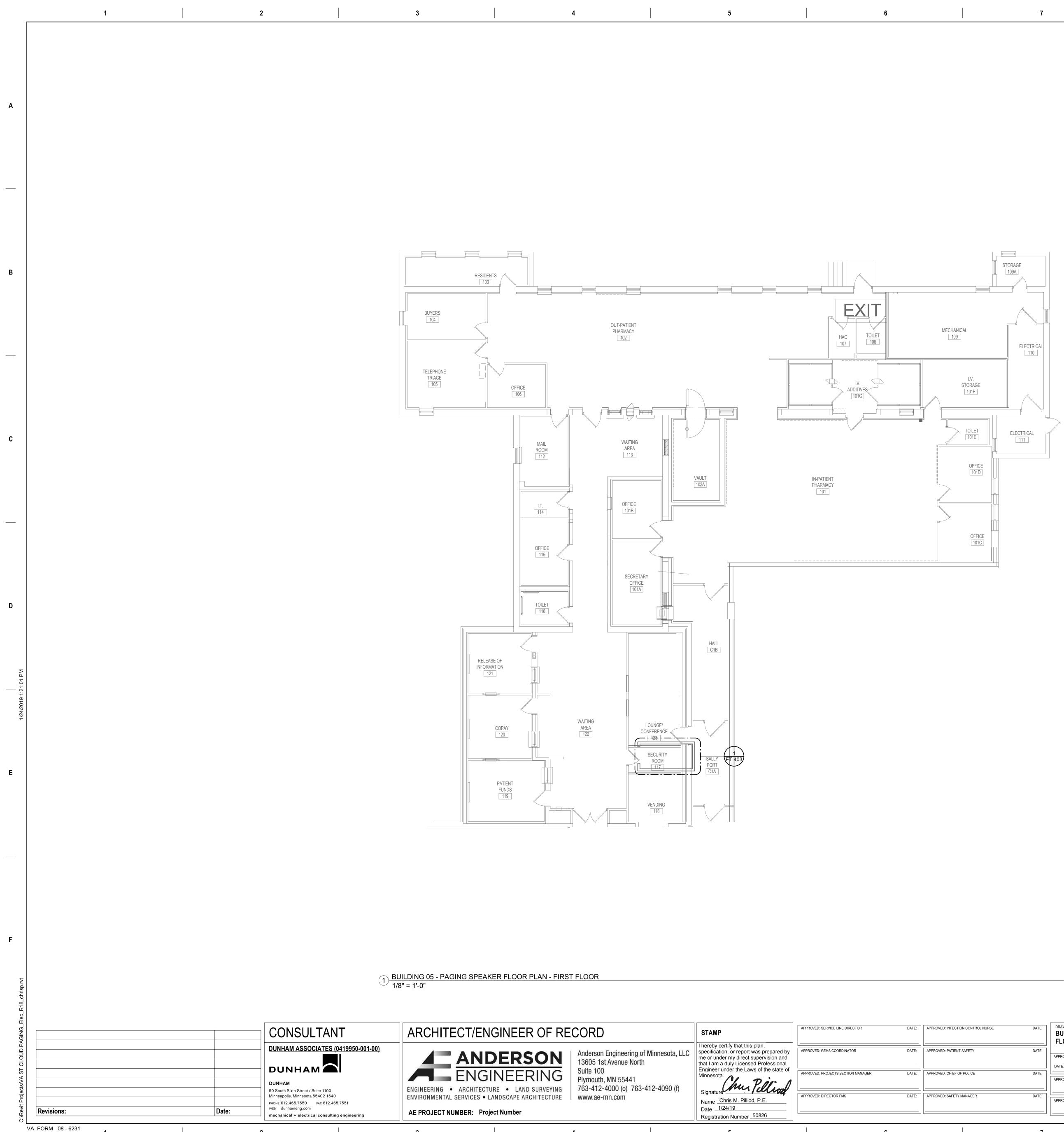
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- . SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO
- . REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS. PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM

1 PROVIDE PUBLIC ADDRESS SYSTEM ADMINISTRATION TELEPHONE. PROVIDE INTERFACE TO HEADEND EQUIPMENT LOCATED ON FIRST FLOOR. VERIFY LOCATION WITH OWNER PRIOR TO INSTALLATION.





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Chu Pilliod	APPF
Chris M. Pilliod, P.E.	APPF
/24/19	
tion Number 50826	

PPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED:
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PPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED:
PPROVED: DIRECTOR FMS	DATE:	APPROVED:
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G	ENERAL NOTES:
A.	PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOP WORK.
В.	DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
C.	PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOO SOUND SYSTEM.
D.	SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEA CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.
E.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.
F.	PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

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Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) STAMP

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Minnesota. Signature Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

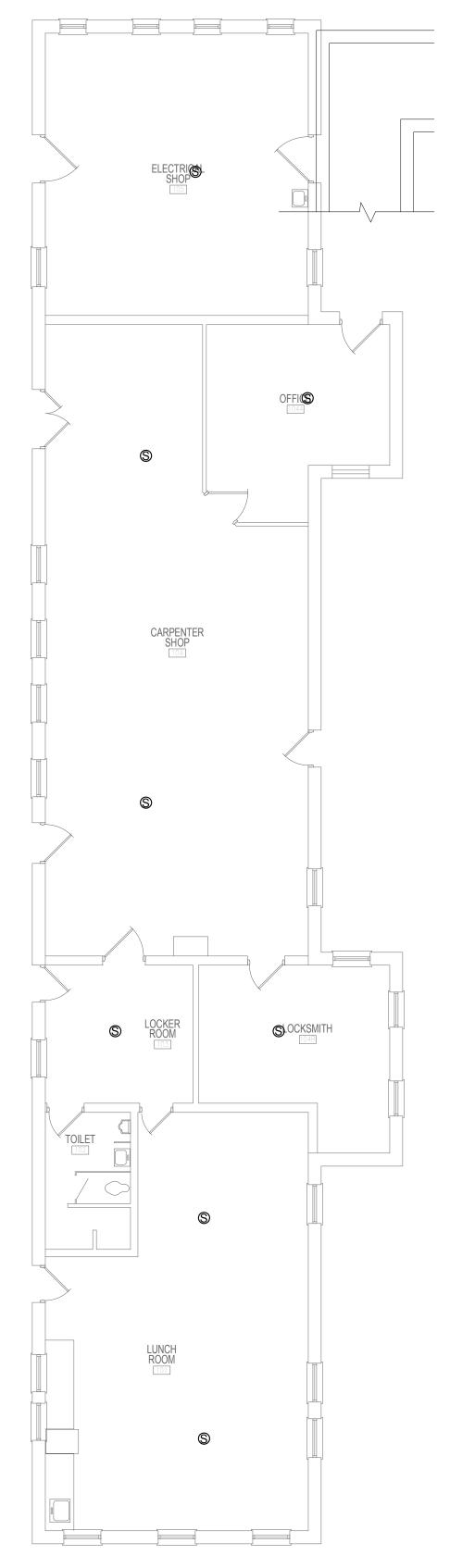
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GENERAL NOTES: WORK.

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- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
- SOUND SYSTEM.
- INSTALLATION.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.



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1 BUILDING 06 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

PPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 06 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR		PROJECT TITLE UPGRADE I ADDRESS S			PLOT SCALE		STATIOF VETERAN
PPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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PPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION DATE: VA MEDICAL CENTER ST. CLOUD, MN 56303		ET06-01			
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A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

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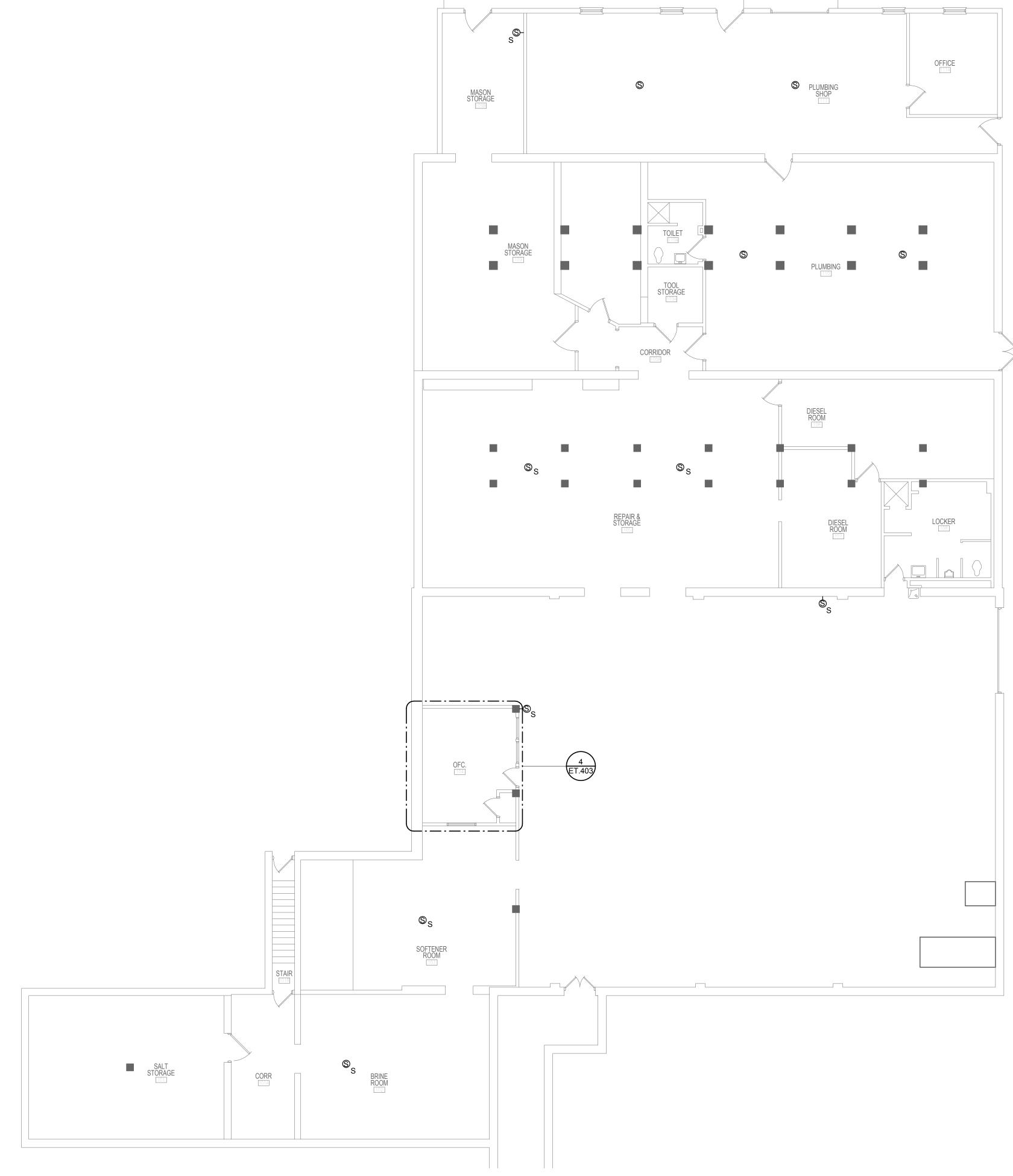
D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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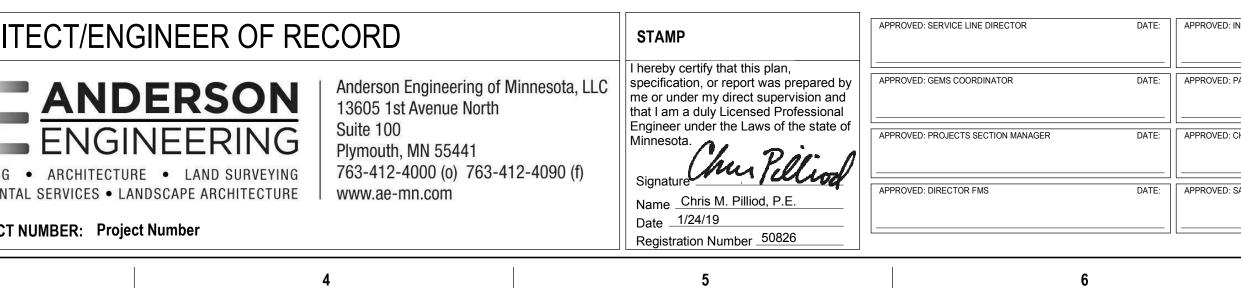


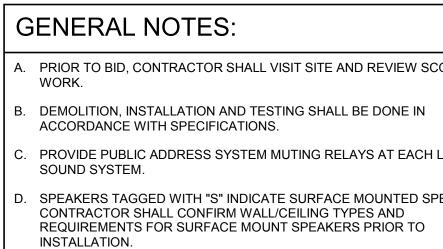
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1 BUILDING 07 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

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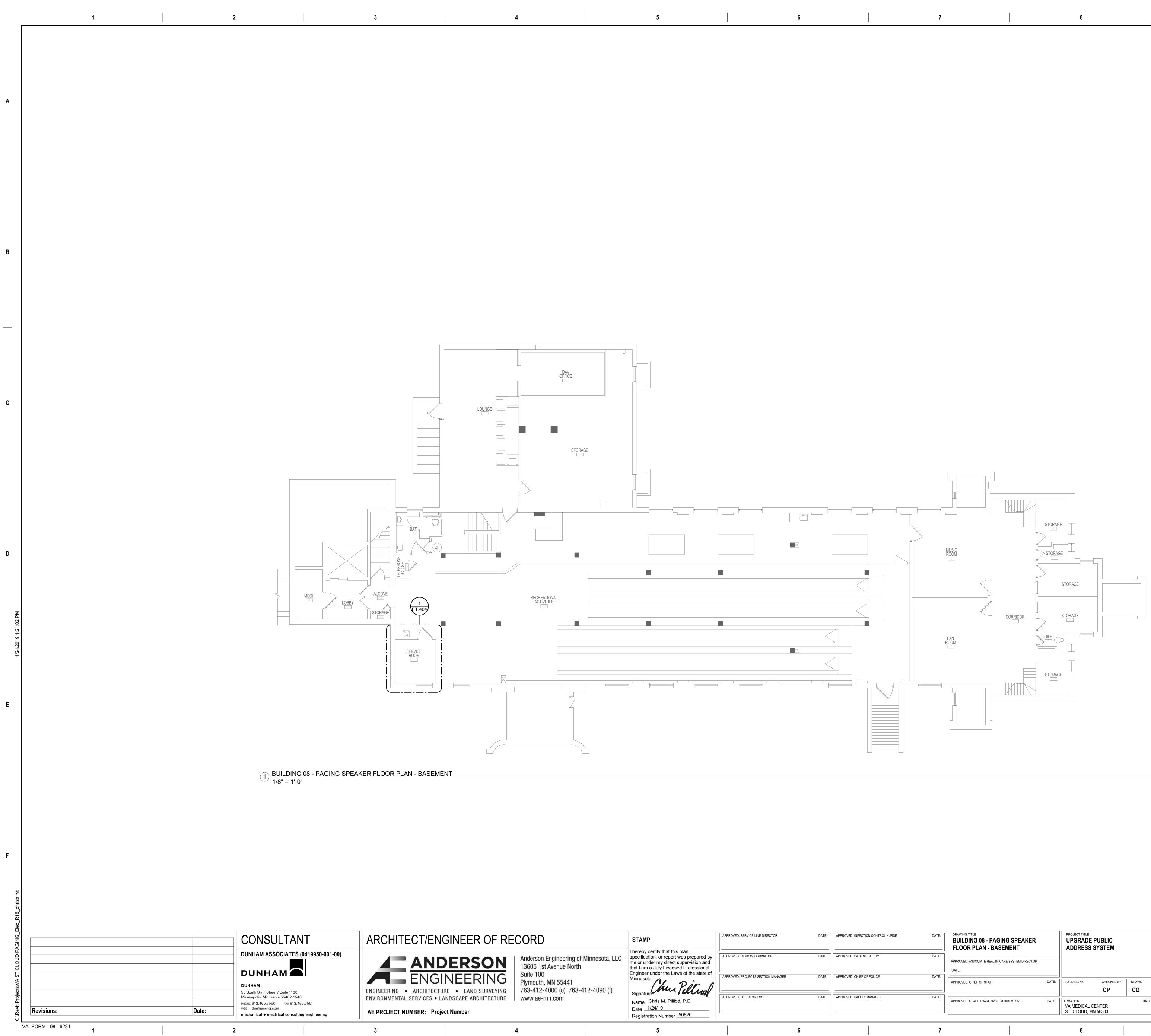
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D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM





G	ENERAL NOTES:
A.	PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOP WORK.
В.	DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
C.	PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LO SOUND SYSTEM.
D.	SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEA CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.
E.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.
F.	PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 08 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		STEAT.
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: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL C ST. CLOUD, MI		DATE:	DRAWING NO. ET08-00		·
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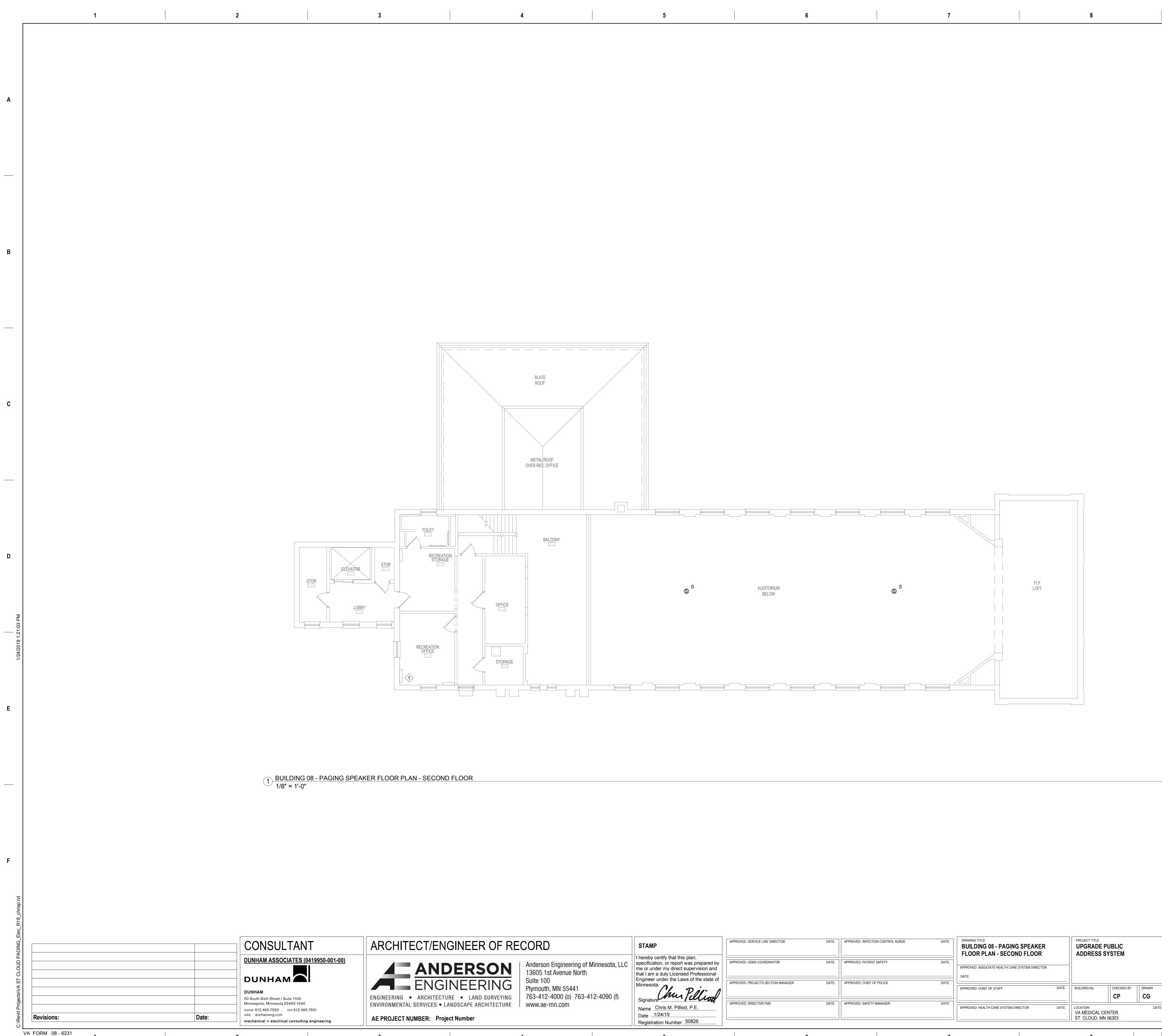
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- ON AND TESTING SHALL BE DONE IN IFICATIONS.
- S SYSTEM MUTING RELAYS AT EACH LOCAL

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- OR FIRESTOPPING REQUIREMENTS. UE EMT FOR PUBLIC ADDRESS SYSTEM

ESS SYSTEM MUTING RELAY FOR EXISTING A/V ISTING CONDITIONS. RE-CONNECT A/V SYSTEM RIUM A/V SPEAKERS TO TIE INTO NEW PUBLIC EADEND LOCATION.



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763-412-4000 (o) 763-412-4090 (f)

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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.
hur Yillin
Signature

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Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

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APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: APPROVED: GEMS COORDINATOR DATE: APPROVED: APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: APPROVED: DIRECTOR FMS DATE: APPROVED:			
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GENERAL NOTES:

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- WORK. B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
- INSTALLATION.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.



1 BUILDING 09 - PAGING SPEAKER FLOOR PLAN - BASEMENT 1/8" = 1'-0"

	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 09 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE F ADDRESS S			PLOT SCALE		Sufference of VETERANS
				APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CI ST. CLOUD, MN		DATE:	DRAWING NO. ET09-00		
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A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL SOUND SYSTEM.

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D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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1 BUILDING 10 - PAGING SPEAKER FLOOR PLAN - BASEMENT 1/4" = 1'-0"

APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: IN FECT/ENGINEER OF RECORD STAMP Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 APPROVED: GEMS COORDINATOR DATE: APPROVED: Suite 100 ENGINEERING Minnesota. Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: C Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) ARCHITECTURE LAND SURVEYING ITAL SERVICES • LANDSCAPE ARCHITECTURE | www.ae-mn.com APPROVED: DIRECTOR FMS DATE: APPROVED: Name _Chris M. Pilliod, P.E. Date 1/24/19 NUMBER: Project Number Registration Number 50826 4 5

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ED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 10 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE PL ADDRESS SY			PLOT SCALE		STENT OF
ED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
ED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DAT	"E:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		ALLAND STAT
ED: SAFETY MANAGER DATE:		APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:		LOCATION DATE: VA MEDICAL CENTER ST. CLOUD, MN 56303		DRAWING NO. ET10-00			
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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL SOUND SYSTEM.

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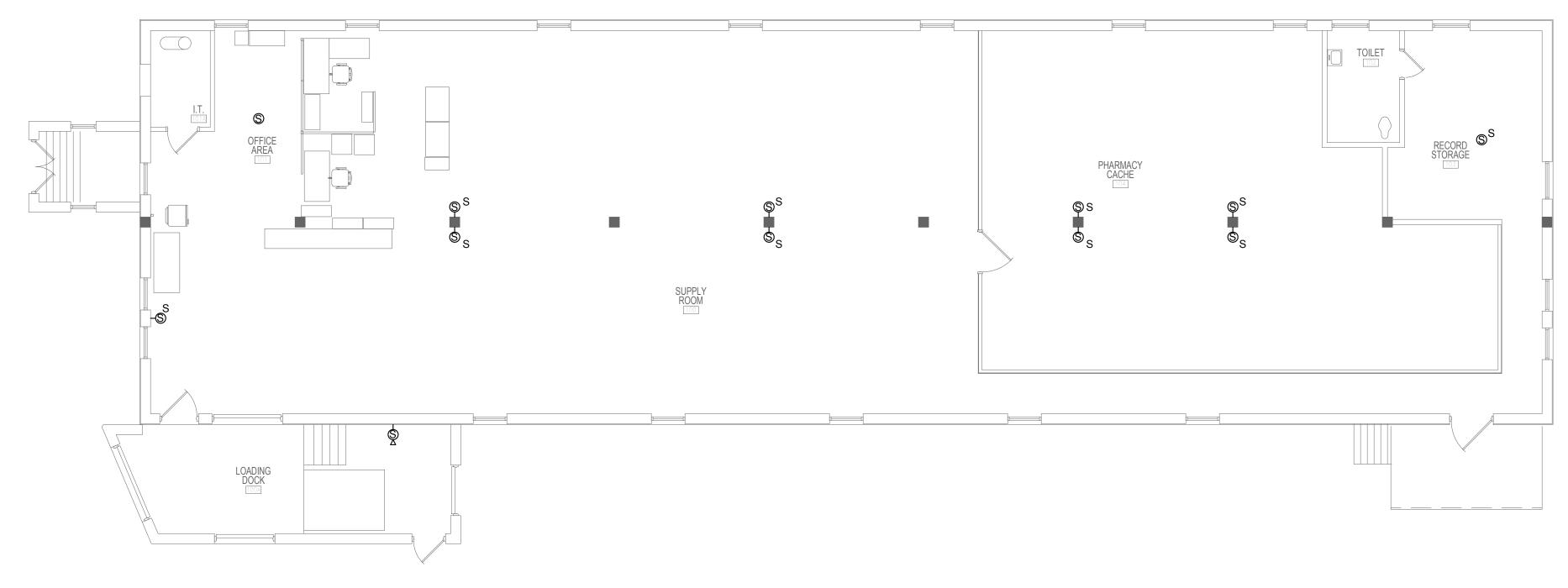
D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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1 BUILDING 14 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

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TECT/ENGINEER OF RECORD APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: INF STAMP Anderson Engineering of Minnesota, LLC Suite 100 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 APPROVED: GEMS COORDINATOR DATE: APPROVED: PA ENGINEERING Suite 100 Minnesota. Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: CH Plymouth, MN 55441 G • ARCHITECTURE • LAND SURVEYING 763-412-4000 (0) NTAL SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com 763-412-4000 (o) 763-412-4090 (f) APPROVED: DIRECTOR FMS DATE: APPROVED: SA Name Chris M. Pilliod, P.E. Date <u>1/24/19</u> NUMBER: Project Number Registration Number 50826

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А.	PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPI WORK.
В.	DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
C.	PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOC SOUND SYSTEM.
D.	SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAF CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.
E.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.
F.	PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

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IFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 14 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE		- Serre
ATIENT SAFETY DATE:		APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.		DEPART
	DATE.	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN CG	ISSUE DATE 1/24/19		ALL STORE
AFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CI ST. CLOUD, MN		DATE:	DRAWING NO. ET14-01		
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ES:

- CTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- TION AND TESTING SHALL BE DONE IN ECIFICATIONS.

ESS SYSTEM MUTING RELAYS AT EACH LOCAL

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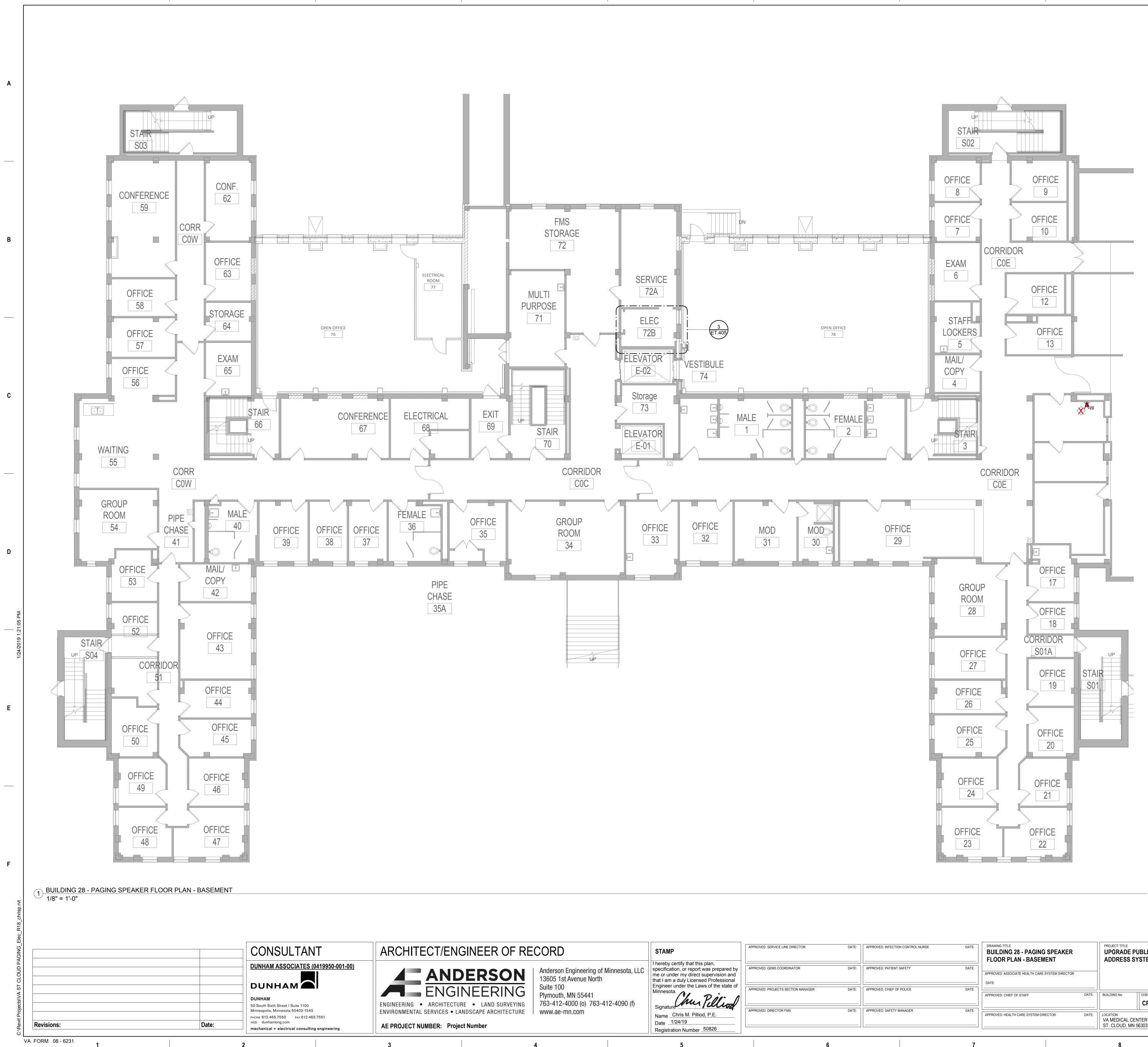
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ITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONFIRM WALL/CEILING TYPES AND SURFACE MOUNT SPEAKERS PRIOR TO





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ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	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	APPROVED: GEMS COORDINATOR	DATE:	APPROVED
ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
. SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED
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GENERAL NOTES

- WORK.
- ACCORDANCE WITH SPECIFICATIONS.
- SOUND SYSTEM. D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO
- INSTALLATION. . REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS. PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM
- SPEAKERS.

NFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 28 - PAGING SPEAKER FLOOR PLAN - BASEMENT APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE PROJECT NO.	VA	A DEPARTMENT OF
HIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		SHEED STA
SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ET28-00		
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KEY NOTES: 1 PROVIDE PUBLIC ADDRESS SYSTEM ADMINISTRATION PHONE. PROVIDE INTERFACE TO HEADEND EQUIPMENT. VERIFY LOCATION WITH OWNER PRIOR TO INSTALLATION. MOUNT 48" AFF.

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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN
- . PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

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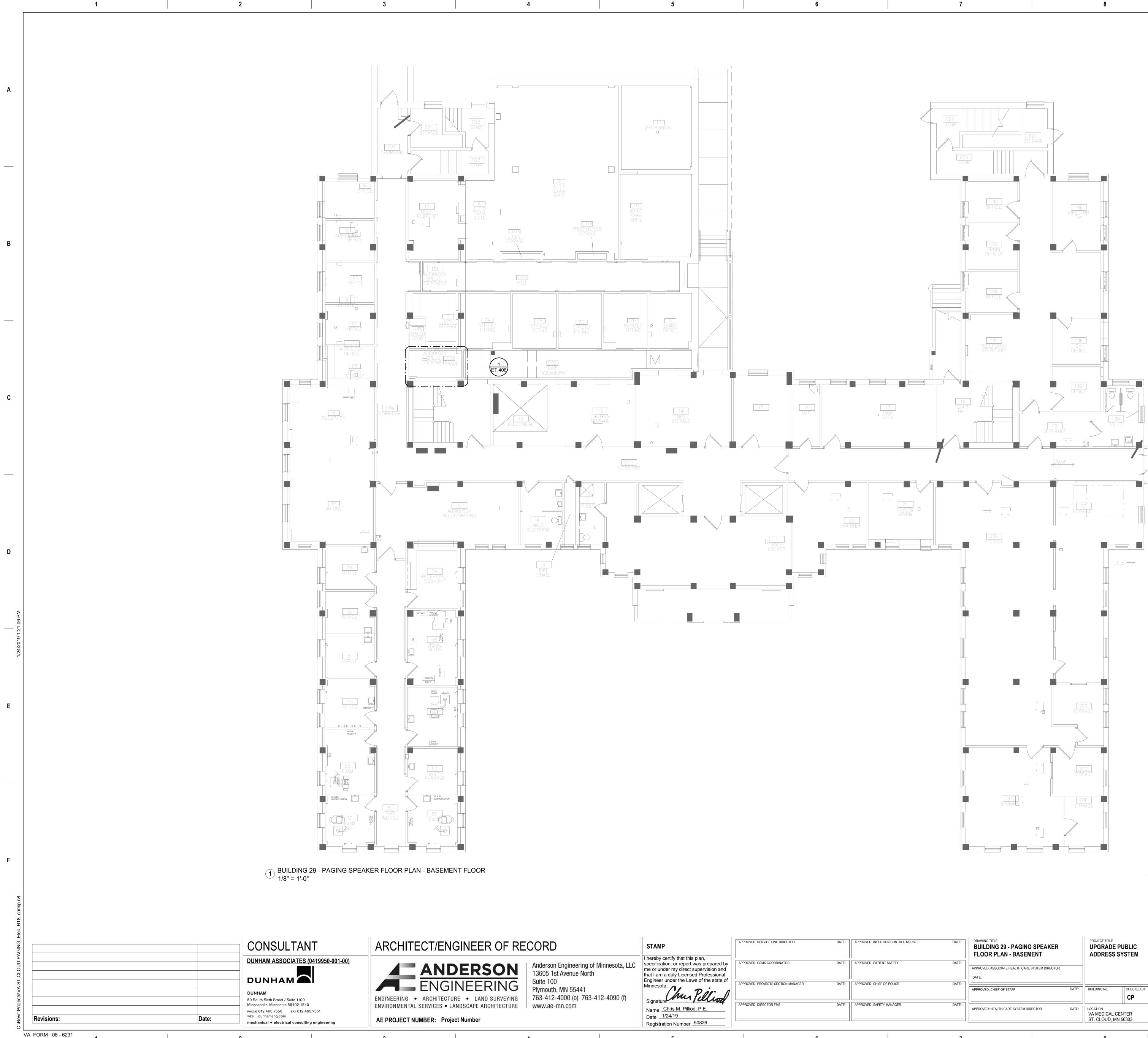
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ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED:
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVED:
ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED:
SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>	APPROVED: DIRECTOR FMS	DATE:	APPROVED:
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GENERAL NOTES:

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- WORK. B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
- INSTALLATION.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 29 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM		UPGRADE PUBLIC		PLOT SCALE		
C PATIENT SAFETY DATE:		APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA		
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: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL C ST. CLOUD, MI		DATE:	DRAWING NO. ET29-00			
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A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL SOUND SYSTEM.

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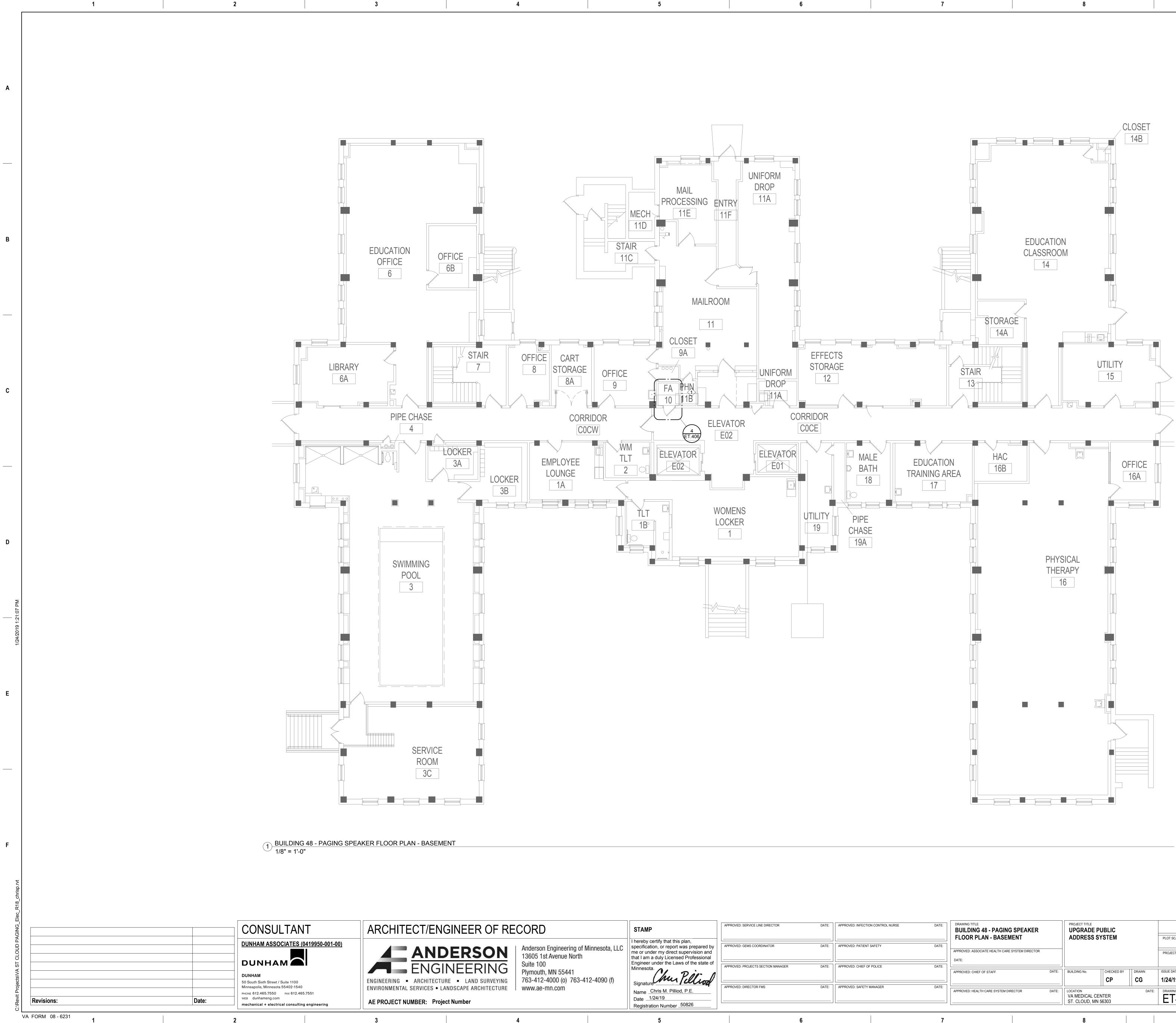
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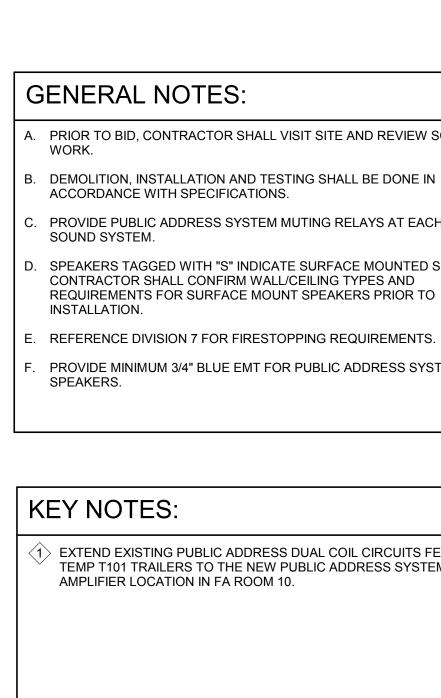
D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





ECT/ENGINEER OF RE	CORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVE
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	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	APPROVED: GEMS COORDINATOR	DATE:	APPROVE
• ARCHITECTURE • LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota.	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
L SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVE
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D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 48 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STREET OF VETERAL
D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	DRAWING NO. ET48-00		
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A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS. . PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

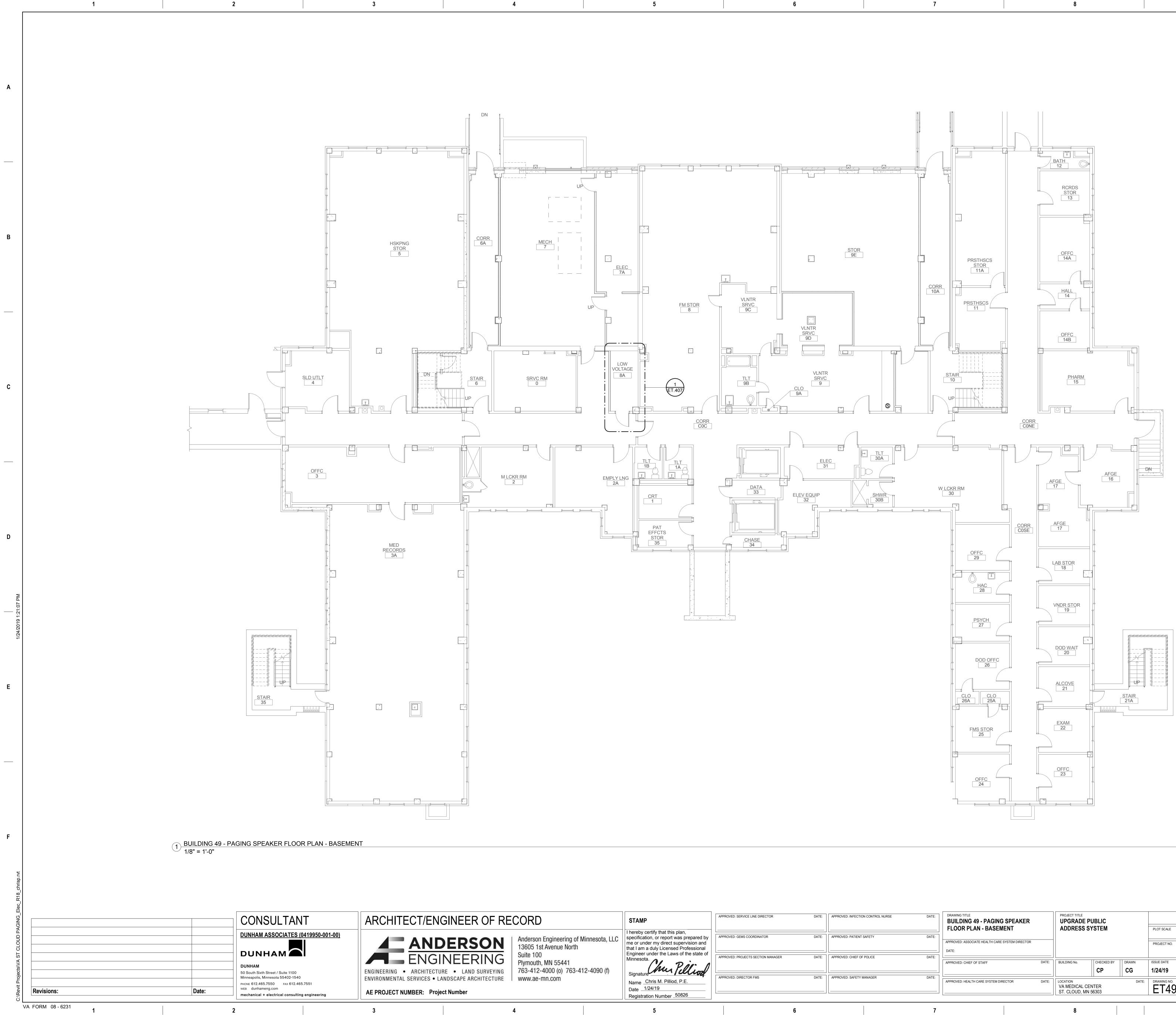
PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM

(1) EXTEND EXISTING PUBLIC ADDRESS DUAL COIL CIRCUITS FEEDING THE TEMP T101 TRAILERS TO THE NEW PUBLIC ADDRESS SYSTEM AMPLIFIER LOCATION IN FA ROOM 10.

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ECT/ENGINEER OF RE	ECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
ANDERSON ENGINEERING ARCHITECTURE • LAND SURVEYING SERVICES • LANDSCAPE ARCHITECTURE IMBER: Project Number	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) www.ae-mn.com	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 Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: GEMS COORDINATOR APPROVED: PROJECTS SECTION MANAGER APPROVED: DIRECTOR FMS	DATE:	APPROVED APPROVED APPROVED
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GENERAL NOTES:

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- WORK.

- INSTALLATION.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 49 - PAGING SPEAKER FLOOR PLAN - BASEMENT		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		MENT OF
: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR					PROJECT NO.	VA	
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: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CEI ST. CLOUD, MN		DATE:	DRAWING NO. ET49-00]	
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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.

C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL SOUND SYSTEM.

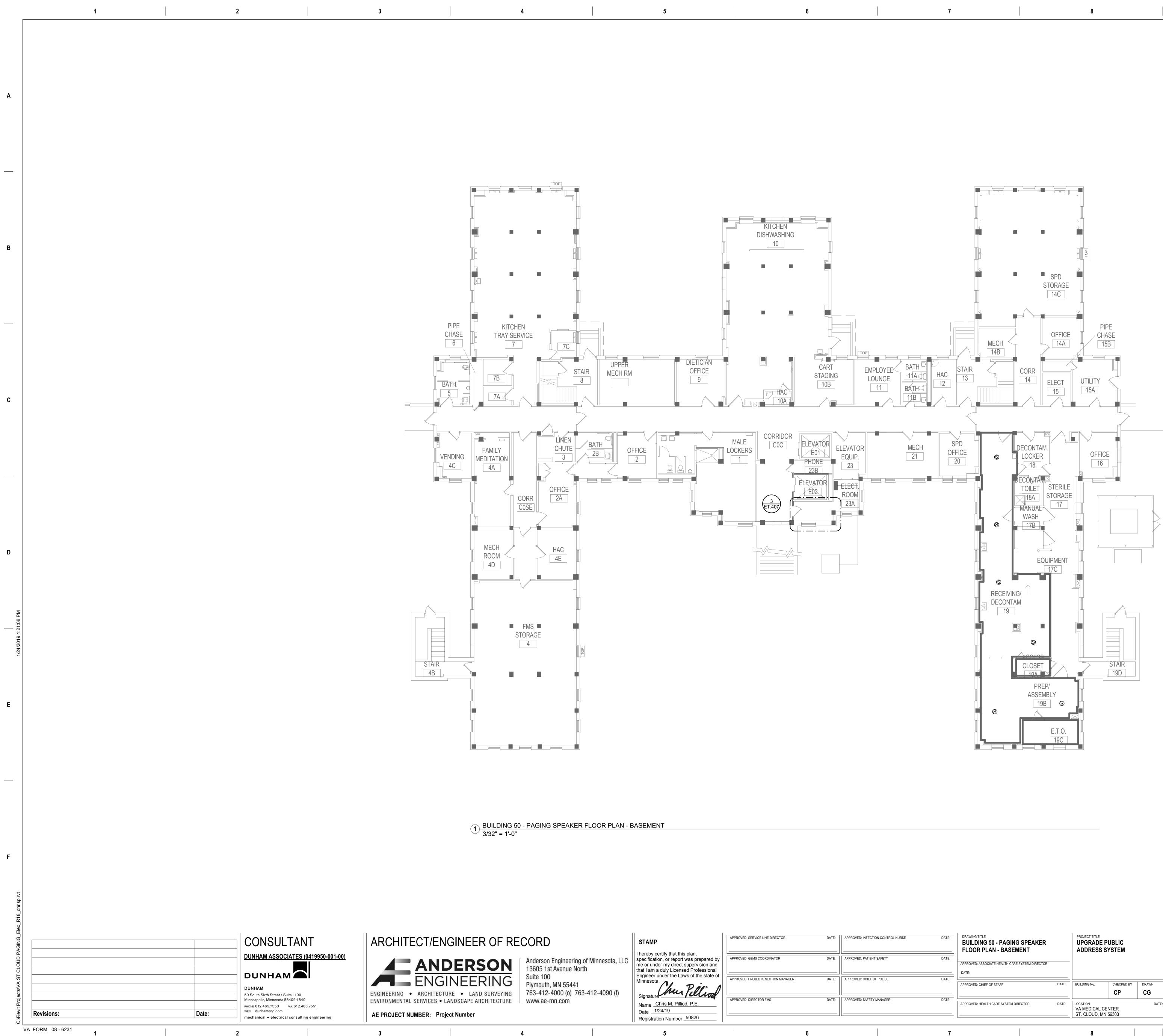
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D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





GENERAL NOTES:

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- WORK. B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
- SOUND SYSTEM.
- INSTALLATION.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

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D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

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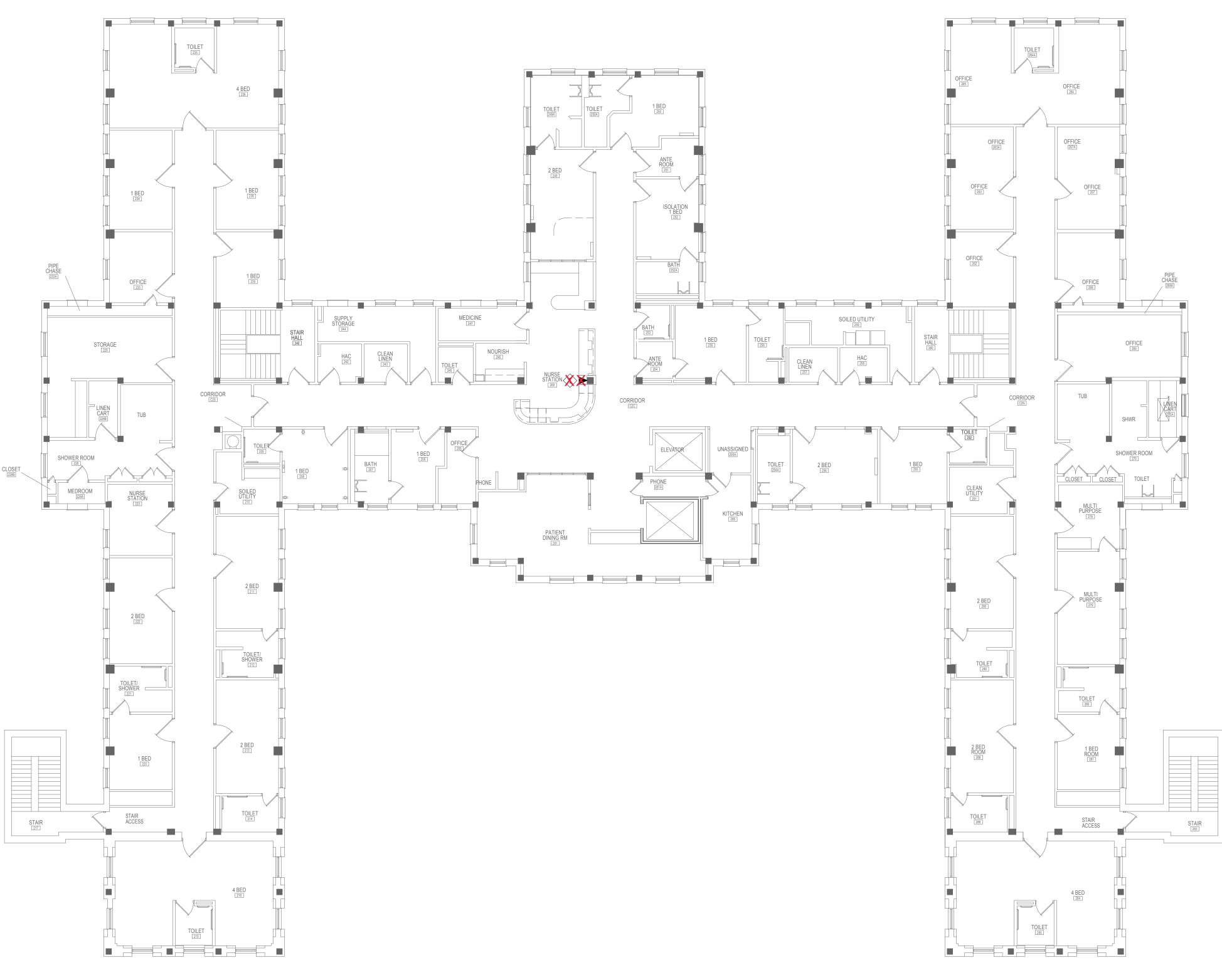
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D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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1 BUILDING 50 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR 3/32" = 1'-0"

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FECT/ENGINEER OF RECORD

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Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)

STAMP 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 Minnegate Signature Name _Chris M. Pilliod, P.E.

Registration Number 50826

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APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 50 - PAGING SPEAKER FLOOR PLAN - SECOND FLOOR		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		MEAT OF VET
APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
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APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ET50-02		
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GENERAL NOTES: A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF WORK. B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS. C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL SOUND SYSTEM. D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION. E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS. . PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS. KEY NOTES: 1 PROVIDE PUBLIC ADDRESS SYSTEM ADMINISTRATION PHONE. PROVIDE INTERFACE TO HEADEND EQUIPMENT LOCATED IN BASEMENT. INSTALL AS A WALL MOUNT DEVICE ON COLUMN, 48" AFF.

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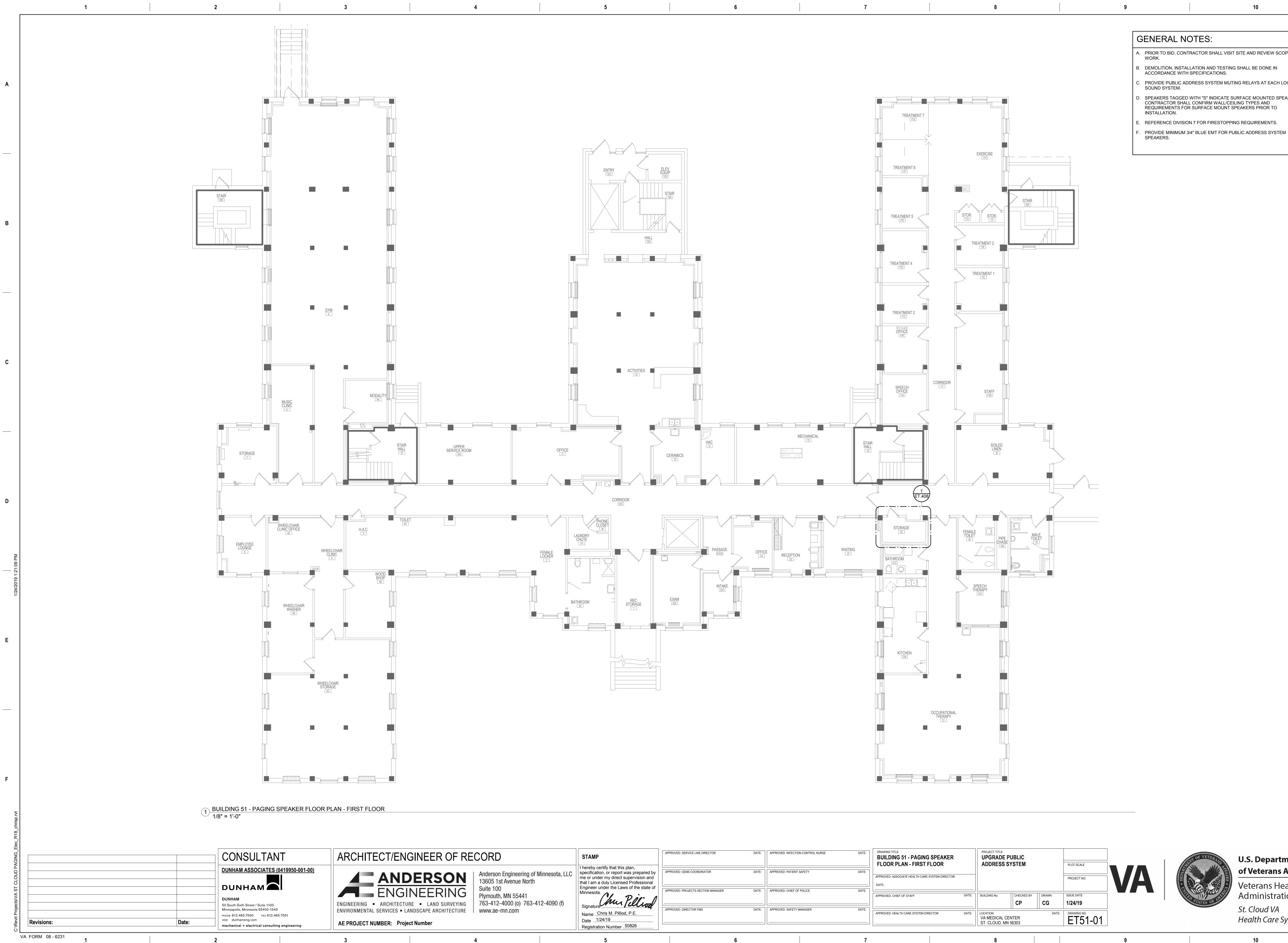
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AFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL C ST. CLOUD, M		DATE:	DRAWING NO. ET51-01		
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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.

. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

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. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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FECT/ENGINEER OF RECORD

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Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f) STAMP

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Minnesota. Signature Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED
APPROVED: GEMS COORDINATOR	DATE:	APPROVEE
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED
APPROVED: DIRECTOR FMS	DATE:	APPROVED
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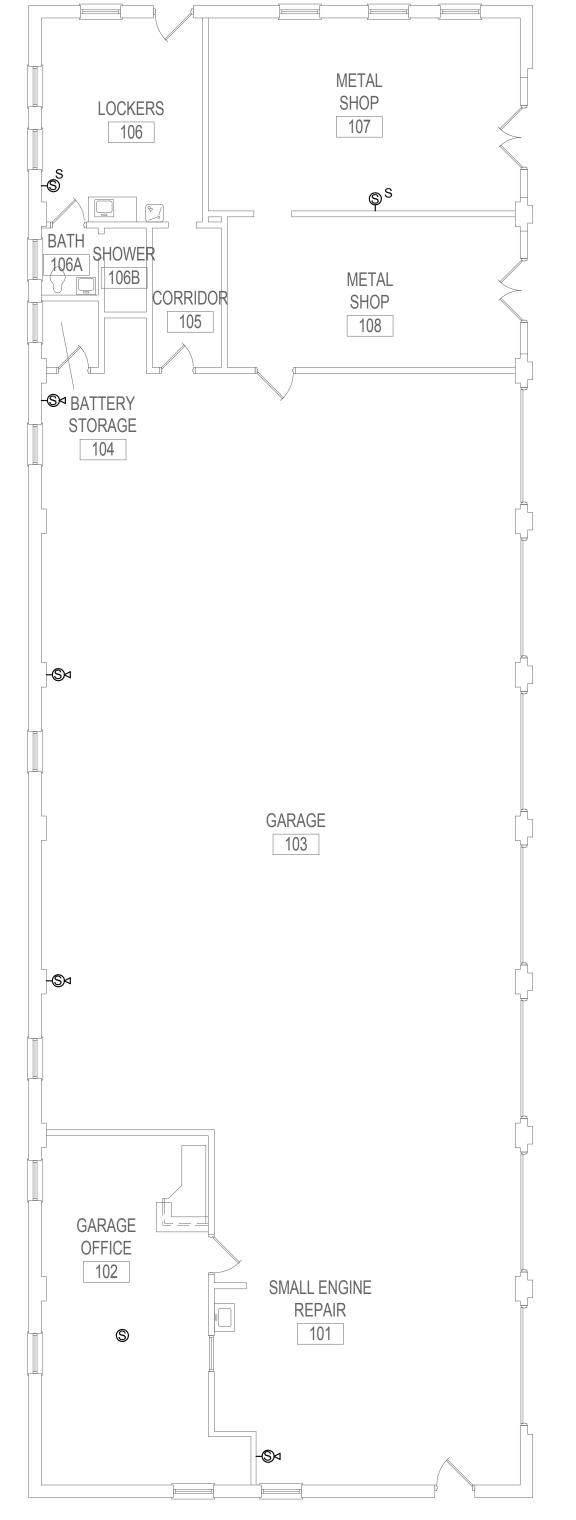
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A.	PRIOR TO BID, CONTRA WORK.
В.	DEMOLITION, INSTALLAT ACCORDANCE WITH SP
C.	PROVIDE PUBLIC ADDRI SOUND SYSTEM.
D.	SPEAKERS TAGGED WI

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INSTALLATION. . PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM

SPEAKERS.



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ROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 54 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STAT OF VETERANS
ROVED: PATIENT SAFETY ROVED: CHIEF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
		APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		Tan STATES OF AN
ROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	ET54-01		
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TES:

- ACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- ATION AND TESTING SHALL BE DONE IN SPECIFICATIONS.

RESS SYSTEM MUTING RELAYS AT EACH LOCAL

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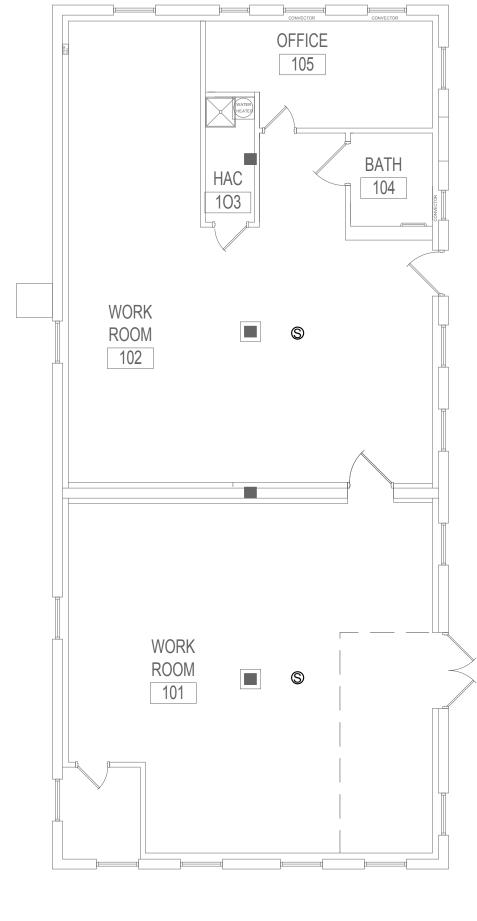
D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.



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	jects\VA ST CL(DUNHAM		ANDE ENGINEERING • ARCHITECTURE •
		Revisions: /A FORM 08 - 6231	Date:	Minneapolis, Minnesota 55402-1540 PHONE 612.465.7550 FAX 612.465 WEB dunhameng.com mechanical + electrical consulting	.7551	AE PROJECT NUMBER: Project Num
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763-412-4000 (o) 763-412-4090 (f)

STAMP						
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.						
(hu P.O. A						

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Signature Signature Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number 50826

APPROVED: SERVICE LINE DIRECTOR APPROVED: GEMS COORDINATOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 57 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR	PROJECT TITLE UPGRADI ADDRESS	E PUBLIC		PLOT SCALE		STREET OF VETERA
APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:	_			PROJECT NO.	VA	
				APPROVED: CHIEF OF STAFF DAT	E: BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		STATES OF A
APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DAT	E: VA MEDICAL ST. CLOUD,	-	DATE	ET57-01		
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G	ENERAL NOTES:
Α.	PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE WORK.
В.	DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
C.	PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOC SOUND SYSTEM.
D.	SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAF CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.
E.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.
F.	PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

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1 BUILDING 57 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

TES:

- ACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- ATION AND TESTING SHALL BE DONE IN PECIFICATIONS.

RESS SYSTEM MUTING RELAYS AT EACH LOCAL

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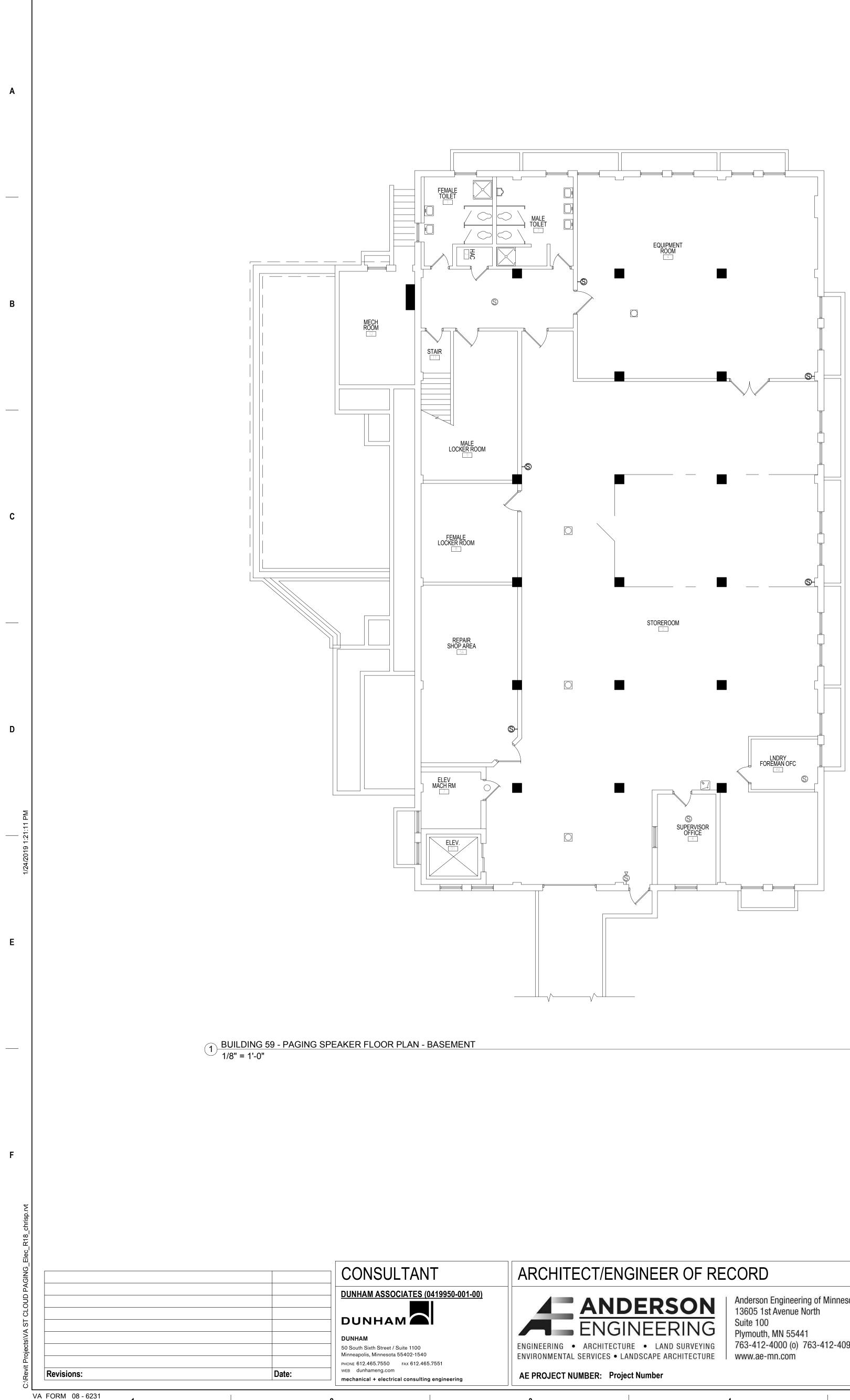
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VITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONFIRM WALL/CEILING TYPES AND SURFACE MOUNT SPEAKERS PRIOR TO



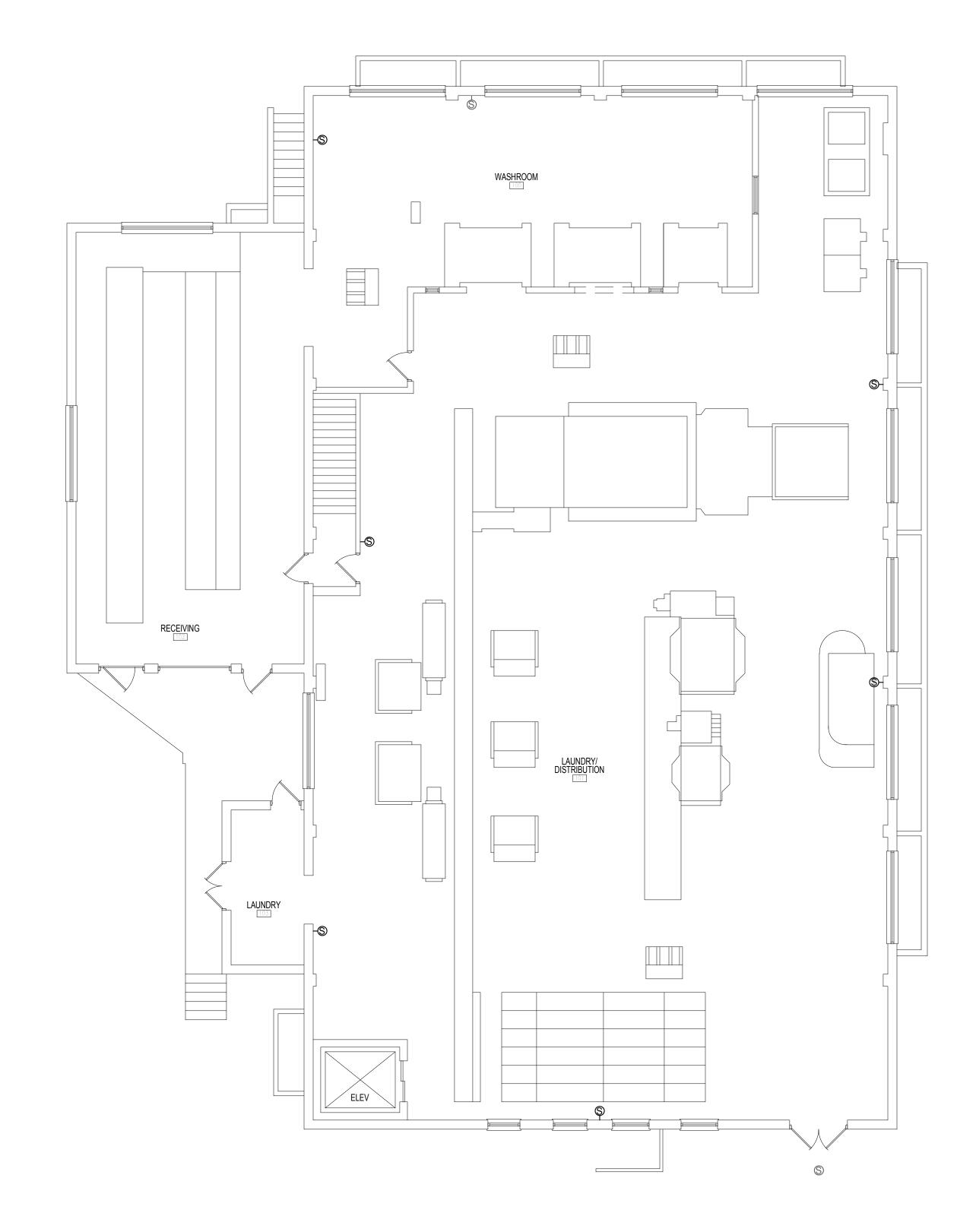


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2 BUILDING 59 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR ^{___} 1/8" = 1'-0"

APPROVED: SERVICE LINE DIRECTOR STAMP Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100 APPROVED: GEMS COORDINATOR DATE: APPROVED: PATIENT SAFETY Minnesota. Signature APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: CHIEF OF POLICE 763-412-4000 (o) 763-412-4090 (f) APPROVED: DIRECTOR FMS DATE: APPROVED: SAFETY MANAGER Name _Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826

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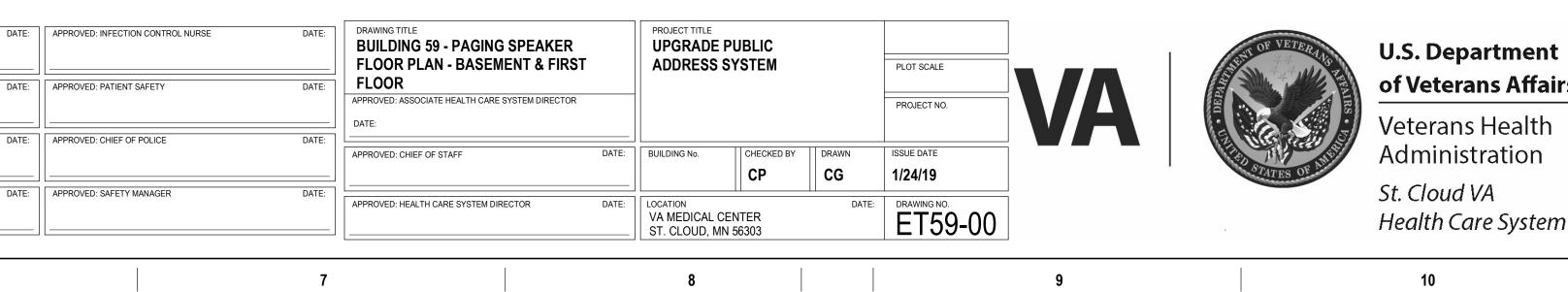
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GENERAL NOTES: WORK.

9

- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
- INSTALLATION.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.



A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

C. PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL SOUND SYSTEM.

С

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D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.

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FECT/ENGINEER OF RECORD

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Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)

STAMP Minnesota. Signature

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Name _Chris M. Pilliod, P.E. Date <u>1/24/19</u> Registration Number 50826

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APPROVED: SERVICE LINE DIRECTOR DAT	E: APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 109 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		STATE OF VETERAL
APPROVED: GEMS COORDINATOR DAT		DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	
APPROVED: PROJECTS SECTION MANAGER DAT	E: APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DAT	TE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		THE STATES OF AN
APPROVED: DIRECTOR FMS DAT	E: APPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DAT		LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ET109-01		
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G	ENERAL NOTES
A.	PRIOR TO BID, CONTRACTOR WORK.
В.	DEMOLITION, INSTALLATION A ACCORDANCE WITH SPECIFIC
C.	PROVIDE PUBLIC ADDRESS S SOUND SYSTEM.
D.	SPEAKERS TAGGED WITH "S" CONTRACTOR SHALL CONFIF REQUIREMENTS FOR SURFA INSTALLATION.
E.	REFERENCE DIVISION 7 FOR

SPEAKERS.

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1 BUILDING 109 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR 1/8" = 1'-0"

TES:

- ACTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- ATION AND TESTING SHALL BE DONE IN PECIFICATIONS.
- RESS SYSTEM MUTING RELAYS AT EACH LOCAL

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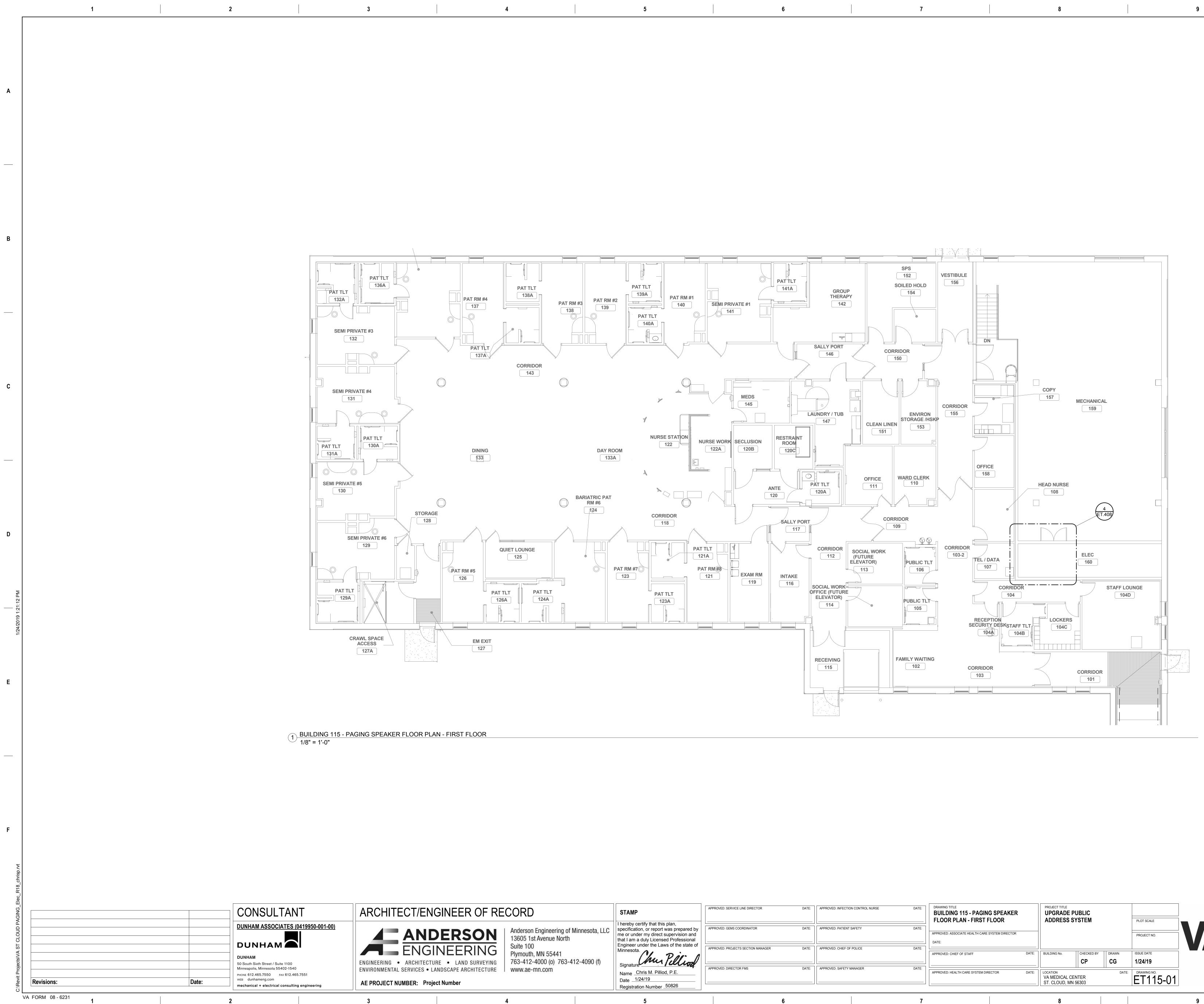
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WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. . CONFIRM WALL/CEILING TYPES AND . SURFACE MOUNT SPEAKERS PRIOR TO

- 7 FOR FIRESTOPPING REQUIREMENTS.
- PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM







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	G	ENERAL NOTES:
	A.	PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOP WORK.
	В.	DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
	C.	PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOO SOUND SYSTEM.
	D.	SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEA CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO INSTALLATION.
	E.	REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.
	F.	PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

INFECTION CONTROL NURSE	DATE:	BUILDING 115 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR		PROJECT TITLE UPGRADE ADDRESS			PLOT SCALE		STREAT STREAM
PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		-			PROJECT NO.	VA	DEPAR
CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		S COLUMN S
SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	VA MEDICAL C		DATE:	DRAWING NO. ET115-01		

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- CTOR SHALL VISIT SITE AND REVIEW SCOPE OF
- TION AND TESTING SHALL BE DONE IN ECIFICATIONS.

ESS SYSTEM MUTING RELAYS AT EACH LOCAL

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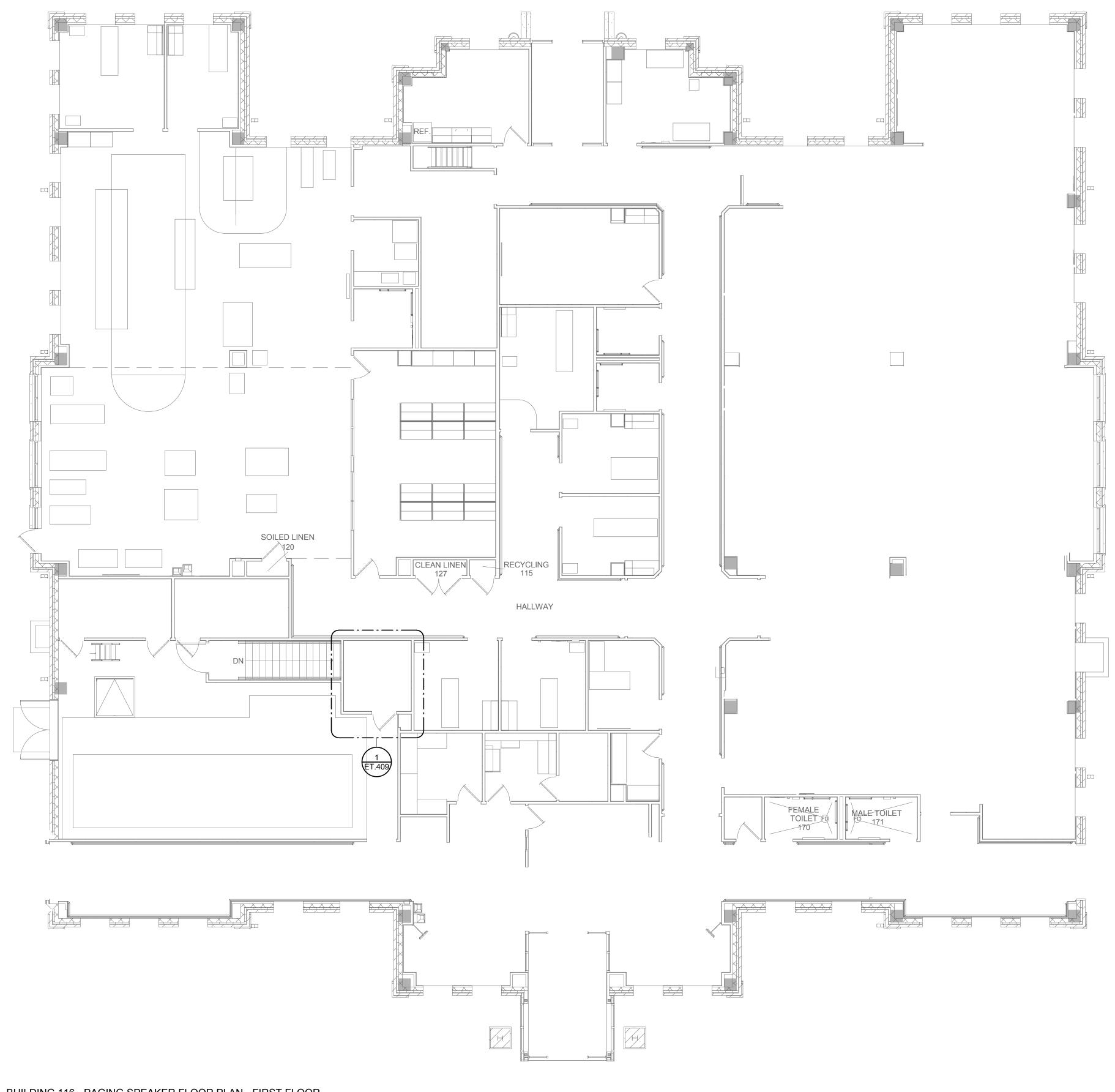
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/ITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONFIRM WALL/CEILING TYPES AND SURFACE MOUNT SPEAKERS PRIOR TO



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F			(1) <u>BL</u> 1/8	UILDING 116 - PAGING SPEAKER FLOOR PLAN - /8" = 1'-0"		
C:\Revit Projects\VA ST CLOUD PAGING_Elec_R18_chrisp.rvt	Revisions:	Image: Construction of the system of the	9950-001-00) SI SI STATUTE STATUTES ST	URE • LAND SURVEYING 763-412-4000 (o) 763-4 ANDSCAPE ARCHITECTURE www.ae-mn.com	Minnesota, LLC 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. 412-4090 (f) Signature	APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: GEMS COORDINATOR DATE: APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: DIRECTOR FMS DATE:



GENERAL NOTES: WORK.

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- B. DEMOLITION, INSTALLATION AND TESTING SHALL BE DONE IN ACCORDANCE WITH SPECIFICATIONS.
- SOUND SYSTEM.
- INSTALLATION.
- F. PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM SPEAKERS.

PPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE BUILDING 116 - PAGING SPEAKER FLOOR PLAN - FIRST FLOOR		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE PROJECT NO.		THE STOR VETERANS
PPROVED: CHIEF OF POLICE	DATE:	DATE: APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		ET STATES OF ANY
PPROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	ET116-01		
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- A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

PROVIDE PUBLIC ADDRESS SYSTEM MUTING RELAYS AT EACH LOCAL

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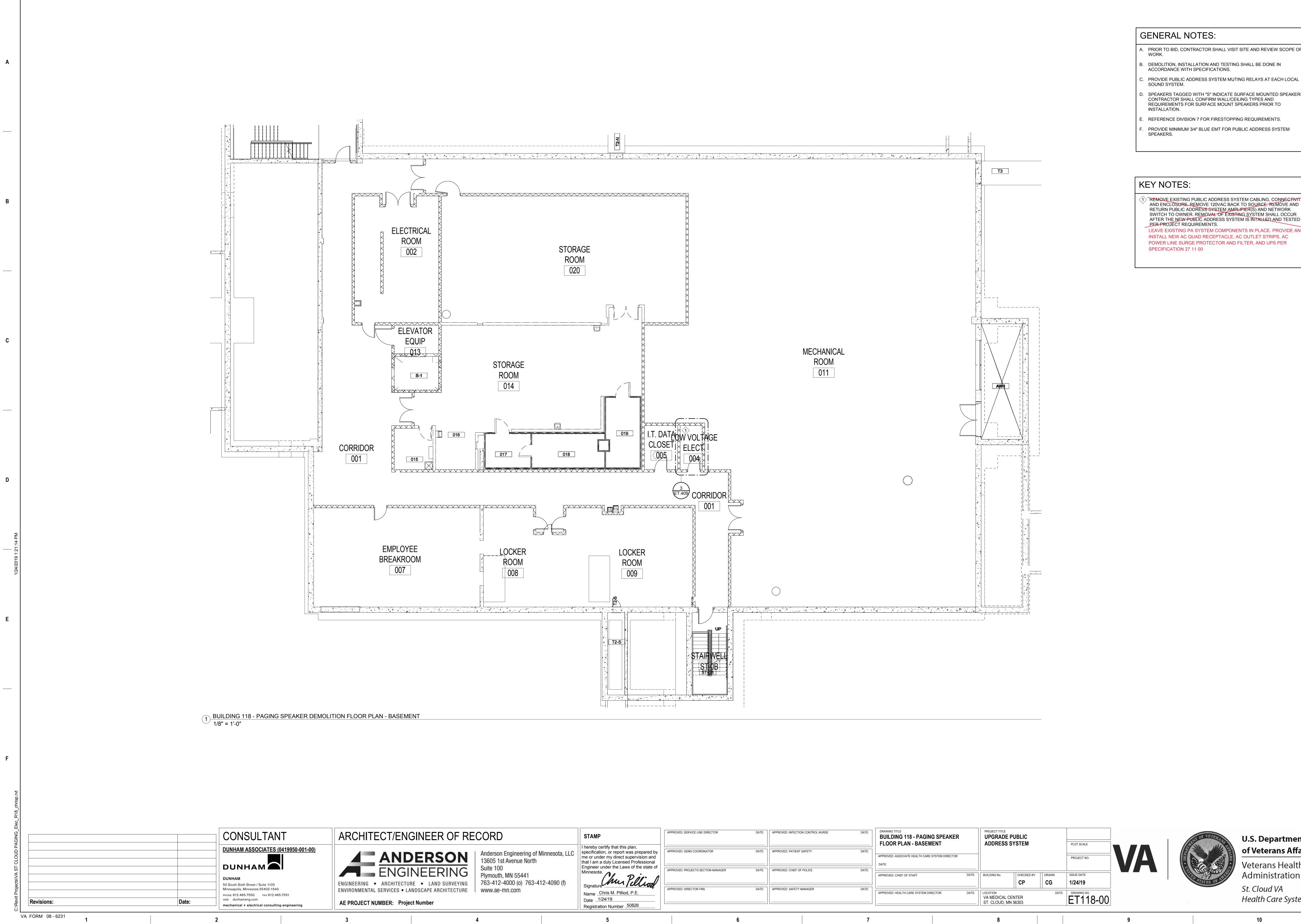
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D. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

E. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS.





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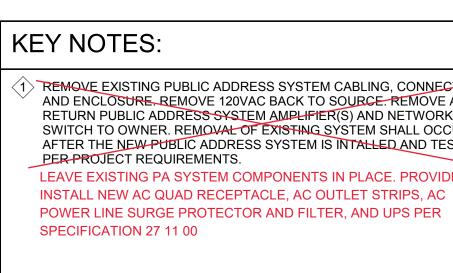
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ECT/ENGINEER OF R	ECORD	STAMP	APPROVED: SERVICE LINE DIRECTO	DR DATE:	APPROVEI
ARCHITECTURE • LAND SURVEYING SERVICES • LANDSCAPE ARCHITECTURE UMBER: Project Number	Anderson Engineering of N 13605 1st Avenue North Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-4 www.ae-mn.com	that I am a duly Licensed Profes Engineer under the Laws of the Minnesota.	on and sional state of	DATE:	APPROVEI
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A. PRIOR TO BID, CONTRACTOR SHALL VISIT SITE AND REVIEW SCOPE OF

. SPEAKERS TAGGED WITH "S" INDICATE SURFACE MOUNTED SPEAKERS. CONTRACTOR SHALL CONFIRM WALL/CEILING TYPES AND REQUIREMENTS FOR SURFACE MOUNT SPEAKERS PRIOR TO

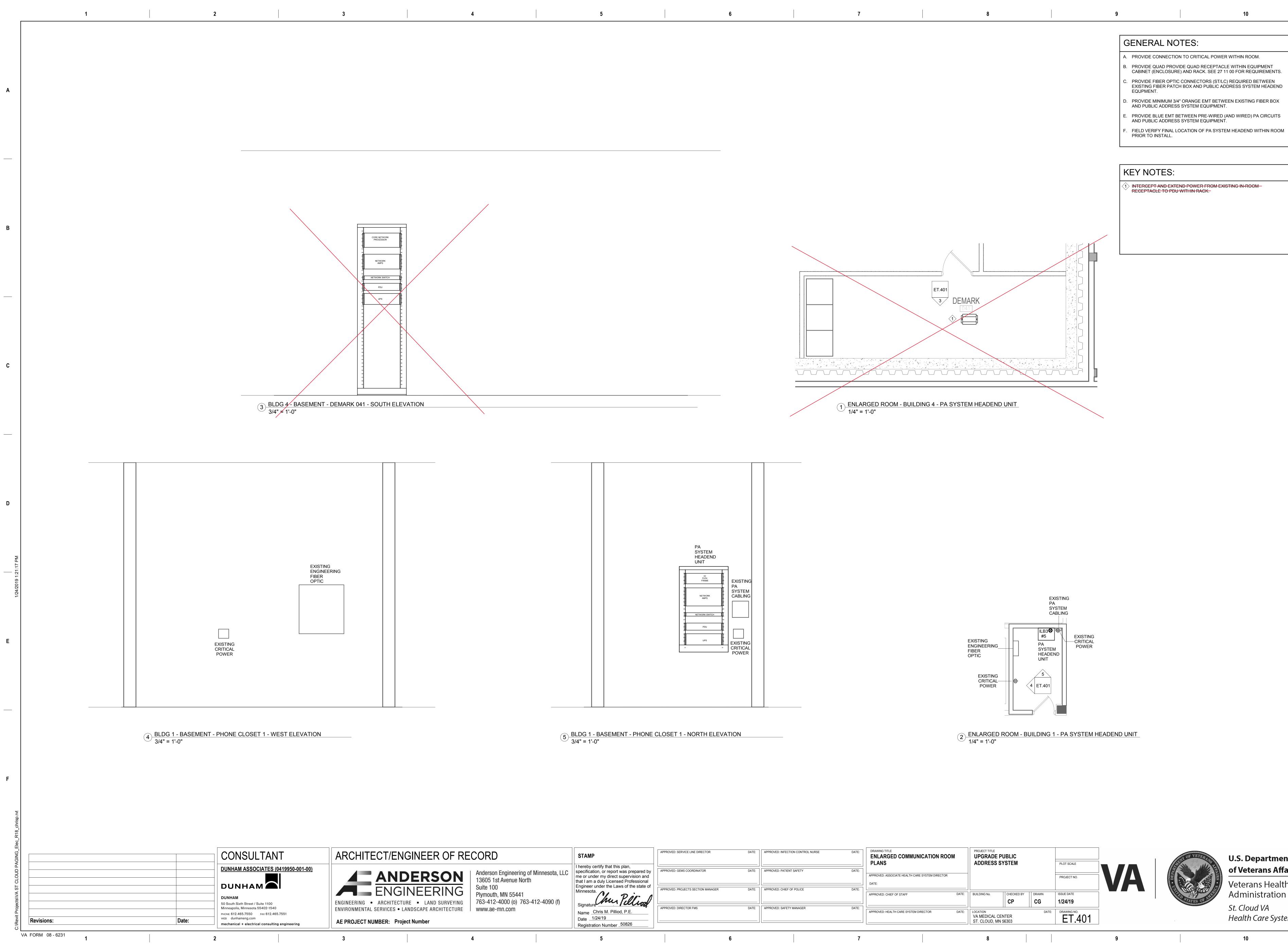
. REFERENCE DIVISION 7 FOR FIRESTOPPING REQUIREMENTS. . PROVIDE MINIMUM 3/4" BLUE EMT FOR PUBLIC ADDRESS SYSTEM

1 REMOVE EXISTING PUBLIC ADDRESS SYSTEM CABLING, CONNECTIVITY AND ENCLOSURE, REMOVE 120VAC BACK TO SOURCE, REMOVE AND RETURN PUBLIC ADDRESS SYSTEM AMPLIFIER(S) AND NETWORK SWITCH TO OWNER, REMOVAL OF EXISTING SYSTEM SHALL OCCUR AFTER THE NEW PUBLIC ADDRESS SYSTEM IS INTALLED AND TESTED LEAVE EXISTING PA SYSTEM COMPONENTS IN PLACE. PROVIDE AND INSTALL NEW AC QUAD RECEPTACLE, AC OUTLET STRIPS, AC

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ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR DA		APPROVE
Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVE
• ARCHITECTURE • LAND SURVEYING Suite 100 • ARCHITECTURE • LAND SURVEYING 763-412-4000 (0) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
UMBER: Project Number	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVE
	F			

D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS	PROJECT TITLE UPGRADE PU ADDRESS SY			PLOT SCALE		Marrie OF
D: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	ALE BELLE
): CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	снескер ву СР	DRAWN	ISSUE DATE 1/24/19		ALLEN ST.
): SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CEN ST. CLOUD, MN 5		DATE:	DRAWING NO. ET.401		
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ES:	
O CRITICAL POWER WITHIN ROOM.	
QUAD RECEPTACLE WITHIN EQUIPMENT ND RACK. SEE 27 11 00 FOR REQUIREMENTS.	

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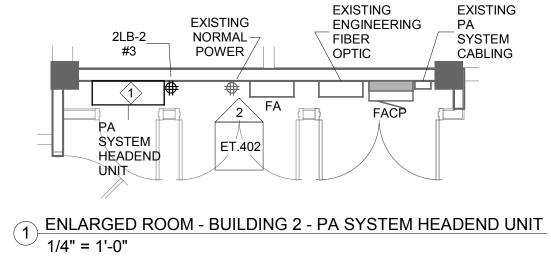
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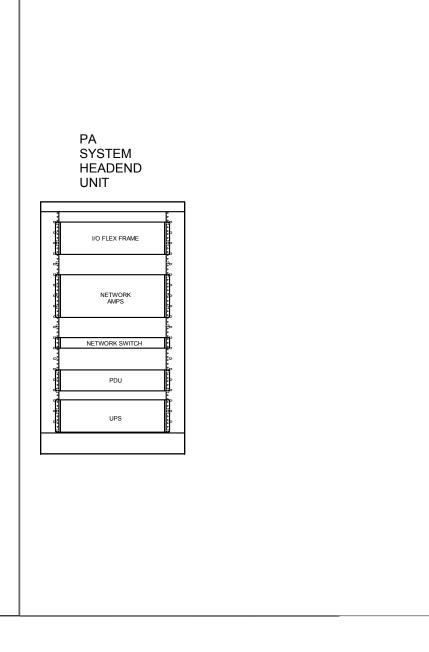
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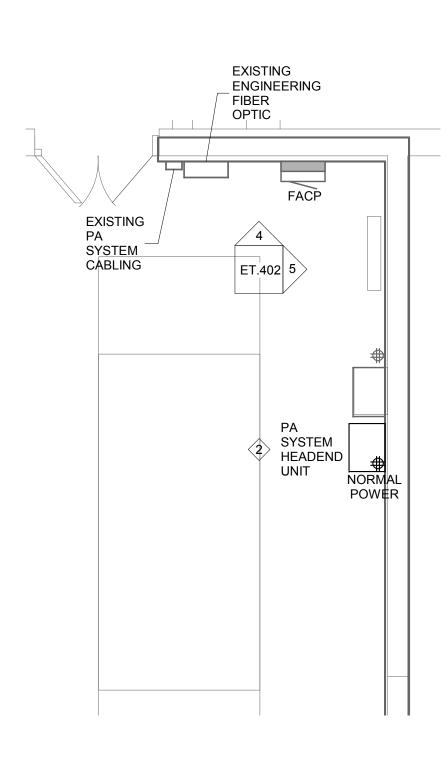




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ECT/ENGINEER OF RE	ECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the Laws of the state of	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SA
• ARCHITECTURE • LAND SURVEYING	Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF P
SERVICES • LANDSCAPE ARCHITECTURE	www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS	DATE:	APPROVED: SAFETY MA
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ROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS	N	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		50
ROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:					PROJECT NO.	VA	DEPART
Roved: Chief of Police	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN CG	ISSUE DATE 1/24/19		ANTINE
ROVED: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	drawing no. ET.402		
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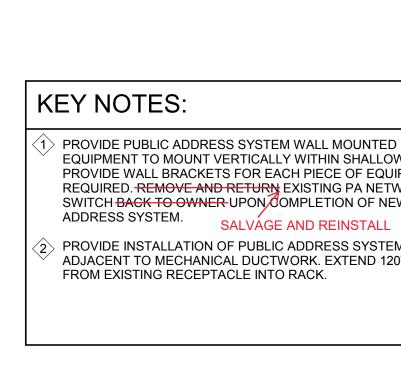


3 ENLARGED ROOM - BUILDING 3 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"

EXISTING NORMAL POWER		PA SYSTEM CABLING
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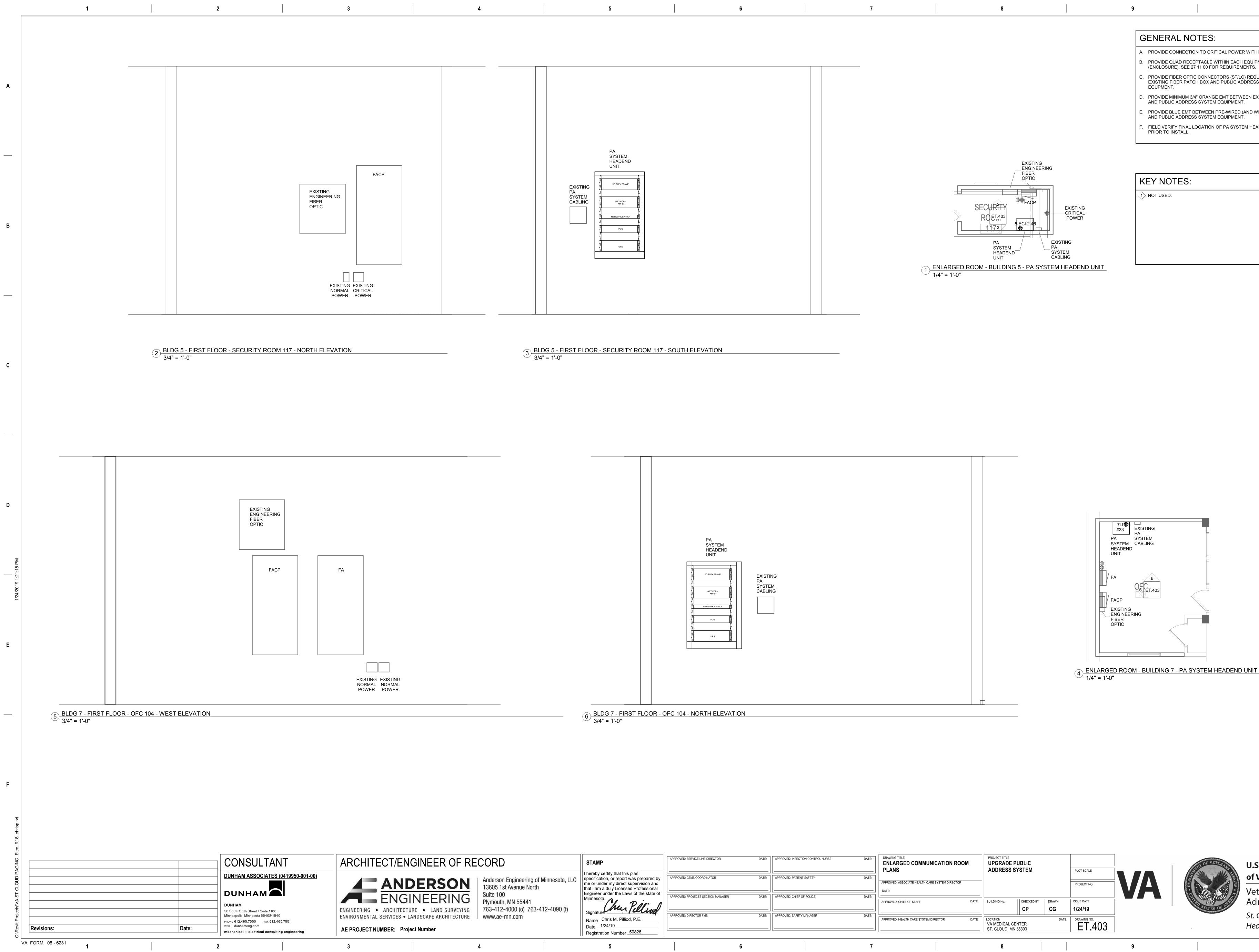
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G	SENERAL NOTES:
A.	PROVIDE CONNECTION TO CRITICAL POWER WITHIN ROOM, IF AVAILABLE.
В.	PROVIDE QUAD RECEPTACLE WITHIN EACH EQUIPMENT CABINET (ENCLOSURE). SEE 27 11 00 FOR REQUIREMENTS.
C.	PROVIDE FIBER OPTIC CONNECTORS (ST/LC) REQUIRED BETWEEN EXISTING FIBER PATCH BOX AND PUBLIC ADDRESS SYSTEM HEADEND EQUPMENT.
D.	PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN EXISTING FIBER BOX AND PUBLIC ADDRESS SYSTEM EQUIPMENT.

PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUITS AND PUBLIC ADDRESS SYSTEM EQUIPMENT. . FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN ROOM

1 PROVIDE PUBLIC ADDRESS SYSTEM WALL MOUNTED EQUIPMENT TO MOUNT VERTICALLY WITHIN SHALLOW ROOM. PROVIDE WALL BRACKETS FOR EACH PIECE OF EQUIPMENT REQUIRED. REMOVE AND RETURN EXISTING PA NETWORKING SWITCH BACK TO OWNER UPON OMPLETION OF NEW PUBLIC 2 PROVIDE INSTALLATION OF PUBLIC ADDRESS SYSTEM RACK ADJACENT TO MECHANICAL DUCTWORK. EXTEND 120V POWER FROM EXISTING RECEPTACLE INTO RACK.





D: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS	PROJECT TITLE UPGRADE F ADDRESS S			PLOT SCALE		SLOT C
): PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.	VA	
D: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE 1/24/19		A STAND ST
D: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN		DATE:	DRAWING NO. ET.403		
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ES:
O CRITICAL POWER WITHIN ROOM.
ACLE WITHIN EACH EQUIPMENT CABINET 00 FOR REQUIREMENTS.
ONNECTORS (ST/LC) REQUIRED BETWEEN OX AND PUBLIC ADDRESS SYSTEM HEADEND
RANGE EMT BETWEEN EXISTING FIBER BOX /STEM EQUIPMENT.
VEEN PRE-WIRED (AND WIRED) PA CIRCUITS 'STEM EQUIPMENT.
ATION OF PA SYSTEM HEADEND WITHIN ROOM

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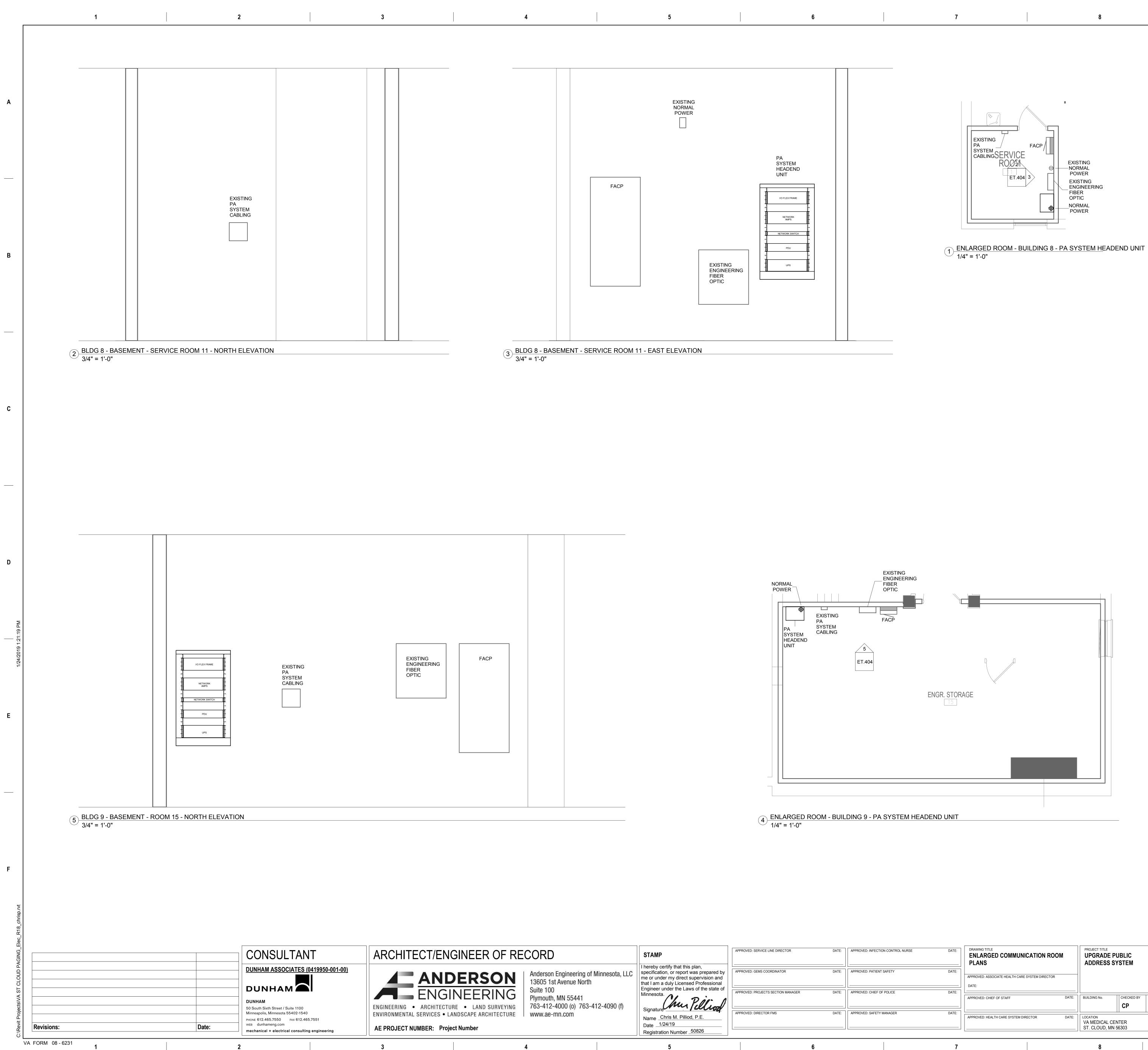
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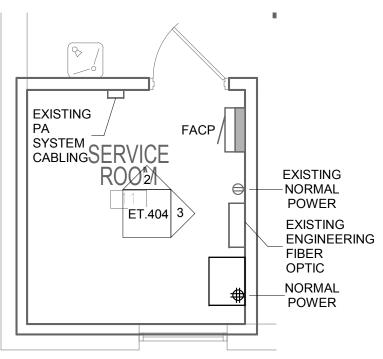
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	ENERAL NOTES:
A.	PROVIDE CONNECTION TO CRITICAL POWER WITHIN ROOM, IF AVAILABLE.
B.	PROVIDE QUAD RECEPTACLE WITHIN EACH EQUIPMENT CABINET (ENCLOSURE). SEE 27 11 00 FOR REQUIREMENTS.
C.	PROVIDE FIBER OPTIC CONNECTORS (ST/LC) REQUIRED BETWEEN EXISTING FIBER PATCH BOX AND PUBLIC ADDRESS SYSTEM HEADEND EQUPMENT.
D.	PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN EXISTING FIBER BOX AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
E.	PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUITS AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
F.	FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN ROOM PRIOR TO INSTALL.



: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS	PROJECT TITLE UPGRADE PU ADDRESS SY			PLOT SCALE		ALL DATE
: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:				PROJECT NO.		
: Chief of Police	DATE:	APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	СНЕСКЕД ВУ СР	DRAWN CG	ISSUE DATE 1/24/19		ALL OF
: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CEN ST. CLOUD, MN 5		DATE:	DRAWING NO. ET.404		
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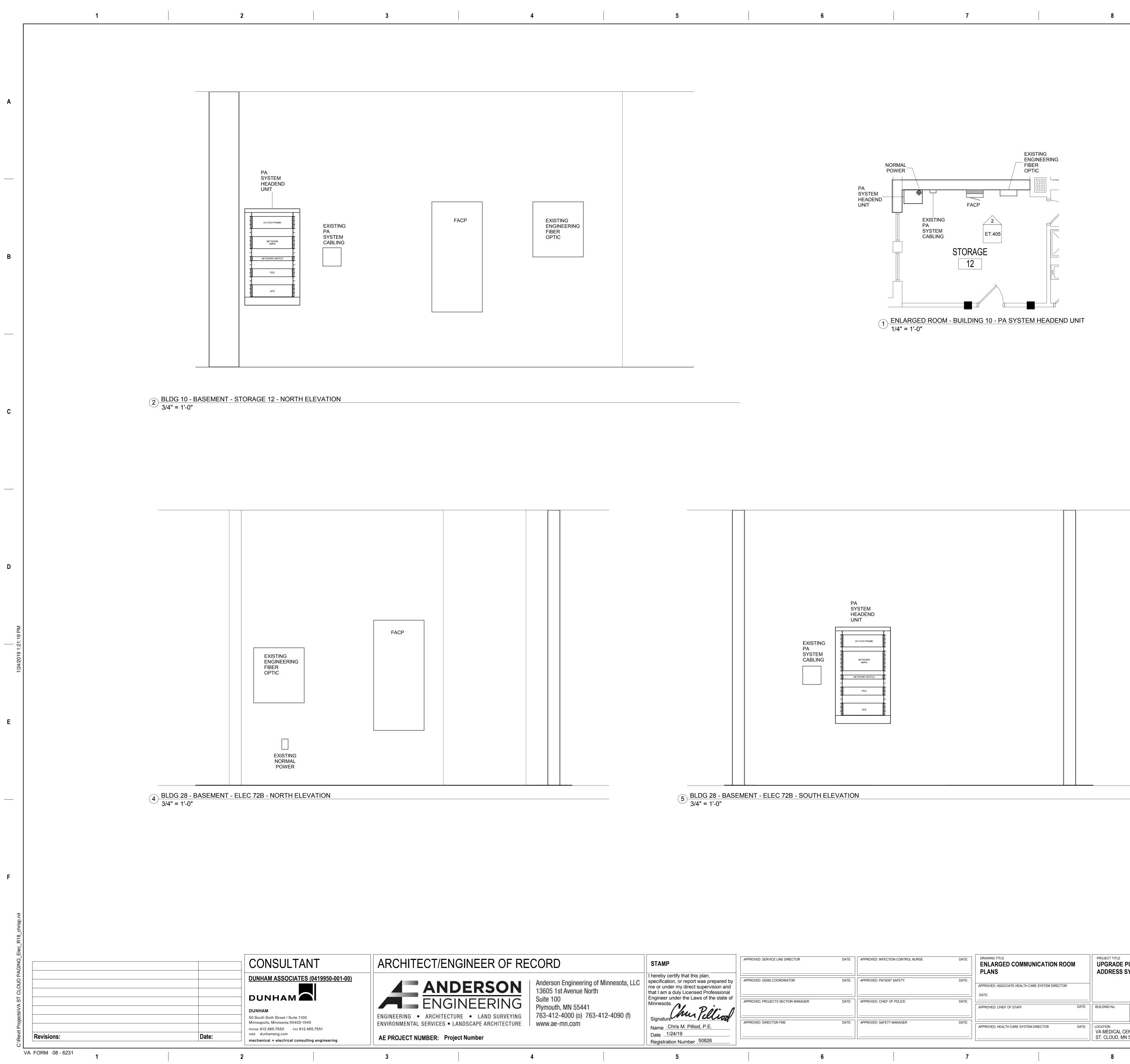
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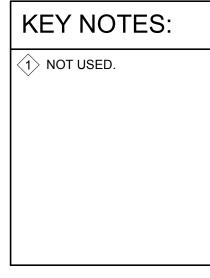
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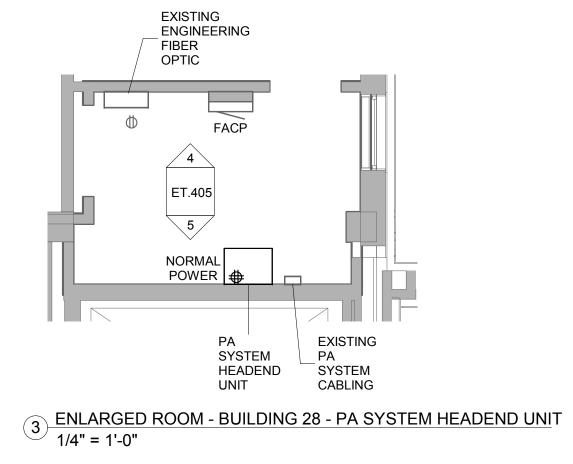




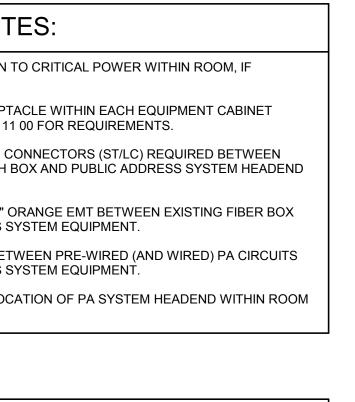
ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR DATE	: APPROVE
Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR DATE	: APPROVE
ENGINEERINGSuite 100ARCHITECTURELAND SURVEYINGSuite 100Plymouth, MN 55441763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota. Signature	APPROVED: PROJECTS SECTION MANAGER DATE	: APPROVE
SERVICES • LANDSCAPE ARCHITECTURE www.ae-mn.com	Name Chris M. Pilliod, P.E. Date 1/24/19 Registration Number 50826	APPROVED: DIRECTOR FMS DATE	APPROVE
4	5		

G	ENERAL NOTE
A.	PROVIDE CONNECTION TO AVAILABLE.
В.	PROVIDE QUAD RECEPTAG (ENCLOSURE). SEE 27 11 0
C.	PROVIDE FIBER OPTIC CON EXISTING FIBER PATCH BC EQUPMENT.
D.	PROVIDE MINIMUM 3/4" OR AND PUBLIC ADDRESS SYS
E.	PROVIDE BLUE EMT BETW AND PUBLIC ADDRESS SYS
F.	FIELD VERIFY FINAL LOCAT PRIOR TO INSTALL.





: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION RO PLANS	ЮМ	PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE		SHIT OF VETERANS	U.S
): PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	2				PROJECT NO.			of
CHIEF OF POLICE	DATE:	DATE:								Ve
	DATE.	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		STATES OF AUS	Ad
: SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:				DRAWING NO.		12.20	St.
				VA MEDICAL CEI ST. CLOUD, MN			ET.405			Не
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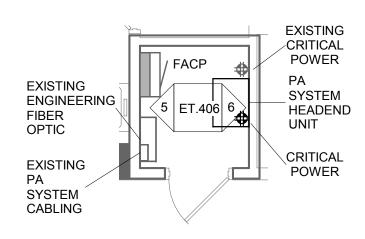




	GENERAL NOTES:
	A. PROVIDE CONNECTION TO CRITICAL POWER WITHIN ROOM, IF AVAILABLE.
	 B. PROVIDE QUAD RECEPTACLE WITHIN EACH EQUIPMENT CABINET (ENCLOSURE). SEE 27 11 00 FOR REQUIREMENTS.
	C. PROVIDE FIBER OPTIC CONNECTORS (ST/LC) REQUIRED BETWEEN EXISTING FIBER PATCH BOX AND PUBLIC ADDRESS SYSTEM HEADEND EQUPMENT.
	D. PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN EXISTING FIBER BOX AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
EXISTING	E. PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUITS AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
	F. FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN ROOM PRIOR TO INSTALL.
FACP 2 POWER FACP 2 SYSTEM	
ET.406 3 PA SYSTEM	KEY NOTES:
	NOT USED.
29LB7#29	
1 ENLARGED ROOM - BUILDING 29 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"	

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4 ENLARGED ROOM - BUILDING 48 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"

NFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS	PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE		
HIEF OF POLICE	DATE:	APPROVED: ASSOCIATE HEALTH CARE STSTEM DIRECTOR DATE: APPROVED: CHIEF OF STAFF DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN	PROJECT NO. ISSUE DATE 1/24/19		A LEAD OF
AFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:	LOCATION VA MEDICAL CE ST. CLOUD, MN	NTER	DATE:	DRAWING NO. ET.406]	
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	EXISTING PA SYSTEM CABLING	

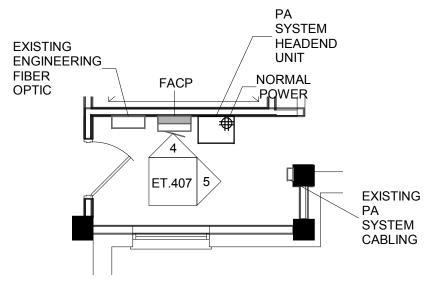
ECT/ENGINEER OF RECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVE
ANDERSON 13605 1s ENGINEERING Plymouth	MN 55441 4000 (o) 763-412-4090 (f) Signature	d I of APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVE
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GENERAL NOTES:
A. PROVIDE CONNECTION TO CRITICAL POWER W AVAILABLE.
B. PROVIDE QUAD RECEPTACLE WITHIN EACH EQ (ENCLOSURE). SEE 27 11 00 FOR REQUIREMENT
C. PROVIDE FIBER OPTIC CONNECTORS (ST/LC) R EXISTING FIBER PATCH BOX AND PUBLIC ADDR EQUPMENT.
D. PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
E. PROVIDE BLUE EMT BETWEEN PRE-WIRED (ANI AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
F. FIELD VERIFY FINAL LOCATION OF PA SYSTEM PRIOR TO INSTALL.
KEY NOTES:
1 NOT USED.

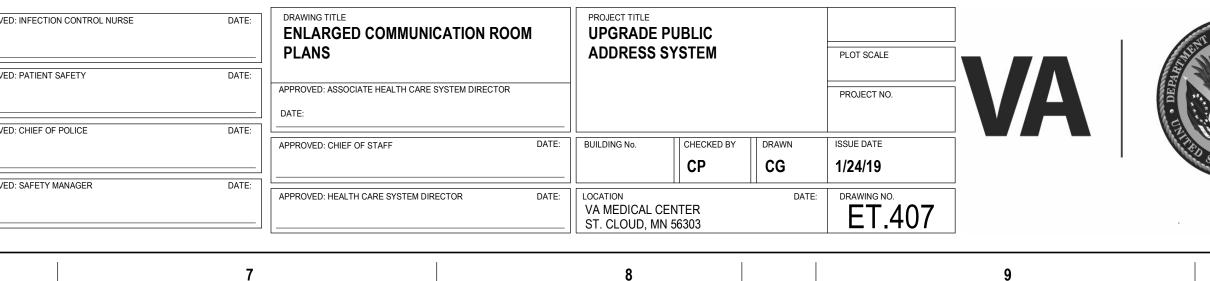
 $1 \frac{\text{ENLARGED ROOM - BUILDING 49 - PA SYSTEM HEADEND UNIT}}{1/4" = 1'-0"}$

<u>ц</u>

6 7 8 9



 $3 \frac{\text{ENLARGED ROOM - BUILDING 50 - PA SYSTEM HEADEND UNIT}}{3/16" = 1'-0"}$



WITHIN ROOM, IF I EQUIPMENT CABINET IENTS. C) REQUIRED BETWEEN DDRESS SYSTEM HEADEND EEN EXISTING FIBER BOX AND WIRED) PA CIRCUITS EM HEADEND WITHIN ROOM

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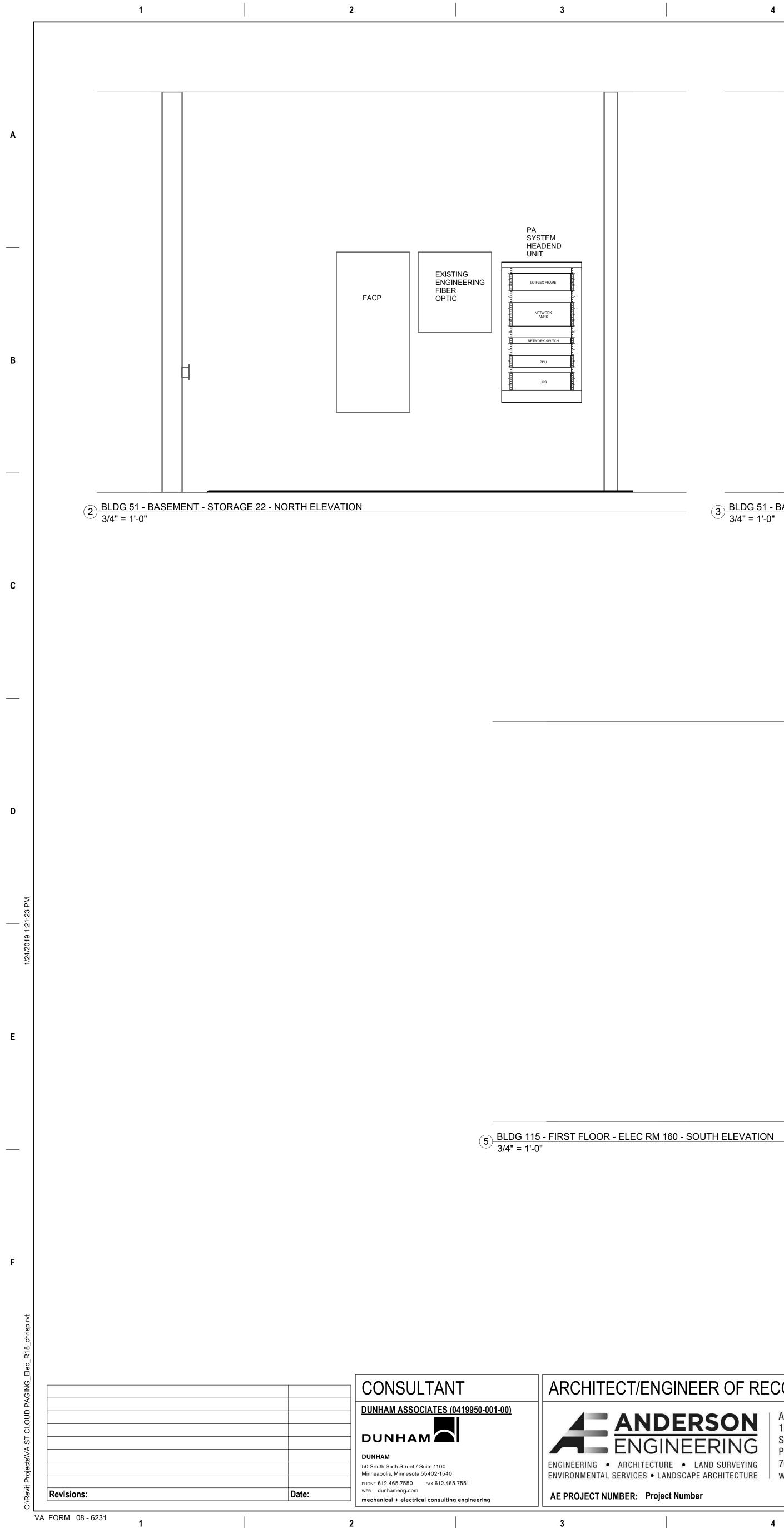
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U.S. Department of Veterans Affairs Veterans Health



		PA SYS	STING STEM BLING	
	AGE 22 - SOUTH ELEVA			

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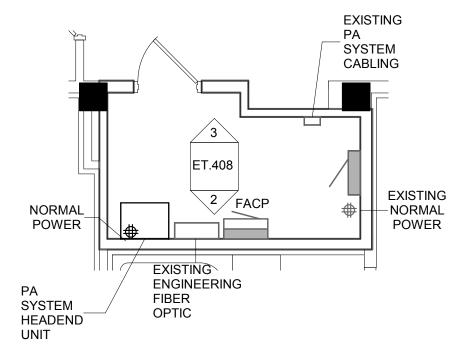
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	FACP	PA SYSTEM	
		NETWORK AMPS	
- FLEC RM 160 - SOUTH ELEVATION		UPS P	

ECT/ENGINEER OF RECORD		STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: INFECTION CONTROL NURSE	DATE:	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS		PROJECT TITLE UPGRADE PUBLIC ADDRESS SYSTEM			PLOT SCALE]	
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North Suite 100	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	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: PATIENT SAFETY	DATE:	APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		PROJECT NO.		PROJECT NO.		DEPARTIN	
ENGINEERING	Plymouth, MN 55441	Minnesota.	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: CHIEF OF POLICE	DATE:	APPROVED: CHIEF OF STAFF	DATE:	BUILDING No.	CHECKED BY	DRAWN	ISSUE DATE		
ARCHITECTURE LAND SURVEYING	763-412-4000 (o) 763-412-4090 (f)	Signature Mun Pilliod	APPROVED: DIRECTOR FMS		APPROVED: SAFETY MANAGER	DATE:]		СР	CG	1/24/19		
SERVICES • LANDSCAPE ARCHITECTURE		Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u> Registration Number <u>50826</u>		DATE:			APPROVED: HEALTH CARE SYSTEM DIRECTOR DATE:		VA MEDICAL CENTER ST. CLOUD, MN 56303		DATE	ET.408		
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_	
В.	PROVIDE QUAD RECEPTACLE WITHIN EACH EQUIPMENT CABINET (ENCLOSURE). SEE 27 11 00 FOR REQUIREMENTS.
C.	PROVIDE FIBER OPTIC CONNECTORS (ST/LC) REQUIRED BETWEEN EXISTING FIBER PATCH BOX AND PUBLIC ADDRESS SYSTEM HEADEND EQUPMENT.
D.	PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN EXISTING FIBER BOX AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
E.	PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUITS AND PUBLIC ADDRESS SYSTEM EQUIPMENT.
F.	FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN ROOM PRIOR TO INSTALL.

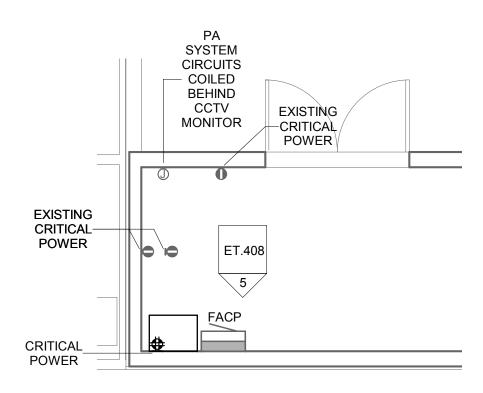
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1 ENLARGED ROOM - BUILDING 51 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"

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4 ENLARGED ROOM - BUILDING 115 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"

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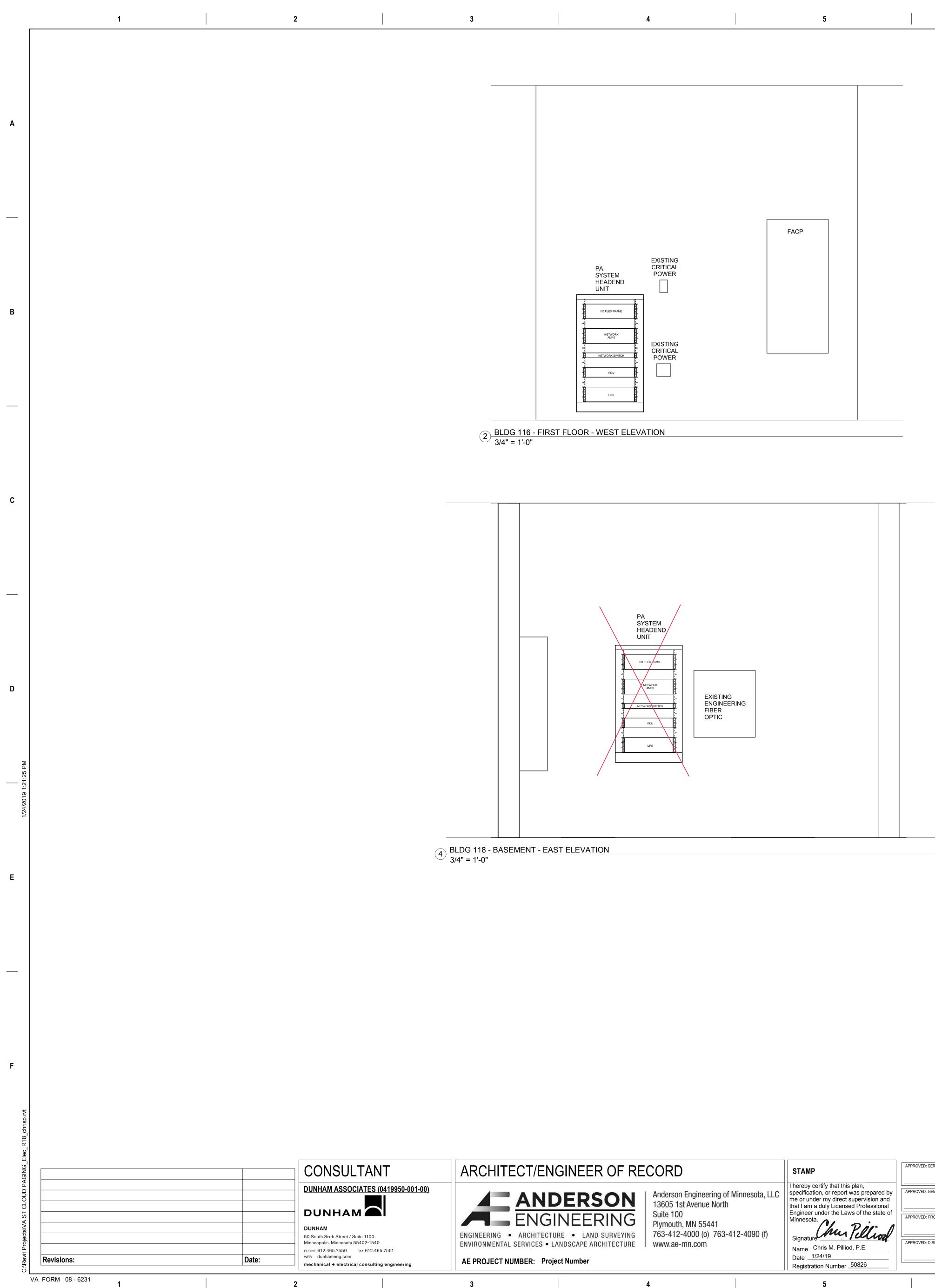
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PROVIDE AND INSTALL NEW AC QUAD RECEPTACLE, AC OUTLET STRIPS, AC POWER LINE SURGE PROTECTOR AND FILTER, AND UPS PER SPECIFICATION 27 11 00

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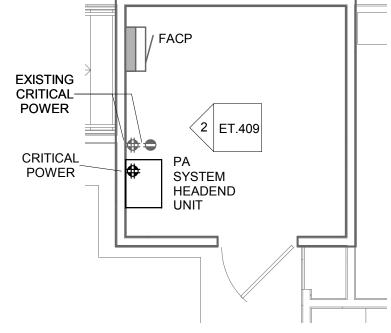
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APPROVED: SERVICE LINE DIRECTOR DATE: APPROVED: APPROVED: GEMS COORDINATOR DATE: APPROVED: APPROVED: PROJECTS SECTION MANAGER DATE: APPROVED: APPROVED: DIRECTOR FMS DATE: APPROVED:

 EQUPMENT. D. PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN EXISTING FIBER BO AND PUBLIC ADDRESS SYSTEM EQUIPMENT. E. PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUIT AND PUBLIC ADDRESS SYSTEM EQUIPMENT. F. FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN RC 	Α.	PROVIDE CONNECTION TO CRITICAL POWER WITHIN ROOM.
 EXISTING FIBER PATCH BOX AND PUBLIC ADDRESS SYSTEM HEADE EQUPMENT. D. PROVIDE MINIMUM 3/4" ORANGE EMT BETWEEN EXISTING FIBER BO AND PUBLIC ADDRESS SYSTEM EQUIPMENT. E. PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUIT AND PUBLIC ADDRESS SYSTEM EQUIPMENT. F. FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN RC 	В.	
 AND PUBLIC ADDRESS SYSTEM EQUIPMENT. E. PROVIDE BLUE EMT BETWEEN PRE-WIRED (AND WIRED) PA CIRCUIT AND PUBLIC ADDRESS SYSTEM EQUIPMENT. F. FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN RC 	C.	EXISTING FIBER PATCH BOX AND PUBLIC ADDRESS SYSTEM HEADEND
AND PUBLIC ADDRESS SYSTEM EQUIPMENT. F. FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN RC	D.	
	E.	
PRIOR TO INSTALL.	F.	FIELD VERIFY FINAL LOCATION OF PA SYSTEM HEADEND WITHIN ROOM PRIOR TO INSTALL.

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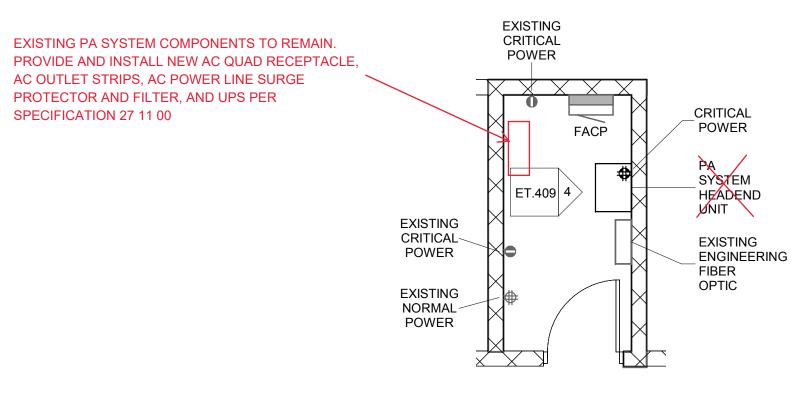
(1) NOT USED.



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1 ENLARGED ROOM - BUILDING 116 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"

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3 ENLARGED ROOM - BUILDING 118 - PA SYSTEM HEADEND UNIT 1/4" = 1'-0"

INFECTION CONTROL NURSE PATIENT SAFETY CHIEF OF POLICE	DATE: 	DRAWING TITLE ENLARGED COMMUNICATION ROOM PLANS APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR DATE:		PROJECT TITLE UPGRADE P ADDRESS S			PLOT SCALE PROJECT NO.		A MUST OF VET
	DATE.	APPROVED: CHIEF OF STAFF D	DATE:	BUILDING No.	СНЕСКЕД ВУ	DRAWN	ISSUE DATE 1/24/19		STATES
SAFETY MANAGER	DATE:	APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:	LOCATION DATE VA MEDICAL CENTER ST. CLOUD, MN 56303		DATE:	DRAWING NO. ET.409		
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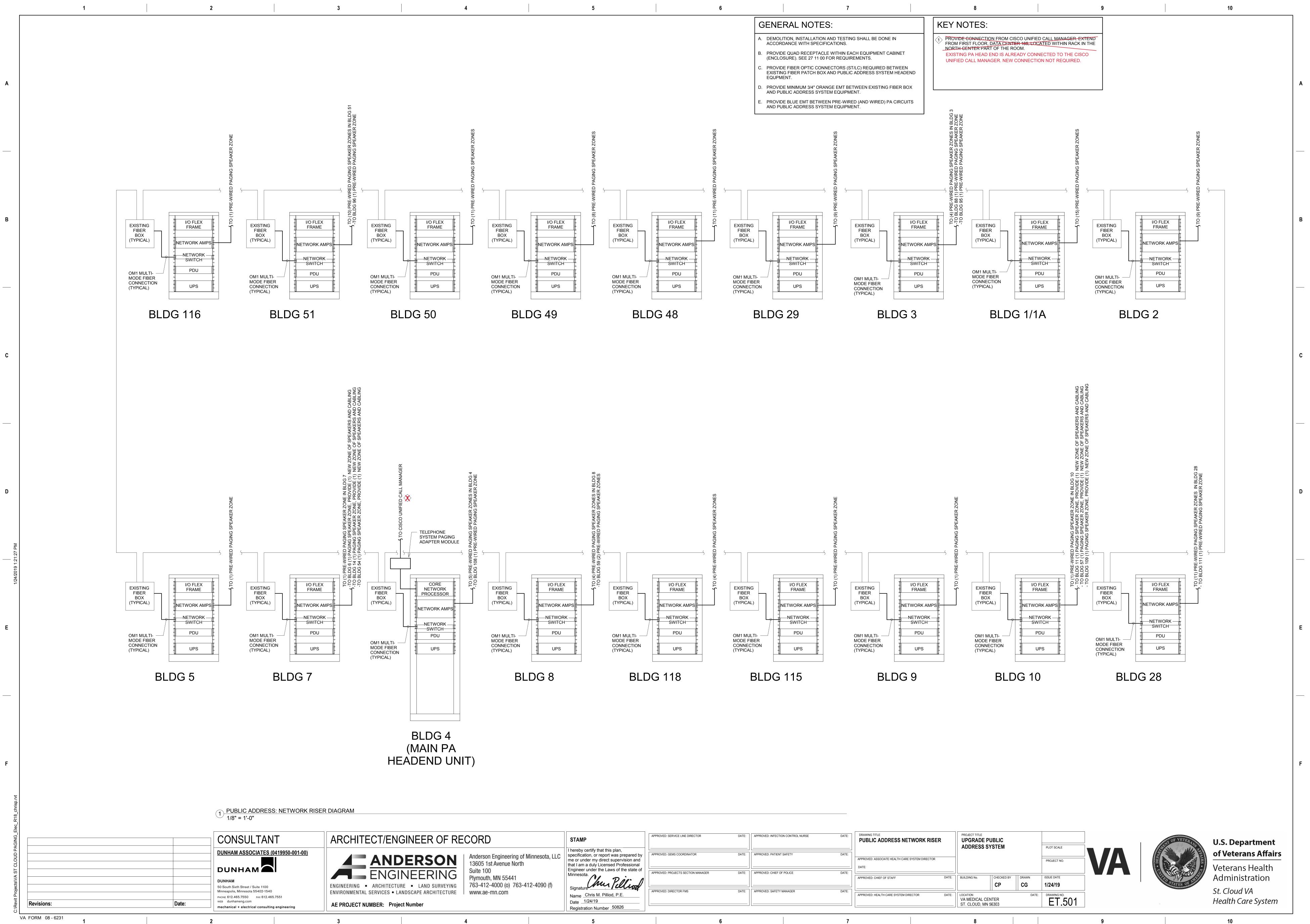
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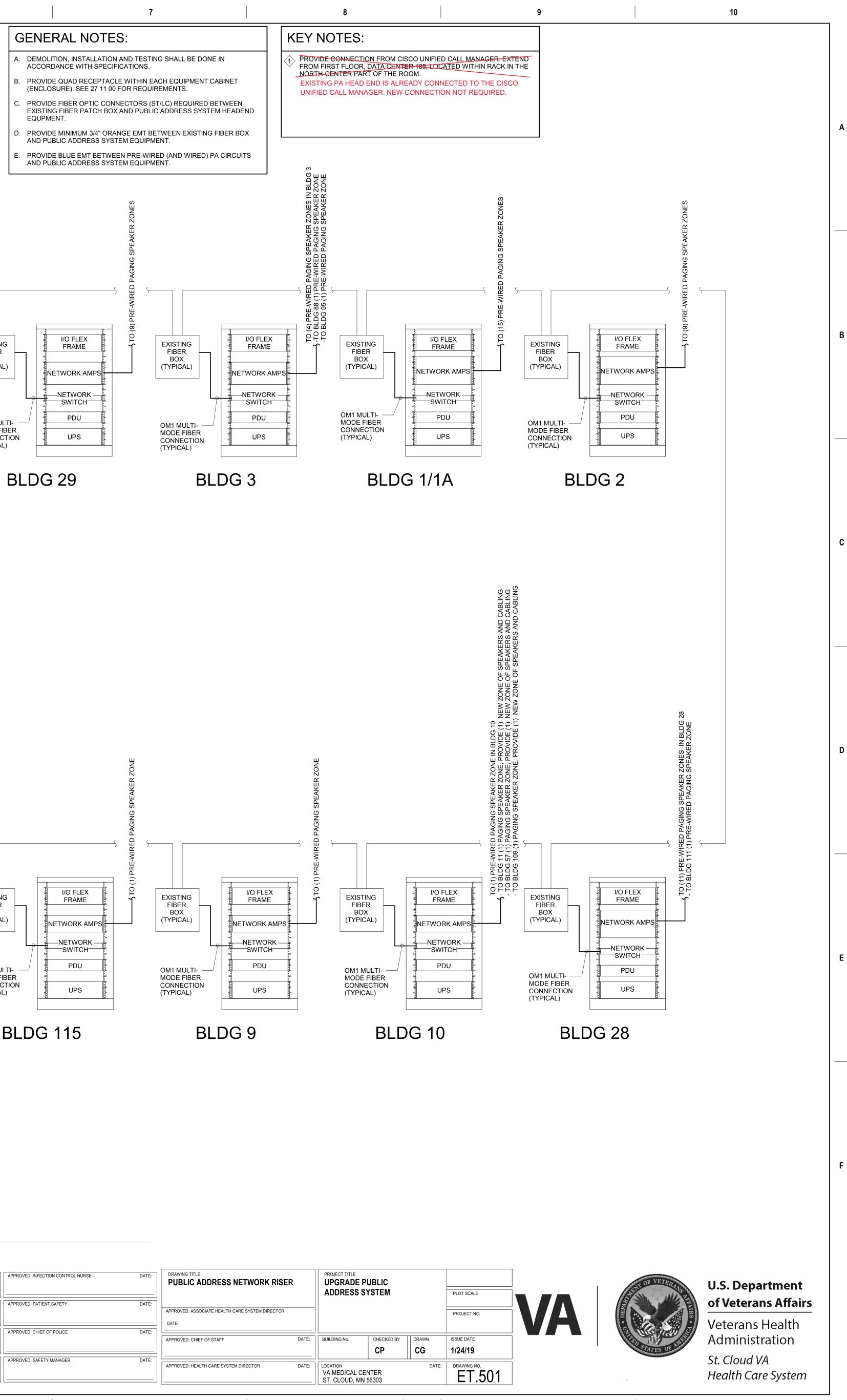
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TECT/ENGINEER OF RE	ECORD	STAMP	APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: I
ANDERSON	Anderson Engineering of Minnesota, LLC 13605 1st Avenue North	I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional	APPROVED: GEMS COORDINATOR	DATE:	APPROVED: F
ARCHITECTURE LAND SURVEYING	Suite 100 Plymouth, MN 55441 763-412-4000 (o) 763-412-4090 (f)	Engineer under the Laws of the state of Minnesota.	APPROVED: PROJECTS SECTION MANAGER	DATE:	APPROVED: C
AL SERVICES • LANDSCAPE ARCHITECTURE NUMBER: Project Number	www.ae-mn.com	Name <u>Chris M. Pilliod, P.E.</u> Date <u>1/24/19</u>	APPROVED: DIRECTOR FMS	DATE:	APPROVED: S
	4	Registration Number <u>50826</u>		6	