NYSE-CON Project Application

Application Documents

Application Number: 261018
Facility Name: Auburn Community Hospital
Project Description: Certify Cardiac Catheterization - Electrophysiology (EP) and install new ultrasound equipment for EP procedures

Submitted By: Burch, Eric
Submitted Date: 01/14/2026

Document Type	Filename	Description	Date
Schedule 5 Attachment	EPLEASEscan_burcheri_2026-07-07-12-50-55.pdf	Executed Equipment Lease	07/07/2026
Schedule 6 Architectural Submission	CON261018_ACH_EP_DSG01.zip	LRA 6	07/17/2026
	7-physicists_letter_of_certificationEP.pdf		07/09/2026
HEIA Requirement Criteria	HEIA criteria (2).pdf	HEIA	07/17/2026
	EPHEIAcriteria.pdf	HEIA	07/17/2026
	EPLetter of Agreement signed.pdf	HEIA	07/09/2026
	HEIAEP.pdf	HEIA	07/09/2026
	HEIA criteria.pdf	HEIA	01/14/2026
HEIA Conflict of Interest	EPACH EP Lab conflict_of_interest.pdf		07/07/2026
HEIA Contract with Independent Entity	EPLetter of Agreement signed.pdf		07/17/2026
HEIA Template (MS Word)	ACH EP Lab Report FINAL 20260629.docx		07/09/2026
HEIA Data Tables (MS Excel)	EPScoping Sheet 2.xlsx		07/09/2026
	EPScoping Sheet 1.xlsx		07/09/2026
LRA Cover Sheet	lra_cover_sheet 130(9)EP.doc	LRA Cover Sheet	01/30/2026
	lra_cover_sheet (9)EP113.doc	LRA Cover Sheet	01/14/2026
Schedule LRA 2 Total Project Cost	schedule_lra_2 (12)EP113.doc	LRA 2	01/14/2026
Schedule LRA 3 Proposed Plan for Project Financing	FinancialstatementsEPCON.pdf	LRA 3	01/30/2026
	schedule_lra_3 (13)EP113.doc	LRA 3	01/14/2026
Schedule LRA 3 Attachment	GECARTOEP.pdf	GE CARTO	01/14/2026
Schedule LRA 3 Attachment	EPLRA3.pdf	LRA 3	07/17/2026
Schedule LRA 3 Attachment	EPLRA3withLease.pdf	LRA 3 with Lease	07/20/2026
Schedule LRA 4 Outline of Architectural/Engineering Action	schedule_lra_4 (7)EP113.docx	LRA 4, Schedule 7	01/14/2026
Schedule LRA 5 Space and Construction Cost Distribution	schedule_lra_5 (4)EP113.doc	LRA 5	01/14/2026
Schedule LRA 6 Architectural Submission	EPSP100.pdf	A100	07/22/2026
Schedule LRA 6 Attachment	EPA400.pdf	A400	07/22/2026
Schedule LRA 6 Attachment	EPA500.pdf	A500	07/22/2026
Schedule LRA 6 Attachment	EPA600.pdf	A600	07/22/2026

Document Type	Filename	Description	Date
Schedule LRA 6 Attachment	EPAE_CertForm.pdf	AE Certification	07/22/2026
Schedule LRA 6 Attachment	EPAE_Narrative.pdf	AE Narrative	07/22/2026
Schedule LRA 6 Attachment	EPCON100.pdf	CON 100	07/22/2026
Schedule LRA 6 Attachment	EPDOH-ADA_Letter.pdf	DOH-ADA	07/22/2026
Schedule LRA 6 Attachment	EPE100.pdf	E100	07/22/2026
Schedule LRA 6 Attachment	EPFP100.pdf	FP100	07/22/2026
Schedule LRA 6 Attachment	FSP.pdf	FSP	07/22/2026
Schedule LRA 6 Attachment	EPLSC100.pdf	LSC100	07/22/2026
Schedule LRA 6 Attachment	EPM100.pdf	M100	07/22/2026
Schedule LRA 6 Attachment	EPP100.pdf	P100	07/22/2026
Schedule LRA 6 Attachment	EPSP100.pdf	SP100	07/22/2026
Schedule LRA 7 Proposed Operating Budget	schedule_lra_7 (15)EP113.docx	LRA 7	01/14/2026
Schedule LRA 7 Attachment	EPFinance.xlsx	backup	01/14/2026
Schedule LRA 8 Staffing	schedule_lra_8 (8)EP130.docx	LRA 8 Staffing	01/30/2026
	schedule_lra_8 (8)EP113.docx	LRA 8 Staffing	01/14/2026
Schedule LRA 8 Attachment	ObasareCVEP113.pdf	Cv of provider	01/14/2026
Schedule LRA 10 Impact on Operating Certificate	schedule_lra_10 (12)EP114.doc	LRA 10	01/14/2026
Schedule LRA 12 Assurances	LRA12EP113.pdf	LRA 12	01/14/2026
Acknowledgement Letter	261018 Acknowledgement Letter.pdf	From Project Management:	07/23/2026
Request for Additional Information	261018 RFAI Letter.pdf	From Health Equity Impact Assessment:	07/29/2026

ACCELERATED SOLUTIONS AGREEMENT # 260241422R1

This Accelerated Solutions Agreement is between Biosense Webster, Inc., a California corporation (the "Company"), and Auburn Memorial Hospital (the "Customer").

The federal anti-kickback statute, 42 U.S.C. § 1320a-7b(b), prohibits certain activities in connection with referring or arranging for business paid for by a federal healthcare program. The Company may provide the Customer, as permitted by the discount exception to the federal anti-kickback statute (42 U.S.C. § 1320a-7b(b)(3)) and/or the "discount safe harbor" to the federal anti-kickback statute under (42 C.F.R. § 1001.952(h)), with price concessions on purchases under this agreement if certain conditions are met.

The parties agree as follows:

Article 1
PRODUCT TERMS AND PRICING

1.1 Customer Eligibility. The Customer will not be entitled to purchase any item or service offered under this agreement unless, at the time of purchase, the Customer is a hospital or surgical center located in any of the 50 United States or the District of Columbia; serves only the Customer's patients; and does not sell any items purchased under this agreement at retail to the general public.

1.2 Subscription Pricing. (a) Subject to the terms and conditions of this agreement, the Customer agrees to purchase each Subscription on Schedule A at the indicated pricing. For each Subscription to which a Customer-owned CARTO® 3 System is ascribed as of the Effective Date, Schedule A indicates the Customer-owned CARTO® 3 System so ascribed, the Subscription Activation Date and the Subscription End Date. If a Customer-owned CARTO® 3 System is not ascribed to a Subscription, that Subscription will not become active until a system is ascribed (when a Customer-owned CARTO® 3 System is so ascribed, the Company will provide notice to the Customer of the Subscription Activation Date and Subscription End Date). "Subscription Year" means, with respect to a given Subscription, each twelve-month period of this agreement, beginning on the Subscription Activation Date for that Subscription, or anniversary thereof, provided that the first Subscription Year may be less than a 12-month period. If a CARTO® 3 System is not ascribed to a Subscription within 90 days of the Effective Date, (i) the Company may provide the Customer notice that the Subscription shall be null and void, (ii) following such notice any amounts paid by the Customer to the Company for that Subscription shall be refunded to the Customer, and (iii) if there are no remaining Subscriptions following such notice, this agreement shall automatically terminate and be null and void.

(b) The price paid under this agreement may ultimately reflect a discount relative to the value of any ASA Products acquired and the Service provided hereunder. Promptly following the expiration or earlier termination of this agreement, and upon request of the Customer, the Company shall provide the Customer with a statement summarizing any ASA Products acquired and Service provided during the term. The Customer agrees to fully and accurately report prices paid under this agreement on cost reports and claims for reimbursement submitted to Medicare, Medicaid, and other health care programs, and to retain and provide documentation relating to this agreement to federal and state health care program officials upon request.

1.3 Subscription Purchase Orders, Invoicing and Payment. (a) No later than 15 days from the Effective Date, the Customer shall provide the Company with one or more purchase orders for the aggregate purchase price for all Subscriptions to be purchased under this agreement. No ASA Product will be delivered to the Customer before delivery of the foregoing purchase orders. If the Customer does not timely deliver the foregoing purchase orders, the Company may terminate this agreement upon notice to the Customer and following such termination the Customer shall be invoiced by and pay to the Company, net 30 days from date of invoice, the Company's standard rate for any Service (parts, labor, associated fees, and taxes) provided under this agreement prior to that termination. For each Subscription, the Customer shall be invoiced as set forth on Schedule A.

(b) Payment is due net 30 days from the invoice date. If the Customer does not timely pay any amount due under this agreement, the Company may halt shipment of new ASA Products, New Software may be deactivated or uninstalled, and Service may be suspended by the Company until the Customer has made payment in full. If the Customer does not make timely payment under this agreement,

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in addition to all other available remedies, the Company or its designee has a right of quiet entry during regular business hours to peaceably retrieve and repossess any ASA Products without a court order.

(c) If the Customer returns or refuses delivery of any ASA Product, the Company shall have no obligation to credit or refund any amounts for that item and the Company shall have no obligation to return the item to the Customer.

(d) Delivery of any ASA Product that requires Company supported installation (excluding New Software) will be F.O.B. Destination, and delivery of any ASA Product that does not require Company installation will be F.O.B. Origin, unless noted to the contrary. In either instance, acceptance of such ASA Product will be deemed to have occurred unless the Customer notifies the Company in writing within 10 days of delivery.

1.4 New Equipment/Software and Legacy Products. (a) Subject to the terms and conditions of this agreement, under and during each active Subscription, the Customer may acquire the following (each an "ASA Product"):

i. a single unit of each new hardware product that the Company first makes generally available for purchase in the United States on or after January 1, 2026, including those commercialized following the acquisition by the Company of the right to sell the product from a third-party ("New Equipment")

ii. a single unit of each new software product that the Company first makes generally available for purchase or license in the United States on or after January 1, 2026, including that commercialized following the acquisition of the right to sell or license the software from a third-party ("New Software")

iii. the Legacy BWI HSW Products listed on Schedule A for that Subscription

iv. the Legacy Third-Party Products listed on Schedule A for that Subscription

(b) For each ASA Product that the Customer would like to order under this agreement, the Customer shall (mark one):

☐ Issue a no-charge purchase order

☒ Issue a notice and use the applicable Subscription purchase order number

(c) The Company shall determine, in its sole discretion, what hardware and software made generally available for purchase or license in the US after January 1, 2026, shall be deemed New Equipment or New Software. No item that the Company deems to be a disposable product including, but not limited to, any form of catheter shall be New Equipment or New Software. The Company reserves the right to make changes to Company-branded equipment built and/or sold at any time without incurring any obligation to make the same or similar changes on equipment previously built or sold.

(d) The Company is under no obligation to, and may not launch, any new product considered by the Company to be New Equipment, nor any new software considered by the Company to be New Software. The Customer acknowledges that the Company will only provide New Equipment or New Software approved or cleared by the U.S. Food and Drug Administration ("FDA"), and that the Company will not accept any order for any New Equipment or New Software that has not been so approved or cleared. The Customer further acknowledges that it is possible that the FDA may not approve or clear any New Equipment or New Software during the term of this agreement, and that Company makes and has made no representation that any New Equipment or New Software will be made available by the Company in the United States during the term of this agreement.

(e) Any warranties provided by either the Company or any affiliate, as applicable, with respect to a given Company-branded ASA Product are as expressly provided in the labeling of that ASA Product on delivery. THERE ARE NO WARRANTIES THAT EXTEND BEYOND THE FOREGOING DESCRIPTION INCLUDING, BUT NOT LIMITED TO, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

(f) Delivery of New Equipment or New Software may be subject to additional terms and conditions generally applicable to that equipment or software in the US market. If the Customer and

the Company are unable to agree to such additional terms and conditions via an executed amendment, the Company shall have no obligation to deliver that New Equipment or New Software.

(g) Installation of Company-branded New Equipment or Legacy BWI HSW Products will be based upon the availability of (i) the Company's inventory of the equipment and (ii) Company technicians to perform the installation. Such availability will be at the sole discretion of the Company. Company personnel are not authorized to (i) install wires or cables supplied or sold by the Company in floor or roof conduits, including riser systems, (ii) "fish" feed or pull cables in parallel to other vendor cables or wires inside floor, roof conduits or riser systems, or (iii) remove, lift, or modify false ceiling tiles to allow installation of cabling or wires in attic or overhead areas. The Customer may contact Company Customer Service to order cables for placement by the Customer prior to the installation of such ASA Products so that the Company's field service engineer can complete the equipment installation using the pre-installed cables.

(h) In order to support the Customer's patient care needs, if the Company is unable to deliver a Legacy BWI HSW Product or Legacy Third-Party Product within 10 business days of the Effective Date ("Delayed Equipment"), the Company may provide a substitute unit (the "Loaned Equipment") without additional charge subject to the terms set forth on Schedule C.

1.5 No Medical Advice. The Company does not provide medical advice. AN ASA PRODUCT MAY PROVIDE INFORMATION AND DATA TO ASSIST IN THE ASSESSMENT AND MANAGEMENT OF PATIENT CARE. HOWEVER, THE CUSTOMER ACKNOWLEDGES AND AGREES THAT (I) ANY HEALTH CARE OR RELATED MEDICAL ADVICE IS PROVIDED BY THE CUSTOMER OR ITS AUTHORIZED PERSONNEL ONLY, AND NOT BY THE COMPANY, (II) THE COMPANY IS NOT ENGAGED IN RENDERING OF MEDICAL OR SIMILAR PROFESSIONAL SERVICES OR ADVICE VIA THE ASA PRODUCT OR OTHERWISE, AND (III) INFORMATION PROVIDED BY THE COMPANY VIA THE ASA PRODUCT IS NOT INTENDED TO REPLACE MEDICAL OR OTHER PROFESSIONAL ADVICE OFFERED BY A PHYSICIAN OR OTHER PROFESSIONAL HEALTHCARE PROVIDER. IF THE CUSTOMER RELIES ON ANY INFORMATION THE CUSTOMER RECEIVES OR LEARNS ABOUT THAT IS GENERATED BY AN ASA PRODUCT, THE CUSTOMER AGREES THAT IT DOES SO AT ITS OWN RISK AND IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES.

1.6 Service. (a) For each piece of equipment currently owned by the Customer and listed on Schedule B (the "Existing Equipment"), under and during the Subscription covering that Existing Equipment, the Company shall provide the planned maintenance and repair services described in this agreement to the Customer (the "Service") following the expiration of the standard warranty on that Existing Equipment. The Company may add or substitute Company-branded equipment delivered under this agreement to Schedule B by notice to the Customer indicating the terms upon which Service will be provided following the expiration of the standard warranty on that equipment (that equipment being "Added Equipment" and together with Existing Equipment, "Covered Equipment"). Third-party equipment delivered by the Company under this agreement is not eligible for Service. The Customer agrees to make the Covered Equipment available for service at the time of each scheduled planned maintenance or emergency service call. The Customer must operate, maintain, and care for the Covered Equipment in accordance with the instructions in the owner's manual and in this agreement.

(b) Covered Equipment should not be used by the Customer in patient care unless planned maintenance occurs per the manufacturer's recommendation in that equipment's instructions for use ("IFU"). Each Subscription includes the cost of parts and labor for Covered Equipment planned maintenance per the manufacturer's recommendation. Planned maintenance will be scheduled, upon the Customer's or the Company's request, between 7 a.m. and 5 p.m. local time Monday through Friday excluding Company holidays ("Working Hours"). The Company may perform planned maintenance concurrently with functional maintenance and, in that event, such maintenance may be unscheduled. The maintenance shall include, without limitation, those actions the Company considers necessary to ensure proper operation of the Covered Equipment and all necessary replacement parts, subject to the agreement exclusions set forth below. Replacement parts may be new parts or rebuilt parts that are equivalent in the judgment of the Company to new parts when used in or with the Covered Equipment. The Company warrants the replacement parts for 90 days from the date of installation. Upon the Company's request, the Customer must deliver a part being replaced under this agreement to the Company. All parts removed from Covered Equipment pursuant to this Section will become the property of the Company.

(c) The Company will use commercially reasonable efforts to provide service as quickly as possible and on a priority basis for emergencies. In situations where this response time is neither practical nor warranted, the service call will be scheduled at a time during Working Hours mutually agreed upon by the Company and the Customer.

(d) Service for the purpose of making necessary repairs and adjustments to Covered Equipment may, at the discretion of the Company, be provided at the Customer's location or at another location as determined by the Company which may require removal of the Covered Equipment or components thereof from the Customer's premises. If the Covered Equipment or component thereof is to be removed from the Customer's premises for Service, the Customer shall ship the item as instructed by the Company and at the Company's expense.

(e) Subject to availability, the Company may provide the Customer with a temporary substitute for the Covered Equipment or temporary replacement components while a covered repair is being completed. While in the Customer's possession, any such substitute or temporary replacement shall be "Covered Equipment." The Customer must stop use of any such substitute or temporary replacement component, and the same must be returned to the Company in the same condition as provided, reasonable wear and tear excepted, upon completion of the repair. The Company will invoice the Customer, and the Customer shall pay, for any such substitute or temporary replacement component not returned in the appropriate condition or not returned to the Company within 10 business days of the repair being completed. No C.O.D. shipments will be accepted without prior authorization. The decision to repair or replace any parts of the Covered Equipment will be made by the Company.

(f) Upon reasonable request as determined by the Company, Service will include CARTO® 3 System moves by the Company within the Install Location (CARTOUNIVU® and extra cables are excluded).

(g) The Company shall not be obligated to provide Service under this agreement for damage to or destruction of Covered Equipment where such damage or destruction is a result of or caused by fire or explosion of any origin, riot, civil commotion, aircraft, war, or any Act of God or nature including but not limited to lightning, windstorm, hail, flood, or earthquake. Covered Equipment will not be eligible for Service if the equipment is not located where initially installed by the Company or at another location that the Company approved in writing. Any resale, removal, or relocation of Covered Equipment without the prior written approval of the Company may result in cancellation of the Subscription covering that equipment without refund. The following are not eligible for Service:

i. consumables / disposables / expendables

ii. pre-shipment cables for CARTO® 3 system installations or relocations

iii. generator pole clamps or tubing

iv. damage or malfunction due to (a) service or installation by anyone other than an authorized Company Service Representative, (b) negligence, willful misconduct or malicious acts, (c) exposure of the internal components of the equipment to condensation, smoke or any fluid, (d) exposure of the external components of the equipment to condensation, smoke or any fluid outside of the ordinary course, (e) use of an incorrect power supply or power fluctuations, (f) use of consumables, disposables or expendables other than those manufactured or distributed by the Company, (g) modifications of the Covered Equipment not authorized in writing by the Company, or (h) any action other than the proper use or handling of the Covered Equipment

v. If the Company provides a shipping kit, damage during shipment if the Customer does not use the shipping kit

(h) Examples of damage that would not be eligible for service under Section 1.6(g) include, but are not limited to, (i) damage to female connectors/plugs due to attempted connection of cables with bent pins, (ii) damage to cables due to cutting, pulling, stepping on or rolling a cart over, (iii) physical damage caused during the moving of carts/devices, dropping a device, a device falling, banging on or into a device.

(i) All labor not covered under an applicable warranty, service agreement or Subscription ("T&M Services") will be invoiced door-to-door at the Company's standard service rate in effect at the time the labor is performed, including any applicable hourly minimums. The Customer will be advised prior to or

during a service call if the service is a T&M Service. T&M Services fees are due to the Company within 30 days of invoice. Parts installed by the Company during service or repair not covered by an applicable warranty, service agreement or Subscription will be separately invoiced at the current list price and are payable to the Company within 30 days of invoice.

(j) As part of the Subscription to which a Covered Equipment unit is ascribed, if the unit is damaged or destroyed but the Company is not obligated to provide Service, subject to availability, the Company may provide the Customer with a temporary substitute for the Covered Equipment or temporary replacement components for a period of up to 90 days. While in the Customer's possession, any such substitute or temporary replacement shall be "Covered Equipment." At the end of the 90-day period, or earlier upon the Company's request, the Customer must stop use of any such substitute or temporary replacement component, and the same must be returned to the Company in the same condition as provided, reasonable wear and tear excepted. The Company will invoice the Customer, and the Customer shall pay, for any such substitute or temporary replacement component not returned in the appropriate condition or not timely returned to the Company. No C.O.D. shipments will be accepted without prior authorization.

(k) The Company represents that it will perform the Services in a good and workmanlike manner. IF ANY LIABILITY IS IMPOSED ON THE COMPANY FOR ANY REASON WHATSOEVER UNDER OR AS A RESULT OF SERVICE PROVIDED UNDER THIS AGREEMENT, THE AGGREGATE AMOUNT PAYABLE BY THE COMPANY SHALL NOT EXCEED THE AMOUNT OF THE ANNUAL PRICE PAID BY THE CUSTOMER FOR THE SUBSCRIPTION UNDER WHICH THE SERVICE WAS PROVIDED FOR THE SUBSCRIPTION YEAR IN WHICH THE EVENT GIVING RISE TO THE CLAIM OCCURRED.

(l) The Company maintains Worker's Compensation insurance covering Company employees who perform Services under this agreement.

1.7 CARTONET®. The price for a Subscription includes the option to receive CARTONET® coverage for all CARTO® 3 System(s) at the Install Location (each a "CartoNet Subscription"). The right to receive a CartoNet Subscription shall be subject to the Customer executing a CARTONET® Subscription Agreement on the Company's standard form (each a "CartoNet Subscription Agreement"). The effective date of a CartoNet Subscription shall be as stated in the appliable CartoNet Subscription Agreement, and the CartoNet Subscription shall expire upon the expiration of the Subscription or earlier termination of this agreement. The terms of the CartoNet Subscription Agreement will govern the CartoNet Subscriptions. To the extent of a conflict between this agreement and the CartoNet Subscription Agreement, with respect to the CartoNet Subscriptions, the CartoNet Subscription Agreement shall control.

1.8 General Updates. Hardware updates for Company-branded Covered Equipment and software updates for Baseline Software or Enhancement Software (minor error corrections, security patches and/or performance improvements of existing functionality) may be made available by the Company without charge from time to time.

1.9 GE Healthcare Products. A Subscription may include GE Medical Systems Ultrasound & Primary Care Diagnostics, LLC or GE Precision Healthcare, LLC, as applicable, products (each a "GE Healthcare Product"). Delivery of GE Healthcare Products under this agreement are subject to the terms and conditions set forth in Schedule D. The Company does not produce the GE Healthcare Products. THE COMPANY MAKES NO EXPRESS OR IMPLIED WARRANTY WHATSOEVER OF MERCHANTABILITY, FITNESS FOR ANY PURPOSE, OR OTHERWISE, REGARDING ANY GE HEALTHCARE PRODUCT. IN NO EVENT WILL THE COMPANY OR ANY COMPANY AFFILIATE BE LIABLE FOR ANY DAMAGES WITH RESPECT TO A GE HEALTHCARE PRODUCT OR THE USE OR PERFORMANCE OF ANY GE HEALTHCARE PRODUCT; INCLUDING BUT NOT LIMITED TO DIRECT, PUNITIVE, COVER, EXEMPLARY, MULTIPLIED, INDIRECT OR CONSEQUENTIAL DAMAGES, OR DAMAGES FOR LOST PROFITS/REVENUES, DATA OR DATA USE, WHETHER OR NOT FORESEEABLE. THE CUSTOMER IRREVOCABLY WAIVES ANY RIGHT TO SEEK OR COLLECT ANY SUCH DAMAGES. THE CUSTOMER AGREES TO SETTLE ANY DISPUTE THAT IT MAY HAVE REGARDING ANY GE HEALTHCARE PRODUCT SOLELY WITH GENERAL ELECTRIC HEALTHCARE.

1.10 Intellectual Property/Software License. (a) The Company, the Company's affiliate, or their licensors owns all copyright, trade secret, patent, trademark, and other proprietary rights in the baseline software included with Covered Equipment ("Baseline Software") and software enhancements installed on the Covered Equipment ("Enhancement Software"), including all modifications and improvements thereto.

Title to neither any Baseline Software nor any Enhancement Software will pass to the Customer but will be licensed to the Customer as described in this agreement. The Company shall provide the Customer with Baseline Software and Enhancement Software user documentation, if any. The Customer shall not copy Baseline Software and Enhancement Software.

(b) The Company, or the Company's affiliate, or their licensors owns all right, title, and interest in all intellectual property included or embodied in any Company-branded ASA Product, including but not limited to, all hardware, Baseline Software, Enhancement Software and any other software, firmware, copyrights, trademarks, trade secrets, patents, and any improvements or enhancements thereto (the "Intellectual Property"). Subject to the terms and conditions of this agreement, the Company grants to the Customer a non-exclusive, non-sublicensable, non-transferable license to use the Intellectual Property, solely for the Customer's internal use, at the Customer's facilities, in or with the ASA Products, strictly in accordance with the Company's instructions, and with respect to Baseline Software and Enhancement Software, only on the Covered Equipment on which it was originally installed or on equipment to which the Company transfers the software; provided that the software will be uninstalled or permanently deactivated on the unit from which it is transferred. The Company provides no other license or right to any of the Intellectual Property. The Customer will not (and will not allow any third-party to) modify, reverse engineer (except to the extent applicable law prohibits reverse engineering restrictions), incorporate or use in any other works, create derivatives of, or copy any portion of the Intellectual Property. The Customer will not (and will not allow any third-party to) work around any technical limitations in the Baseline Software or Enhancement Software that only allow it to be used in certain ways, remove, minimize, block or modify any notices in the Baseline Software or Enhancement Software, or use the Baseline Software or Enhancement Software in any way that is against the law or to create or propagate malware. The Customer will use the ASA Products for the benefit of itself and its patients, and not for the benefit of any other third-party. Consistent with the foregoing license rights, the Customer will not demonstrate or otherwise make the ASA Products available to any individual employed or contracted by a third-party medical device manufacturer, designer, seller, or reseller. The Customer's breach of this section will be deemed material, and in addition to other remedies and damages available to the Company, will relieve the Company of any and all service, warranty and indemnification obligations with respect to the subject ASA Product.

(c) The Baseline Software or Enhancement Software may include software of third-party licensors (each a "Third-Party Licensor"). Any representation or warranty provided with respect to the Baseline Software or Enhancement Software is made exclusively by the Company and is not by or binding upon any Third-Party Licensor. NO THIRD-PARTY LICENSOR PROVIDES AN IMPLIED WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR ANY OTHER EXPRESS OR IMPLIED WARRANTY. TO THE EXTENT PERMITTED BY APPLICABLE LAW, NO THIRD-PARTY LICENSOR SHALL HAVE LIABILITY FOR ANY DIRECT, INDIRECT, SPECIAL, CONSEQUENTIAL, OR INCIDENTAL DAMAGES ARISING FROM IN CONNECTION WITH THE INSTALLATION, USE OR PERFORMANCE OF THE BASELINE SOFTWARE OR ENHANCEMENT SOFTWARE.

(d) Any observations, suggestions, notes, recommendations, criticisms, or comments of any kind (including copyrightable material, records, drawings, designs, inventions, improvements, developments, discoveries, and trade secrets) relating to the Company or the Company's products or services that the Customer or any user of Company products at a Customer facility discloses to the Company ("Feedback") are the sole property of the Company. The Customer will assign (or cause to be assigned) or where assignment is not possible, exclusively license on a perpetual, worldwide, irrevocable, royalty-free, transferable, sublicensable basis, to the Company and the Company's affiliates any and all intellectual property rights necessary to reproduce, make derivative works from, distribute, perform, and display the Feedback, and to use, make, have made, sell, offer to sell, and import products and services that incorporate the Feedback, without any additional compensation or attribution, unless required by law. The Customer will assist the Company or its designee, at the Company's expense, to secure the Company's and the Company's affiliates' intellectual property rights in any and all Feedback. This provision shall survive the termination or expiration of this agreement.

(e) During operation, the Covered Equipment and Company-branded ASA Products and associated software may collect information, including performance and procedure data (collectively "Data"). "Data" as used in the remainder of this section shall not include any protected health information as such term is defined in 45 C.F.R. §160.103. Company representatives may collect and use the Data in accordance with this agreement. The Customer grants the Company, its affiliates, and their subcontractors a non-exclusive, royalty-free, fully paid, worldwide, perpetual, transferrable, sub-licensable, and irrevocable

license and right to use the Data (i) to perform its obligations under this agreement; (ii) to de-identify or create derivative works from the Data in a form that does not identify the Customer or any individual; (iii) in a de-identified format, to assess product usage and performance, demonstrate product effectiveness, and conduct research and development to improve products and services and develop new products and services; and (iv) for any other lawful purpose. The Company and its affiliates have all rights, title, and interest in the intellectual property rights of any such derivative works. The Company and its affiliates will not sell Data to any third-party. This provision shall survive the termination or expiration of this agreement.

Article 2
GENERAL PROVISIONS

2.1 Term and Termination. (a) This agreement is effective as of March 24, 2026 (the "Effective Date") and expires upon the expiration of the last Subscription to become effective under this agreement (the "End Date"). Either party may terminate this agreement or any Subscription at any time by giving 30 days' notice to the other party. Termination of this agreement terminates all Subscriptions. Upon expiration or earlier termination of this agreement, the Customer may not purchase, and the Company will not deliver any ASA Product or Service. Upon expiration or earlier termination of a Subscription, the Customer may not purchase, and the Company will not deliver any ASA Product or Service under that Subscription. As a New York entity, Customer must submit a Certificate of Need ("CON") to the state of New York. Should the CON be denied, Customer may terminate this agreement immediately upon notice to the Company.

(b) If a Subscription is terminated prior to its expiration, then with respect to that Subscription, the Company shall refund the positive difference or invoice, and the Customer shall pay net 30 days from the date of invoice, the negative difference between (i) the amount paid to the Company for the Subscription, minus (ii) the aggregate dollar amount of all parts and labor supplied by the Company under the Subscription prior to the date of termination at the prices prevailing on the dates such parts and labor were supplied, the unpaid portion of the Customer's eligible price for any ASA Product acquired under the Subscription and the pro rata value of the CartoNet Subscription determined based upon the time it is active for the Customer; provided that in no event shall the amount paid for a Subscription exceed the Subscription Extended Price for that Subscription.

(c) This General Provisions Article, along with any accrued rights and responsibilities, will survive termination or expiration of this agreement.

2.2 Entire Agreement. All exhibits, schedules attached hereto and referenced herein are made a part of this agreement. This agreement constitutes the entire agreement between the parties concerning the subject matter of this agreement and supersedes all prior negotiations and agreements between the parties concerning the subject matter of this agreement. The terms of any purchase order, invoice, or similar document used to implement this agreement shall be subject to and shall not modify this agreement.

2.3 Amendment. This agreement may only be amended by written agreement of the parties.

2.4 Assignment. Except as provided in this section, neither party may assign any of its rights or obligations under this agreement, either voluntarily or involuntarily (whether by merger, consolidation, dissolution, operation of law, or otherwise), without the prior written consent of the other party. If the Company or any of its affiliates divests itself of any product, its business of providing services of the type provided under this agreement, then the Company may assign to the person or entity acquiring that product or business any of the Company's rights under this agreement relating to that product or business, on the condition that the assignee will also assume the Company's obligations under this agreement relating to that product or business. Any purported assignment in violation of this section will be void.

2.5 Notices. Notices under this agreement must be delivered by one of the following means:

- In writing, signed by the sending party, and sent to the address below by one of the following methods: personal delivery; registered or certified mail, in each case return receipt requested and postage prepaid; or nationally recognized overnight courier, with all fees prepaid (the notice will be effective upon receipt or refusal of delivery by the other party).

- By the Customer to the Company by e-mail to the address below from a duly authorized individual, with a delivery receipt requested (the notice will be effective upon the Customer receiving confirmation of delivery).
- By the Company to the Customer via DocuSign to the e-mail address below from a duly authorized individual (the notice will be effective upon the Company receiving a DocuSign Delivered status).

The address listed below may be changed by notice in accordance with this section. [A failure to deliver a courtesy copy of a notice does not constitute a notice failure.]

If to the Customer: Auburn Community Hospital
17 Lansing Street
Auburn, NY 13021
Attention: [Title] President / CEO
Scott Berlucchi [Department]
email:

If to the Company: Biosense Webster, Inc.
31 Technology Drive
Irvine, CA 92618
Attention: BWI Contract Management
e-mail: ContractsBWI@BWIUS.JNJ.COM

2.6 Waiver. No provision of this agreement may be waived except by a writing signed by the party against whom the waiver is sought to be enforced. No failure to enforce any provision of this agreement constitutes a waiver of future enforcement of that provision or of any other provision of this agreement.

2.7 No Third-Party Beneficiaries. Other than as set forth in this Section 2.7, no one other than the Company and the Customer has any rights, or is entitled to any remedies, under this agreement. Each Third-Party Licensor may enforce its rights under Sections 1.10(a), (b) and (c). General Electric Healthcare may enforce its rights set forth on Schedule D.

2.8 Other Contractual Obligations. Each party represents that it is not prohibited from entering into, or performing its obligations under, this agreement by the terms of any other agreement.

2.9 Publicity and Trademarks. Each party will not, and will cause its affiliates not to, issue any press release or make any announcement regarding this agreement nor use the name or any trademark or service mark of the other party or any of its affiliates without the prior written consent of the other party.

2.10 Confidentiality. (a) Each party shall hold the following "Confidential Information" in strict confidence and not disclose the same to any other person or entity except as provided herein: all information, pricing and terms relating to or contained in this agreement; all product data, trade secrets, financial data, pricing, business plans or any other information received from the other party in implementing this agreement; and all information derived from the foregoing.

(b) Notwithstanding the above:

(1) A party may disclose Confidential Information to the personnel within its organization and its legal and accounting advisors that require the Confidential Information in connection with the party's rights and obligations under this agreement, provided that the disclosing party requires any such recipient to use the information solely for these purposes and to keep it strictly confidential.

(2) A party may disclose Confidential Information as required by law, provided that the disclosing party provides reasonable prior notice to the other party to enable such other party to attempt to prevent or limit the disclosure and the disclosing party assists the other party upon request in seeking relief from or limiting the disclosure.

(3) The Company may disclose this agreement and Confidential Information related to this agreement: to any prospective buyer of rights with respect to a product offered under this agreement or the business of providing the Services, provided that such buyer agrees in writing to use the information solely in that capacity and to keep it strictly confidential; to its affiliates; and to any entity that

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manufactures, markets, co-markets, or distributes any product covered by this agreement, provided that any such entity uses the information solely for these purposes and keeps it strictly confidential.

(4) Neither party shall be obligated to hold the following information in confidence: information that is or becomes publicly available through no fault of the recipient, information developed by a party without using any Confidential Information, information lawfully possessed by a party before receipt from the disclosing party, and information lawfully disclosed to a party on a nonconfidential basis from a person or entity that is not bound by a duty of confidentiality.

(5) A party may disclose Confidential Information with the prior written consent of the other party.

2.11 Force Majeure and Product Shortage. Noncompliance with any obligation under this agreement due to an event of force majeure or any other cause beyond the reasonable control of the entity affected will not constitute a breach of this agreement. In the event of a shortage of ASA Product, the Company and its affiliates reserve the right to allocate applicable items among their customers in any manner that they, in their sole discretion, determine is reasonable.

2.12 Audit. In order to verify that the Customer has complied with its obligations under this agreement, the Company may audit all relevant books and records of the Customer. Audits will be on reasonable notice, during regular business hours and limited to one in any 12-month period.

2.13 Compliance with Law. In performing their obligations under this agreement, the Customer and the Company shall comply with all applicable federal and state laws and regulations, including without limitation the Federal Food, Drug and Cosmetic Act, the Prescription Drug Marketing Act, equal-opportunity laws, and fraud and abuse laws.

2.14 Pricing Disclosure. (a) The Customer acknowledges that, by law, it is required to disclose, in any cost reports or claims for reimbursement submitted to Medicare, Medicaid, or certain other health care programs, the cost (including, but not limited to, discounts or any other price reductions) of any product or service purchased under this agreement and, on request, provide to the U.S. Department of Health and Human Services and any state agencies, any invoices, coupons, statements, and other documentation reflecting such costs. The Customer may receive subsequent documentation under some programs reflecting adjustments or allocations to the discounts available hereunder.

(b) In preparing any documentation referred to in this section the Customer may be required to evaluate as a discount, for cost-reporting purposes, the value of any product or service listed as $0.00 on any invoice.

(c) The Customer should not include as a discount, for cost-reporting purposes, the value of any item that is designated as a sample, or that the Customer knows constitutes a sample, nor should it seek reimbursement for any such items.

(d) The Company recommends that the Customer retain a copy of this agreement and any other documentation provided by the Company regarding any discounts under this agreement.

(e) The Customer may request additional information from the Company to meet its reporting or disclosure obligations by writing to the Company at the address stated in Section 2.5 (Notices) of this agreement.

2.15 Government Program Participation. Each party represents that it has not been excluded from participating in any "federal health care program," as defined in 42 U.S.C. § 1320a-7b(f), nor any other federal or state government payment program, and that it is eligible to participate in the foregoing programs. If either party is excluded or becomes otherwise ineligible to participate in any such program during the term of this agreement, such party will notify the other party of that event within 30 days. Upon occurrence of that event, whether or not such notice is given, either party may terminate this agreement effective upon written notice to the other party.

2.16 Dispute Resolution. (a) Any controversy or claim arising out of or relating to this agreement (including without limitation any controversy or claim involving the parent company, subsidiaries, or affiliates under common control of the Company or Customer (a "Dispute")), shall first be submitted to mediation according to the Mediation Procedures of the International Institute for Conflict Prevention & Resolution ("CPR") (see www.cpradr.org). Such mediation shall be attended on behalf of each party for at least one session by a senior businessperson with authority to resolve the Dispute. Any period of limitations that would otherwise expire between the initiation of a mediation and its conclusion shall be

extended until 20 days after the conclusion of the mediation. Engaging in mediation will not preclude a party from seeking interim or provisional relief necessary to protect the rights or property of that party. By so doing, such party does not waive any right or remedy under this agreement.

(b) Any Dispute that cannot be resolved by mediation within 45 days of notice by one party to the other of the existence of a Dispute (unless the parties agree to extend that period) shall be resolved by arbitration in accordance with the CPR Rules for Non-Administered Arbitration ("CPR Rules") and the Federal Arbitration Act, 9 U.S.C. §1 et seq., except where they conflict with these provisions, in which case these provisions control. The arbitrator shall follow the CPR Protocol on Disclosure of Documents and Presentation of Witnesses in Commercial Arbitration in managing and ruling on requests for discovery. The arbitrator, by accepting appointment, undertakes to exert best efforts to conduct the process so as to issue an award within eight months of her or his appointment, but failure to meet that timetable shall not affect the validity of the award.

(c) The arbitration must be conducted in New York by one arbitrator appointed in accordance with the CPR Rules. The arbitrator must interpret any dispute arising out of or relating to this agreement in accordance with the laws of New York, without giving effect to its choice of law principles.

(d) THE ARBITRATOR WILL NOT AWARD PUNITIVE, COVER, EXEMPLARY, MULTIPLIED, INDIRECT OR CONSEQUENTIAL DAMAGES, OR DAMAGES FOR LOST PROFITS/REVENUES, DATA OR DATA USE, PREJUDGMENT INTEREST OR ATTORNEYS' FEES OR COSTS, EXCEPT AS MAY BE REQUIRED BY STATUTE AND EACH PARTY IRREVOCABLY WAIVES ANY RIGHT TO SEEK OR COLLECT ANY SUCH DAMAGES, PREJUDGMENT INTEREST, FEES OR COSTS IN ARBITRATION OR ANY JUDICIAL PROCEEDING. EACH PARTY IRREVOCABLY WAIVES ITS RIGHT TO TRIAL OF ANY ISSUE BY JURY.

(e) Any arbitration award, order, or judgment will be final and may be entered in any court of competent jurisdiction.

2.17 Own Use. The Customer must use the ASA Products solely on the Customer's patients, staff, employees, students, and their respective dependents. The Customer will not resell or transfer any ASA Product including, without limitation, in retail outlets or to any affiliate.

2.18 No Set-Off. The Customer will neither deduct nor set-off, from payments under this agreement, amounts allegedly owed to the Customer by the Company or its affiliates under a separate agreement or cause of action.

2.19 Insurance. The Company will maintain product liability and general liability insurance against any insurable claims that are reasonably likely to arise regarding ASA Products purchased from the Company.

2.20 Indemnity. (a) The Company will indemnify the Customer for losses arising from any claim made by any person or entity, other than the Customer, alleging that (i) use of any Company-branded ASA Product resulted in bodily injury to the extent such claims arise out of manufacturing or material defects in that product and provided that the product was used in accordance with Company-approved labeling, or (ii) any Company-branded ASA Product infringes the intellectual property of any other person or entity.

(b) The Company will indemnify the Customer for losses arising from any claim made by any person or entity, other than the Customer, to the extent such losses arise proximately and directly from the gross negligence or willful misconduct of the Company or its employees in the performance of Service under this agreement.

(c) It is a condition to the Company's obligations under this Section 2.20 that the Customer notify the Company promptly of that claim, permit the Company to control the litigation and settlement of that claim, and cooperate with the Company in all matters related thereto, including by making its documents, employees, and agents available as reasonably necessary.

(d) The Company will not be required to indemnify the Customer with respect to any claim arising out of negligence or willful misconduct by the Customer; use of an ASA Product by any person or entity other than in accordance with its labeling misuse or alteration of any ASA Product; or breach by the Customer of its obligations under this agreement.

(e) The Company may not settle any claim without the consent of the Customer unless there is no finding or admission that the Customer has violated any law or the rights of any person or entity and the sole relief provided is monetary damages that the Company pays in full.

2.21 Direct Agreement. This agreement is unrelated to any agreement with any group purchasing organization of which the Customer is a member. The Company will not pay administrative fees to any group purchasing organization with respect to any purchase under this agreement.

2.22 Offer Expiration. Until fully executed, this agreement constitutes an offer that is valid until **May 2, 2026.** If there are any changes to this agreement or if the Customer does not sign it by that date, then the Company reserves the right to withdraw or modify this offer in its sole discretion. This agreement is not valid until all signatures required below have been made.

2.23 Signatures. This agreement and any amendment to this agreement may be executed electronically or by hand and signed copies may be delivered by mail or by electronic mail in Adobe Portable Format (.pdf) or similar format. Signatures provided and transmitted by a party using such means will be deemed original signatures.

The Company:	The Customer:
BIOSENSE WEBSTER, INC.	AUBURN MEMORIAL HOSPITAL
By: Samantha Ruiz	By: Jason Lesch
Name: Samantha Ruiz	Name: Jason Lesch
Title: Sr. Manager, Capital Contracts	Title: CFO
Date: 24 March 2026 | 16:29 EDT	Date: 3/17/2026

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SCHEDULE A: SUBSCRIPTIONS

SUBSCRIPTION 1

Customer-Owned Equipment Serial Numbers:

CARTO® 3 System

Install Location: 17 LANSING ST
AUBURN, NY 13021-1983

Account Number: UCN: 1076599 JDE: 2551121

Subscription Activation Date: July 1, 2026

Subscription End Date: June 30, 2029

Invoice Schedule (mark one):
☐ to be invoiced once for the total Extended Price for all Subscription Years
☒ to be invoiced separately for the Annual Price for each Subscription Year

Qty	Catalog No.	Description *(summary only; see agreement terms for details)*	Number of Contract Years	Contract Year 1 Annual Price	Contract Year 2 Annual Price	Contract Year 3 Annual Price	Subscription Extended Price
1	ASA26	New Equipment New Software	[redacted]				
		Includes the following Legacy BWI HSW Products:					
		• C3ADVPRO — CARTO® 3 System Base Package and Clinical Module Package, ConfiDense, CartoReplay™, PASO™, Ripple, VISITAG Surpoint™, Fam DX, Carto PRIME®, CARTO® LAM, CARTO ELEVATE™, CARTSOUND™ FAM, SPU					
		• EM5402010 — CARTO® 3 PIU System Cart					
		• EM5402030 — Workstation Cart**					
		• MA5402201 — CARTO® 3 Workstation Cart Dual Monitor Arm					
		• C3SOUND4D — CARTOSOUND™ 4D Module					
		• TRUPULSE — TRUPULSE™ System (SuperKit)					
		• NGENSYS — nGEN™ System (SuperKit)					
		• MA5402330 — nGEN™ Ablation Cart					
		• M583196SP — Clamp, nGEN™ Monitor to Bed Rail					
		• MA5402340 — Ablation Cart Monitor Arm					
		• EM540004 — Yellow Pin Box					
		Includes the following Legacy Third-Party Products:					
		• GES704DICE DIMDI — Vivid™ S70N v206 4D ICE DIMENSION with CARTOSOUND and digital interface package					
		• DS3578 — 9L-D Linear Array Probe (Vivid™ E95 v204, v206; Vivid™ S70N v202, v203, 204, v205, v206)					
		CARTONET® Subscription per Section 1.7; Please see CARTONET® Subscription Agreement for further information.					
		CARTO® 3 System Service					
		Service for Generator(s), Remote Monitor, Pump, Communication Cables and Foot Pedal					
		Upon reasonable request as determined by the Company,					

	CARTO® 3 System moves within the Install Location (CARTOUNIVU® and extra cables are excluded)			
	The Existing Equipment is currently covered by the Company's standard warranty (the "Warranty Coverage"). The Warranty Coverage ends on _____. Service for the Existing Equipment will begin under this agreement on _____ and end on _____.			
			TOTAL	[redacted]

SCHEDULE B: EXISTING EQUIPMENT

EXISTING EQUIPMENT IDENTIFICATION	
	System #1
Type of Equipment	System Serial Numbers
CARTO®3 System	
Generator	
Generator Monitor	
Generator Pump	
Pulse Field Ablation Generator	
Pulse Field Ablation Generator Remote Monitor	

SCHEDULE C: EQUIPMENT LOAN

1. "Loaner Term" means the period from the delivery of the Loaned Equipment to the Customer's facility to the earlier of (i) the date the Delayed Equipment is delivered to the Customer's facility, and if installation by the Company is required, installed; and (ii) six months from the date the Loaned Equipment is delivered to the Customer's facility, unless the Company indicates a shorter period via notice.

2. The Loaned Equipment may be a different make or model from the Delayed Equipment and may be new or used at the discretion of the Company. Delivery of the Loaned Equipment is subject to availability.

3. Title to the Loaned Equipment shall remain with the Company or a Company affiliate during and following the Loaner Term. The Customer will not sell, transfer, pledge, sublease or permit a lien or encumbrance to be put on the Loaned Equipment. The Loaned Equipment is to be located at the Customer's facility where first delivered by the Company. The Customer may not move the Loaned Equipment to a new location without the Company's prior written consent. Upon notice, the Company or its designee has a right of quiet entry during regular business hours to inspect and check the condition of the Loaned Equipment and to peaceably retrieve and repossess the Loaned Equipment without a court order upon expiration or earlier termination of this agreement.

4. The Customer bears all risk of loss, damage to or destruction of the Loaned Equipment and in the event of any such loss, damage or destruction shall pay the Company the Customer's eligible price for the equipment. The Customer will provide reasonable care for the Loaned Equipment per the Loaned Equipment's Instructions For Use (IFU), ensure that all standard Loaned Equipment maintenance occurs, and notify the Company immediately of any loss of or damage to the Loaned Equipment. If the Loaned Equipment must be repossessed by the Company due to a Customer payment failure or other breach, upon repossession, the Loaned Equipment must be in the same condition as received, ordinary wear and tear excepted.

5. The Customer shall ensure that all use of the Loaned Equipment is consistent with the Loaned Equipment's U.S. Food and Drug Administration approved labeling; is exclusively for lawful purposes; and consistent with all applicable vendor and manufacturer manuals and instructions. The Customer shall have absolute control, supervision and responsibility over any operators or users of the Loaned Equipment. The Customer will indemnify the Company for any loss, liability, damages, costs, expenses (including, without limitation, third-party reasonable attorneys' fees), and judgments arising as a result of a breach of this section. The Customer must stop all use of the Loaned Equipment at the end of the Loaner Term.

6. Within 10 business days of the end of the Loaner Term, the Customer shall return the Loaned Equipment as directed by the Company and at the Company's expense. When returned, the Loaned Equipment must be in the same condition as initially provided, reasonable wear and tear excepted. Prior to returning the Loaned Equipment, Customer is responsible for decontaminating and sterilizing the Loaned Equipment according to the Loaned Equipment IFU user documentation. If the Loaned Equipment is not timely returned, the Company will invoice the Customer, and the Customer shall pay, the Company's standard rate for each day past the required return date until the Customer has paid an amount equal to the Customer's eligible purchase price for the equipment. If return of the Loaned Equipment is 30 days past due and the Customer has not yet paid an amount equal to the Customer's eligible price for the Loaned Equipment, the Company will invoice the Customer that amount less any amounts paid for that Loaned Equipment under this agreement.

7. "GE Healthcare" means GE Medical Systems Ultrasound & Primary Care Diagnostics, LLC or GE Precision Healthcare, LLC, as applicable. "Siemens" means Siemens Medical Solutions USA, Inc. If the Loaned Equipment is a Siemens or GE Healthcare product (a "Third-Party Loaner"), the Customer may be required to accept additional terms prior to delivery. The Company does not produce the Third-Party Loaner. THE COMPANY MAKES NO EXPRESS OR IMPLIED WARRANTY WHATSOEVER OF MERCHANTABILITY, FITNESS FOR ANY PURPOSE, OR OTHERWISE, REGARDING ANY THIRD-PARTY LOANER. IN NO EVENT WILL THE COMPANY OR ANY COMPANY AFFILIATE BE LIABLE FOR ANY DAMAGES WITH RESPECT TO A THIRD-PARTY LOANER OR THE USE OR PERFORMANCE OF A THIRD-PARTY LOANER; INCLUDING BUT NOT LIMITED TO PUNITIVE, COVER, EXEMPLARY, MULTIPLIED, DIRECT, INDIRECT, OR CONSEQUENTIAL DAMAGES OR DAMAGES FOR LOST PROFITS/REVENUES, DATA OR DATA USE, WHETHER OR NOT FORESEEABLE, AND THE CUSTOMER IRREVOCABLY WAIVES ANY RIGHT TO SEEK OR COLLECT ANY SUCH DAMAGES. THE CUSTOMER AGREES TO SETTLE ANY DISPUTE THAT IT MAY HAVE REGARDING ANY THIRD-PARTY LOANER SOLELY WITH GE HEALTHCARE OR SIEMENS AS APPLICABLE.

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SCHEDULE D
GEHC SOFTWARE LICENSE

For purposes of this Schedule D:

- **"GEHC End-User" and "customer" means the Customer.**
- **"GE Healthcare" means GE Medical Systems Ultrasound & Primary Care Diagnostics, LLC or GE Precision Healthcare, LLC, as applicable**
- **"Product" means a GE Healthcare Product**

The Company does not produce the GE Healthcare Products. THE COMPANY MAKES NO EXPRESS OR IMPLIED WARRANTY WHATSOEVER OF MERCHANTABILITY, FITNESS FOR ANY PURPOSE, OR OTHERWISE, REGARDING ANY GE HEALTHCARE PRODUCT. IN NO EVENT WILL THE COMPANY OR ANY COMPANY AFFILIATE BE LIABLE FOR ANY DAMAGES WITH RESPECT TO A GE HEALTHCARE PRODUCT OR THE USE OR PERFORMANCE OF ANY GE HEALTHCARE PRODUCT; INCLUDING BUT NOT LIMITED TO DIRECT, PUNITIVE, COVER, EXEMPLARY, MULTIPLIED, INDIRECT OR CONSEQUENTIAL DAMAGES, OR DAMAGES FOR LOST PROFITS/REVENUES, DATA OR DATA USE, WHETHER OR NOT FORESEEABLE. THE CUSTOMER IRREVOCABLY WAIVES ANY RIGHT TO SEEK OR COLLECT ANY SUCH DAMAGES. THE CUSTOMER AGREES TO SETTLE ANY DISPUTE THAT IT MAY HAVE REGARDING ANY GE HEALTHCARE PRODUCT SOLELY WITH GENERAL ELECTRIC HEALTHCARE.

SOFTWARE LICENSE

1. **Definitions.** "Software" is software developed by GE Healthcare and/or delivered to customer in GE Healthcare's packaging and with its labeling, and Documentation associated with the software; "Third Party Software" is software developed by a third party, and hardware and embedded software that is licensed with the purchase of the hardware, that is delivered to customer in the third party's packaging and with its labeling; "Specifications" are GE Healthcare's written specifications and manuals as of the date the Equipment is shipped. "Documentation" is the online help functions, user instructions and manuals regarding the installation and operation of the Software as made available by GE Healthcare to customer.

2. **License Grant.** GE Healthcare grants customer a non-exclusive, non-transferable, non-sublicensable, perpetual license to use the Software for customer's internal business purposes only. Customer's employees, agents and independent contractors may use the Software, but customer is responsible for their acts. Customer-controlled entities may use the Software, but these entities will agree to these terms and pay additional license fees. Independent contractors that supply products comparable to the Software cannot be provided access to the Software unless GE Healthcare has provided its prior written consent. Customer may make a reasonable number of copies of the Software in machine-readable form for backup, testing or archival purposes. If GE Healthcare provides Third Party Software, customer will comply with the relevant license terms, and licensors are third-party beneficiaries of this Software License.

3. **Additional License Terms.** Customer must not: (i) display or make available the Software to any other entity; (ii) transfer the Software outside the United States or customer's network; (iii) decompile, disassemble or reverse engineer the Software or attempt to learn its source code, structure or algorithms; (iv) modify, translate or create derivative works based on the Software; (v) modify markings, labels or notices of proprietary rights of the Software or Documentation; (vi) release results of testing or benchmarking of the Software; or (vii) use the Software outside of the scope defined in this Software License.

Software and Documentation is licensed to customer, but no title or other ownership interest passes. No rights are granted except as expressly provided in this Software License.

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GEHC End User Warranty Statement

1. Warranty.

1.1. Equipment. For non-customized Equipment purchased from GE HealthCare or its authorized distributors, unless otherwise identified in the Quotation, GE HealthCare warrants that Equipment will be free from defects in title, and, for 1 year from Equipment Acceptance, it will: (i) be free from defects in material and workmanship under normal use and service; and (ii) perform substantially in accordance with the Specifications. The warranty covers parts and labor and only applies to end-users that purchase Equipment from GE HealthCare or its authorized distributors.

1.2. Software. For Software licensed from GE HealthCare, GE HealthCare warrants that: (i) it has the right to license or sublicense Software to Customer; (ii) it has not inserted Disabling Code into Software; (iii) it will use efforts consistent with industry standards to remove viruses from Software before delivery; and (iv) unless otherwise identified in the Quotation, for 90 days from Software Acceptance, Software will perform substantially in accordance with the Documentation. "Disabling Code" is code designed to interfere with the normal operation of Software, but code that prohibits use outside of the license scope is not Disabling Code.

1.3. Services. GE HealthCare warrants that its Service will be performed by trained individuals in a professional, workman-like manner.

1.4. Used Equipment. Certain Used Equipment is provided with GE HealthCare's standard warranty for the duration identified in the Quotation, but in no event more than 1 year. If no warranty is identified, the Used Equipment is provided "AS IS" and is not warranted by GE HealthCare.

1.5. Accessories and Supplies. Warranties for accessories and supplies are at www.gehealthcare.com/accessories.

1.6. Third Party Product. Third Party Product is covered by the third party's warranty and not GE HealthCare's warranties.

1.7. Subscription Products. Unless otherwise specified, Products provided via Subscription do not include a warranty.

1.8. SaaS Offerings. Unless otherwise specified, SaaS Offerings do not include a warranty.

2. Remedies. If Customer promptly notifies GE HealthCare of its claim during the warranty and makes the Product available, GE HealthCare will: (i) at its option, repair, adjust or replace the non-conforming Equipment or components; (ii) at its option, correct the non-conformity or replace the Software; and/or (iii) re-perform non-conforming Service. Warranty service will be performed from 8am to 5pm local time, Monday-Friday, excluding GE HealthCare holidays (exceptions to these coverage hours will be communicated by GE HealthCare). Service provided outside of established warranty hours are subject to GE HealthCare's then-current service rates and subject to personnel availability. GE HealthCare may require warranty repairs to be performed via a secure, remote connection or at an authorized service center. If GE HealthCare replaces Equipment or a component, the original becomes GE HealthCare property and Customer will return the original to GE HealthCare within 5 days after the replacement is provided to Customer. Customer cannot stockpile replacement parts. Prior to returning Equipment to GE HealthCare, Customer will: (a) obtain a return to manufacturer authorization; and (b) back up and remove all information stored on the Equipment (stored data may be removed during repair). Customer is responsible for damage during shipment to GE HealthCare. The warranty for a Product or component provided to correct a warranty failure is the unexpired term of the warranty for the repaired or replaced Product.

At its discretion GE HealthCare may provide a loaner unit. If a loaner unit is provided: (i) it is for Customer's temporary use at the location identified in the Quotation; (ii) it will be returned to GE HealthCare within 5 days after the Product is returned to Customer, and if it is not, GE HealthCare may repossess it or invoice Customer for its full list price; (iii) it, and all programs and information pertaining to it, remain GE HealthCare property; (iv) risk of loss is with Customer during its possession; (v) Customer will maintain and return it in proper condition, normal wear and tear excepted, in accordance with GE HealthCare's instructions; (vi) it will not be repaired except by GE HealthCare; (vii) GE HealthCare will be given reasonable access to it; (viii) Customer is not paying for its use, and Customer will ensure charges or claims submitted to a government healthcare program or patient are submitted accordingly; and (ix) prior to returning it to GE HealthCare, Customer will delete all information, including PHI, from it and its accessories, in compliance

with industry standards and instructions provided by GE HealthCare.

NO OTHER EXPRESS OR IMPLIED WARRANTIES, INCLUDING IMPLIED WARRANTIES OF NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, WILL APPLY. SERVICE MANUALS AND DOCUMENTATION ARE PROVIDED "AS IS." GE HEALTHCARE DOES NOT GUARANTEE PRODUCTS WILL OPERATE WITHOUT ERROR OR INTERRUPTION.

3. **Limitations.** GE HealthCare has no obligation to Customer for warranty claims if Customer uses the Product: (a) for non-medical or entertainment use or outside the United States; (b) in combination with software, hardware, or services not recommended in writing by GE HealthCare; and(c) in a manner or environment for which GE HealthCare did not design or license it, or in violation of GE HealthCare's recommendations or instructions. GE HealthCare has no obligation to Customer for warranty claims for damages or deficiencies outside GE HealthCare's reasonable control.

In addition, these warranties do not cover: (i) defects or deficiencies from improper storage or handling, maintenance or use that does not conform to Specifications and/or Documentation, inadequate backup or virus protection, cyber-attacks, failure to maintain power quality, grounding, temperature, and humidity within Specifications and/or Documentation, or other misuse or abuse; (ii) repairs due to power anomalies or any cause external to the Products or beyond GE HealthCare's control; (iii) payment or reimbursement of facility costs arising from repair or replacement of the Products or parts; (iv) planned maintenance (unless applicable to Equipment), adjustment, alignment, or calibration; (v) network and antenna installations not performed by GE HealthCare or its subcontractors; (vi) lost or stolen Products; (vii) Products with serial numbers altered, defaced or removed; (viii) modification of Product not approved in writing by GE HealthCare (ix) Products immersed in liquid; (x) for Mobile Equipment, defects or deficiencies from mobile use outside of normal transportation wear and tear (excluding OEC regarding transportation wear and tear) and (xi) replacement of disposable or consumable items.

4. **Exceptions to Standard Equipment Warranty Periods.** The warranty period for the following Products is different than the standard 1 year period for Equipment.

<u>AVS (Advanced Visualization Solutions)</u>

Batteries: 3 months; except for x-ray nickel cadmium or lead acid batteries and ultrasound batteries, which are covered under the standard warranty.
HealthNet Lan, Advantage Review — Remote Products: 3 months
LOGIQ e, Venue 50, Venue Go, Venue Fit, Versana Active and related transducers purchased with them: 5 years
LOGIQ E10 and E10S: Console Warranty: 2 years; excluding batteries (internal & external), printers and peripherals, TEE cleaning & storage systems, and General Specialty/TEE Probes.
LOGIQ F8 (2016 and newer), LOGIQ V5, Vivid T8 and Vivid T9 and related transducers purchased with them: 3 years; excluding batteries (internal & external), printers and peripherals, TEE cleaning & storage system and TEE Probes.
LOGIQ Fortis, LOGIQ Totus and Probes and related transducers purchased with them: 2 years; excluding batteries (internal & external), printers and peripherals, TEE cleaning & storage system, and TEE Probes.
LOGIQ P9 (R2.5 and newer) and related transducers purchased with them: 5 years
LOGIQ P10: 5 years
LOGIQ V1, LOGIQ V2, Vivid iq, Vscan and Vscan Extend and related transducers purchased with them: 3 years; excluding: batteries (internal & external), printers and peripherals, TEE cleaning & storage system, ICECord Connector and printers, TEE Probes, Venue 50 Docking Cart, Venue Go Cart, Venue Go mounting cradle, LOGIQ e Isolation Cart, LOGIQ e Docking Cart, LOGIQ V1/V2 Cart and Vivid IQ cart.
OEC New or Exchange Service Parts: 4 months
Ultrasound Partial System Equipment Upgrades: 3 months
Versana Premier and related transducers purchased with them: 5 years
Versana Balance and related transducers purchased with them: 5 years
Venue and related transducers purchased with them: 5 years
Vivid Pioneer: 2 years; excluding: batteries (internal & external), printers and peripherals, TEE cleaning & storage systems, and General Specialty/TEE Probes.
Vivid S70N and Vivid S70N Dimension: 2 years
Voluson Performance 18, Voluson Expert 18, Voluson Expert 20, and Voluson Expert 22 Consoles: 5 years

Voluson Performance 18, Voluson Expert 18, Voluson Expert 20, and Voluson Expert 22 Probes: Tiered coverage (Years 1 – 3 – all probes purchased with console; Years 4 – 5 – 1 probe per system, per year).
Voluson P8 BT18 and newer, Voluson Signature 18, Voluson Signature 20, Voluson SWIFT, Voluson S8 Touch and Voluson S10 Expert, LOGIQ F8 2016 and newer, LOGIQ V5, Vivid T8 and Vivid T9 and related transducers purchased with them: 3 years
Vscan Air and Vscan Air Vet Warranty: 3 years; excluding: battery and peripherals which are covered under the standard warranty.
Venue Sprint: 3 years; excluding: battery, cart and peripherals which are covered under the standard warranty.

Imaging

Blood pressure cuffs and related adaptors and air hoses: 1 month
CARESCAPE V100 and VC150 Vital Signs Monitors: 2 years
Exergen: 4 years
GE Lunar Bone Mineral Densitometry and Metabolic Health: Warranty includes 1 annual PM. Direct warranty claims to Probo Medical, LLC (together with its affiliate Alpha Source, LLC) at 1-866-907-9745.
MAC 5, MAC 7, MAC 2000, and MAC 3500: 3 years
MR Systems: Warranty excludes: (i) a defect or deficiency from failure of water chillers supplied or serviced by Customer, and (ii) for MR systems with LHe/LN or shield cooler configured superconducting magnets (other than LCC magnets) any cryogen supply, cryogenic service or service to the magnet, cryostat, coldhead, shield cooler compressor or shim coils unless the need for supply or service is caused by a defect in material or workmanship covered by this warranty.
Partial System Upgrades—limited to only upgraded components—for CT, MR, X-Ray, IGS, PET (Scanners, Cyclotrons and Chemistry Labs) and Nuclear systems: 6 months. However, (i) the wireless detector components of an Optima XR240amx having received a partial system upgrade with are covered for 1 year on the wireless detector; (ii) Artist Evo 1.5T and Premier Evo 3T systems having received a partial upgrade shall be covered by a one year, full system warranty.
Performix 160A (MX160) Tubes: 3 years
Portrait VSM: 2 years
Proteus XR/a, Definium and Precision 500D X-Ray Systems: Warranty excludes collimator bulbs.
SEER 1000: 2 years
X-Ray High Voltage Rectifiers and TV Camera Pick-Up Tubes: 6 months
X-Ray Wireless Digital Detectors: In addition to the standard warranty, GE HealthCare will provide coverage for detector damage due to accidental dropping or mishandling. If accidental damage occurs GE HealthCare will provide Customer with 1 replacement detector during warranty at no additional charge. If subsequent accidental damage occurs during warranty period, each additional replacement will be provided for $30,000 per replacement. This additional coverage excludes damage caused by any use that does not conform to original equipment manufacturer ("OEM") guidelines, use that causes fluid invasion, holes, deep scratches or the detector case to crack, and damage caused by abuse, theft, loss, fire, power failures or surges. If the warranty is voided by these conditions, repair or replacement is Customer's responsibility.

PCS (Patient Care Solutions)

Those items accompanied by an asterisk (*) remain covered by the standard 1 year warranty; only additional coverage is described (e.g., a Product with 3 years total parts warranty is described as having 2 years additional parts only coverage, which covers the Product beyond the standard 1 year parts and labor coverage).

B40 Monitors*: 2 years, parts only (excluding displays).
B105 B125, and B155 Patient Monitors: 3 years
CARESCAPE Monitors B450, B650, B850, Canvas 1000, and Canvas Smart display*: 3 years, parts only.
CARESCAPE ONE*: 3 years, parts only.
Corometrics® Fetal Monitoring*: 2 years, parts only.
Corometrics® Nautilus Transducers: 2 years
Lullaby Phototherapy System—lamp assembly only: 3 years.
Microenvironment and Phototherapy consumable components: 1 month
Micromodules*: 3 year, parts only.

Novil Wireless Patch System-Interface and Pods: Customer may elect to purchase coverage for Pod damage due to accidental dropping or mishandling. This coverage excludes patches and cables, which are considered Product accessories, and are warranted pursuant to Section 1.5 above.
Tec 6 Plus Vaporizers: 2 years
Tec 850 Vaporizers: 3 years
(Rev 11.25)

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

PHYSICIST LETTER OF CERTIFICATION FOR DIAGNOSTIC RADIOGRAPHY, COMPUTED TOMOGRAPHY (CT) FACILITIES, INTERVENTIONAL IMAGING, RADIATION THERAPY FACILITIES, PROTON THERAPY, NUCLEAR MEDICINE AND/OR MAGNETIC IMAGING FACILITIES

Date:
CON Number:
Facility Name:
Facility ID Number:
Facility Address:

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237
To The New York State Department of Health:

I hereby certify that for:

A. Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging and Radiation Therapy Facilities;

1. I have been retained by the aforementioned facility, to provide medical physicists services, in conjunction with the construction documents prepared by a NYS Licensed Architect/Engineer.

2. I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2 including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the work load provided to me by the facility for the proposed equipment and sound radiation protection principles.

3. Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during the final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.

B. Magnetic Resonance Imaging (MRI) Facilities, Interventional and Intraoperative MRI (I-MRI) Facilities;

1. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief the MRI magnetic shielding and radio frequency shielding as designed and specified are in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR

711.2, including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities.

2. I have reviewed the manufacturer's certifications accompanying all relevant equipment to ensure that such certifications satisfy all the requirements for patient, operator, and public safety.

3. I agree to submit an Architectural floor plan identifying the proposed MRI location, delineating all areas of the room and including the 5 Gauss line in three-dimensional planes, demonstrating that the electromagnetic and radio frequency environment is appropriate for the locations indicated are being submitted simultaneously with this Letter of Certification.

C. Description (Circle applicable facility type):

Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging, Radiation Therapy Facilities, Proton Therapy, Nuclear Medicine, Magnetic Resonance Imaging (MRI) Facilities

_____
Signature of Medical Physicist

_____
Name of Medical Physicist (Print)

_____
Business Address

_____
Business Telephone

The undersigned applicant understands and agrees that, notwithstanding this Medical Physicist certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above- mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

_____
Authorized Signature for Applicant

_____ _____
Date Name (Print) Title

Notary signing required for the applicant

_____ _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ____ day of _____20__, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she is the _____ of the _____ _____, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) _____

New York State Department of Health
Health Equity Impact Assessment Requirement Criteria

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - ***This section should only be completed by D&TCs, all other Applicants continue to Section B.***

Table A.

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?		
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?		

- ***If you checked "no" for both questions in Table A,*** you do not have to complete Section B – this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.
- ***If you checked "yes" for either question in Table A***, proceed to Section B.

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
Is the project minor construction or the purchase of equipment, subject to Limited Review, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? *Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal $15,000,000 for general hospitals and*		✓

less than or equal to $6,000,000 for all other facilities are eligible for a Limited Review.		
Establishment of an operator (new or change in ownership)	**Yes**	**No**
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	**Yes**	**No**
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
Acquisitions	**Yes**	**No**
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
All Other Changes to the Operating Certificate	**Yes**	**No**
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	✓	

***Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.**

- ***If you checked "yes" for one or more questions in Table B***, the following HEIA documents are required to be completed and submitted along with the CON application:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest

- HEIA Contract with Independent Entity
- HEIA Template
- HEIA Data Tables
- Full version of the CON Application with redactions, to be shared publicly

- ***If you checked "no" for all questions in Table B***, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Addition of Electrophysiology Lab
2. Name of Applicant	Auburn Community Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Elm and Oak Health, formerly MP Care Solutions **Colleen Boyle**, Manager Product Strategy and Compliance, cboyle@elmandoakhealth.com **Howard Brill**, SVP Population Health Management and Quality hbrill@elmandoakhealth.com **Andrea Indiano**, Project Manager aindiano@elmandoakhealth.com **Jeanette Fafone,** Administrative Coordinator, jfafone@elmandoakhealth.com **Stephen Kay**, Health Systems Analyst skay@elmandoakhealth.com
4. Description of the Independent Entity's qualifications	Elm and Oak Health, formerly Monroe Plan, was founded in 1970 to provide innovative means of providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations, and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experienced in delivering actionable data and designing data-informed and financially sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	3/13/2026
6. Date the HEIA concluded	5/5/2026

7. Executive summary of project (250 words max)
The project is the addition of an electrophysiology lab to Auburn Community Hospital. An electrophysiology lab diagnoses and treats heart arrhythmias. Adding this service increases Auburn Community Hospital's ability to treat heart conditions locally. The service is expected to treat 80 persons during the first year and has the capacity for 200 persons per year.
8. Executive summary of HEIA findings (500 words max)
The project supports the availability of local cardiac specialty services in Cayuga County, building on the cardiac catheterization lab established in January 2026 at Auburn Community Hospital. Cayuga County is a rural county whose residents previously needed to travel to Syracuse or Rochester for advanced cardiac services. Public transportation in the county and cross-county is limited. The lack of local availability leads to delayed treatment and treatment avoidance for time-sensitive conditions, which can result in very serious and life-threatening acute conditions. The impact is exacerbated for older, low-income persons living in more remote, rural areas of the county. The local availability of these services potentially reduces those delays, improving outcomes. Because the project involves the addition of a highly specialized and technical service, it was difficult for several stakeholders to directly comment on the specific service. Instead, the discussions focused on the overall needs in the community for specialty services, the challenges of travel and transportation, collaborative relationships with the hospital, and concerns with staffing and quality. In addition to transportation barriers, there was concern about financial difficulties faced by uninsured residents and those with high-deductible plans. The project was strongly supported because of significant barriers to access and limited local availability of advanced services. The project was also supported by direct consumers and residents, who viewed services that helped them and their treating providers positively and reduced their travel time. Among the community-based organizations, there were two common threads in the discussions regarding better adaptation to the needs of vulnerable and underserved persons. The first involved improving collaboration with community-based organizations. Communication could be improved, particularly when involving patients with behavioral health difficulties. The second involved staffing and quality. Specifically mentioned were concerns about adequate support staff and not relying on floating staff. While the electrophysiology lab is not likely to benefit from outreach or community education, there is a need in the community for general healthcare education and information about how to navigate the healthcare system.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

   The project is the addition of an electrophysiology lab at Auburn Community Hospital. The project's service area is Cayuga County. Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau's 5-year estimates for ZCTAs. Racial and ethnic distributions by ZCTA are displayed in Figure 1. The county's geography is elongated, with the city of Auburn, where the hospital is located, in the center but with the northern and southern parts of the county 20 to 30 miles distant.

   The total population of the service area is 73,123. Over one-third of the service area population lives in the city of Auburn. Zip code 13021, where the city and the hospital are located, has over half of the service area's population. 87.3% of the population is White, 3.5% is Black or African American, 0.2% is American Indian and Alaska Native, 0.7% is Asian,1.5% is some other race, and 6.8% multi-race. 3.7% is Hispanic or Latino.

   Cayuga County ranks 31st in New York State poverty in 2020 (NYS Office of State Comptroller 2022). The overall poverty rate was 9.1%. Poverty rates in the ZCTAs range from 0% to 18.8%. 47.0% of the population has public health insurance coverage, and 4.4% have no health insurance coverage. 14.4% of the population has a disability. The service area includes HRSA-designated underserved areas and medical professional shortage areas. Cayuga County is a rural county.

   The Community Health Needs Assessment (Mouton et al., 2025) identified preventing chronic disease, including those related to the heart, as a major community health need. Hospitalizations related to heart diseases, potentially preventable heart failure hospitalizations, and heart disease mortality rates are higher in Cayuga County compared to New York State averages. The Needs Assessment reported that significant racial and ethnic disparities occur in chronic disease.

   Areas of high concern in the New York State Prevention Agenda include potentially preventable hospitalizations among adults, with the age-adjusted rate per 10,000 at 141.5 in 2024, compared to the prevention agenda objective of 89.2 and a New York State average of 93.7 per 10,000. The difference in

premature deaths before age 65 years between Black non-Hispanic individuals and White, non-Hispanic individuals was 37.2% compared to the prevention agenda objective of 18.4%, and New York State average of 20.2% in 2023.

Sources:

American Community Survey 2023. "Five-year Estimates."

Moulton, Christine, Clare Kelley, and Keith Bubblo. 2025. "COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY SERVICE PLAN: AUBURN COMMUNITY HOSPITAL."

New York State Department of Health. 2025. "Prevention Agenda Tracking Dashboard." https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county.

NYS Office of the Comptroller. 2022. "New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller." https://www.osc.ny.gov/reports/new-yorkers-need-look-poverty-trends-new-york-state-last-decade.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
   - ❑ X Low-income people
   - ❑ X Racial and ethnic minorities
   - ❑ Immigrants
   - ❑ Women
   - ❑ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
   - ❑ People with disabilities
   - ❑ X Older adults
   - ❑ Persons living with a prevalent infectious disease or condition
   - ❑ X Persons living in rural areas
   - ❑ X People who are eligible for or receive public health benefits
   - ❑ X People who do not have third-party health coverage or have inadequate third-party health coverage
   - ❑ Other people who are unable to obtain health care
   - ❑ Not listed (specify):

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

Low-income people

The medical and epidemiological literature identifies significant disparities and impacts of poverty on cardiovascular and heart disease (Hamad et al. 2020; Metkus 2024; Lancet Regional Health 2025). A statistical model of heart disease for persons on Medicare who also have diabetes estimates that 60% of excess heart disease for low-income persons is due to poverty rather than medical and demographic risk factors (Zhou et al. 2025). In addition, there are disparities in ablation for atrial fibrillation treatment for low-income zip codes compared to higher-income zip codes (Nathan et al. 2026). Ablation for atrial fibrillation is a treatment procedure performed in electrophysiology labs.

The overall poverty rate in the service area is 9.1%.

Racial and ethnic minorities

Similarly, there is an extensive literature showing disparities in heart disease prevalence, outcomes, mortality, and treatment, for racial and ethnic minorities compared to Whites (Zhou et al. 2025; Thomas et al. 2022; Nathan et al. 2026). These disparities include the treatment of cardiac arrhythmias, which show reduced utilization for Blacks, Hispanics, and Asians compared to White individuals (Moinul et al. 2025).

The differences in Black versus White age-adjusted mortality rates are persistent and large, about 1/3 higher for Blacks compared to Whites, and have continued over a twenty-year period since 1999 (Kyalwazi et al. 2022).
The service area is 87.3% White, with 12.7% non-White or multi-race. The Black population is estimated at 3.5%.

Older adults

The risk of heart disease increases with age, with 30 to 40% of acute coronary heart disease occurring in persons age 75 or older (American Heart Association 2022; CDC 2024; National Institute on Aging 2024).

21.1% of the service area population is age 65 or older.

Persons living in rural areas

Mortality disparities between urban and rural areas for cardiovascular and heart disease have increased and are significant (Ajmal, Javed, and Corban 2026; American Heart Association 2024; Marinacci et al. 2025; Pierce et al. 2025; Zhou et al. 2025). The disparities are related to social determinants of health, increased behavioral risk factors, reduced availability of primary health care and access to specialty care, and differences in health care quality between urban and rural areas in the United States.

Cayuga County is a rural county.

People who are eligible for or receive public health benefits,
People who do not have third-party health coverage or have inadequate third-party health coverage

Community stakeholders identified that persons with public health benefits, high-deductible plans, and those lacking insurance may face access issues to specialty care in the Central New York region.

In the service area, 47.0% of the population has public coverage, and 4.4% have no health insurance coverage. The available data does not provide insight into persons on high-deductible plans that might impact access.

Sources:

Ajmal, Muhammad, Ayesha Javed, and Michel T. Corban. 2026. "Cardiovascular Care in Rural America: Challenges, Insights, and Strategies for Meaningful Improvement." The American Journal of Medicine 139(3):250–52. Doi:10.1016/j.amjmed.2025.09.004.

American Heart Association. 2022. "Hearts and Bodies Change with Age, Heart Disease Treatments May Need to Change, Too." https://newsroom.heart.org/news/hearts-and-bodies-change-with-age-heart-disease-treatments-may-need-to-change-too.

American Heart Association. 2024. "More Adults in Rural America Are Dying from Cardiovascular Diseases." https://www.heart.org/en/news/2024/11/15/more-adults-in-rural-america-are-dying-from-cardiovascular-diseases.

American Heart Association. 2025. "Cardiovascular Health Risks Continue to Grow within Black Communities, Action Needed." https://newsroom.heart.org/news/cardiovascular-health-risks-continue-to-grow-within-black-communities-action-needed.

CDC. 2024. "Heart Disease Risk Factors." https://www.cdc.gov/heart-disease/risk-factors/index.html.

Community Stakeholders.

Hamad, Rita, Joanne Penko, Dhruv S. Kazi, Pamela Coxson, David Guzman, Pengxiao C. Wei, Antoinette Mason, Emily A. Wang, Lee Goldman, Kevin Fiscella, and Kirsten Bibbins-Domingo. 2020. "Association of Low Socioeconomic Status With Premature Coronary Heart Disease in US Adults." *JAMA Cardiology* 5(8):899–908. doi:10.1001/jamacardio.2020.1458.

Kyalwazi, Ashley N., Eméfah C. Loccoh, LaPrincess C. Brewer, Elizabeth O. Ofili, Jiaman Xu, Yang Song, Karen E. Joynt Maddox, Robert W. Yeh, and Rishi K. Wadhera. 2022. "Disparities in Cardiovascular Mortality Between Black and White Adults in the United States, 1999 to 2019." *Circulation* 146(3):211–28. doi:10.1161/CIRCULATIONAHA.122.060199.

Marinacci, Lucas X., Zhao Nian Zheng, Stephen Mein, and Rishi K. Wadhera. 2025. "Rural-Urban Differences in Cardiovascular Mortality in the United States, 2010-2022." JACC 85(1):93–97. doi:10.1016/j.jacc.2024.09.1215.

Metkus,Thomas S. 2024. "New Dimensions Assessing Poverty and Cardiovascular Disease." *JACC: Advances* 3(7):100931. doi:10.1016/j.jacadv.2024.100931.

Moinul, Sheikh, Manuel Urina-Jassir, Joan Rodriguez-Taveras, Adelqui O. Peralta, Peter S. Hoffmeister, Scott Kinlay, Hirad Yarmohammadi, William E. Boden, Jacob Joseph, and Matthew F. Yuyun. 2025. "Meta-analysis of racial and ethnic disparities in rhythm control strategies for atrial fibrillation in the United States. " American Journal of Cardiology 245:1–10. doi:10.1016/j.amjcard.2025.02.028.

Nathan, Ashwin S., Lin Yang, Kriyana P. Reddy, Sahityasri Thapi, Lauren Eberly, Timothy Markman, Alexander C. Fanaroff, Jay Giri, Emily P. Zeitler, Larry R. Jackson, Tara Parham Graham, Rajat Deo, Francis E. Marchlinski, and David S. Frankel. 2026. "Racial, Ethnic, Socioeconomic, and Geographic Inequities in Catheter Ablation for Atrial Fibrillation." *Heart Rhythm* 23(5):1065–72. doi:10.1016/j.hrthm.2026.01.030.

National Institute on Aging. 2024. "Heart Health and Aging." https://www.nia.nih.gov/health/heart-health/heart-health-and-aging.

The Lancet Regional Health - Americas. 2025. "Cardiovascular disease: addressing poverty is key." The Lancet Regional Health – Americas 42. doi:10.1016/j.lana.2025.101029.

Thomas, Kevin L., Jalaj Garg, Poonam Velagapudi, Rakesh Gopinathannair, Mina K. Chung, Fred Kusumoto, Olujimi Ajijola, Larry R. Jackson, Mohit K. Turagam, Jose A. Joglar, Felix O. Sogade, John M. Fontaine, Andrew D. Krahn, Andrea M. Russo, Christine Albert, and Dhanunjaya R. Lakkireddy. 2022. "Racial and Ethnic Disparities in Arrhythmia Care: A Call for Action." *Heart Rhythm* 19(9):1577–93. doi:10.1016/j.hrthm.2022.06.001.

Pierce, Jacob B., Spencer M. Ng, Joy A. Stouffer, Clark A. Williamson, and George A. Stouffer. 2025. "Rural/Urban Disparities in Cardiovascular Disease in the US—What Can Be Done to Improve Outcomes for Rural Americans?" American Journal of Cardiology 248:10–15. doi:10.1016/j.amjcard.2025.03.033.

Zhou, Xilin, Joohyun Park, Deborah B. Rolka, Christopher Holliday, Daesung Choi, and Ping Zhang. 2025. "Disparities in cardiovascular disease prevalence by race and ethnicity, socioeconomic status, urbanicity, and social determinants of health among Medicare beneficiaries with diabetes." *Preventing Chronic Disease* 22. doi:10.5888/pcd22.240270.

4. How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?

   <u>Low-income people</u>

   - An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
   - Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

   - Because of limited cross-county public transportation, local services may reduce the costs of travel and barriers to care for low-income persons.

Racial and ethnic minorities

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- There are significant disparities in prevalence, treatment, and outcomes related to race for arrhythmia patients. By reducing delays and easing transportation barriers, the project may positively impact disparities in treatment.

Older adults

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- Transportation barriers are particularly severe for older persons, especially in the winter. Locally available services reduces those barriers.

Persons living in rural areas

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- As a rural county with limited cross-county public transportation, locally available services provide improved access for residents.

People who are eligible for or receive public health benefits

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- The Applicant accepts Medicaid and Medicare.
- The Applicant provides public benefit navigation support and financial assistance. This potentially assists persons who are eligible for Medicaid or other public health benefits but may not be currently enrolled.

People who do not have third-party health coverage or have inadequate third-party health coverage

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- The Applicant accepts Medicaid and Medicare.
- The Applicant provides public benefit navigation support and financial assistance. Persons without third-party health coverage or high-deductible plans potentially benefit from financial assistance or support in seeking better health insurance coverage.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

   For the purposes of the assessment, outpatient electrophysiology and pacemaker services were analyzed for residents of Cayuga County using the SPARCS data for 2024. These services may also be received inpatient, but the specific procedure codes were not returned for inpatient discharges. More generic revenue or DRGs will not be specific enough to identify the project's impact.

   In 2024, there were 225 discharges for service area residents. The number of discharges has increased rapidly during the past three years:

Table 1 Change in Number of Discharges for Service Area Residents

Year	Discharges for Service Area Residents
2022	139
2023	201
2024	225

The increase in discharges is 20.6% per year. The number of distinct patients in 2024 was 217.

The Applicant reports that in 2024, 558 patients with atrial fibrillation and 74 with atrial flutter were seen. These are patients who are potentially a pool for electrophysiology services. The Applicant notes that not all of these patients would be appropriate for the project services: it reflects an upper threshold of current patients.

Using SPARCS, there were 680 patients at Auburn Community Hospital who had a primary diagnosis of either atrial fibrillation or atrial flutter in 2024.

The electrophysiology lab is expected to see 80 patients in its first year of operation and is planned to have a capacity for 200 patients per year. This capacity aligns with the SPARCS-based 2024 estimate of annual discharges for electrophysiology services.

Low-income people

Previously, Medicaid utilization provided a proxy for estimating the low-income persons impacted by the change. At the time of this assessment, the payer information has been temporarily withdrawn from the SPARCS data and cannot be used as a proxy.

As noted in questions 1 and 3, the poverty rate in the service area is 9.1%

Racial and ethnic minorities

The persons receiving these services in the service area were 96.8% White. Other races are not reportable due to the SPARCS reporting threshold. There were also fewer than 10 persons identified as having Hispanic or Latino ethnicity.

The proportion of non-White persons receiving these services is well below the general population proportion of 12.7%. However, a significant portion of the 12.7% is persons responding multi-race, which is not always well-captured in hospital race and ethnicity data. The low proportion may also reflect treatment disparities found in the national literature.

For the patients diagnosed with atrial fibrillation or atrial flutter at Auburn Community Hospital in 2024, 97.8% were White. Other races and Hispanic/Latino ethnicity are below SPARCS reporting thresholds.

Older adults

The average age of persons receiving these services was 68.7 years, with 68% over 65 years of age.

For the potential patient pool at Auburn Community Hospital, the average age was 73.6 years, with 80% over 65 years of age.

Persons living in rural areas

The service area is a rural county.

People who are eligible for or receive public health benefits, People who do not have third-party health coverage or have inadequate third-party health coverage

Payer information has been temporarily removed from SPARCS data; as a result, the service area and hospital distribution of relevant services by payer are not available.

For acute inpatient non-newborn discharges at Auburn Community Hospital, the 2024 Institutional Cost Report indicated that 64.8% of discharges were paid by Medicare, 16.8% by Medicaid, and 3.2% were uninsured, self-pay, or charity.

Sources:

Applicant

SPARCS 2022-2024.

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

   Table 1 shows the distance to alternate facilities. These facilities are outside of the service area but are the current location for residents' utilization.

   Table 2 Distance of Alternate Facilities from Auburn Community Hospital

Facility Name	Distance (miles)
St. Joseph's Hospital	22.5
University Hospital	22.6
Crouse Hospital	22.6
Cayuga Medical Center	32.6
Rochester General Hospital	54.5
Strong Memorial Hospital	55.1

Source: SPARCS 2024

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

   SPARCS data was used to identify facilities for service area residents receiving electrophysiology services or pacemaker placement. Market share is based on 2024 discharges and is shown in Table 3.

Table 3 Market Share for Electrophysiology and Pacemaker Placement Procedures for Cayuga County Residents, 2024

Facility Name	Discharges	Percent	Cumulative Percent
St. Joseph's Hospital	118	52.4%	52.4%
Crouse Hospital	30	13.3%	65.8%
University Hospital	26	11.6%	77.3%
Strong Memorial Hospital	17	7.6%	84.9%
Cayuga Medical Center	13	5.8%	90.7%
Rochester General Hospital	11	4.9%	95.6%
All Others	10	4.4%	100.0%
Total	225	100.0%	

Source: SPARCS 2024

Over 77% of the current utilization occurs in Syracuse-based hospitals. (Note that Cayuga Medical Center is in Tompkins County.)

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

   The Applicant provided the ICR Exhibit 50 for 2024. The Applicant reported that it met its obligations. The Applicant received $559,760 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051).

   Sources:
   ICR Auburn Community Hospital 2024. "Exhibit 50."

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

   There is no expected change in staffing due to the addition of the electrophysiology laboratory.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

    The Applicant's legal firm responsible for consumer issues is not aware of any consumer civil rights complaints against Auburn Community Hospital in the last ten years.

    The legal firm responsible for employee complaints provided the information in Table 4.

Table 4 Auburn Community Hospital and Auburn Memorial Medical Services Employee Civil Rights Complaints, 2015-2026

Auburn Community Hospital

Agency	Date	Complaint	Status
NYS DHR	9/16/2015	Employment complaint alleging discrimination	NYS DHR Issued a Probable Cause

		based on his arrest record and race.	Determination. Hospital settled in August 2016.
NYS DHR	09/08/2017	Employment complaint alleging disability discrimination in employment.	NYS DHR issued a No Probable Cause determination 02/27/18.
NDNY Federal Court	12/19/2018	Employment complaint alleging constructive discharge in violation of the USERRA and NYLL.	Settlement & Release Agreement signed on or about 06/07/2019.
Cayuga County Supreme Court	02/06/2019	Employment complaint alleging gender discrimination; violation of NYLL whistleblower provisions; defamation.	Settlement & Release Agreement signed on or about 11/12/20. Stipulation of Discontinuance filed 02/05/21.
NYS DHR	03/11/2019	Employment complaint alleging harassment, sexual harassment, and retaliation.	Settlement & Release Agreement signed on or about 05/17/19 prior to a NYS DHR determination.
NYS DHR	03/16/2020	Employment complaint alleging disability discrimination and constructive discharge.	NYS DHR issued a Probable Cause determination 09/2020. Settlement and Release Agreement signed on or about 02/21/23.
Cayuga County Supreme Court	03/12/2020	Employment complaint alleging sexual harassment and hostile work environment.	Settlement and Release Agreement signed on or about 11/30/2022. Stipulation of Discontinuance filed 01/05/23.
NYS DHR	02/07/2022	Employment complaint alleging denial of religious accommodation relating to the COVID-19 vaccine mandate.	NYS DHR issued a No Probable Cause determination 07/12/2022.
Cayuga County Supreme Court	08/09/2022	Employment complaint alleging discrimination based on religious beliefs relating to the COVID-19 vaccine mandate.	Following mediation on 03/26/2024, parties agreed to settle. Stipulation of Dismissal was filed 06/05/2024.
NYS DHR	07/15/2022	Employment complaint alleging race and gender discrimination.	NYS DHR issued a Probable Cause finding 11/15/22. NYS DHR approved Complainant's

			request to voluntarily dismiss complaint 02/03/2025.
NYS DHR	02/12/2025	Employment complaint alleging age and disability discrimination and retaliation.	Case is still pending with the NYS DHR.

AUBURN MEMORIAL MEDICAL SERVICES

Attorney Demand Letter	12/11/2018	Employment complaint alleging gender based discrimination.	Settlement and Release Agreement signed on or about 02/28/2019.
NYS DHR	06/05/2019	Employment complaint alleging termination due to age, heritage, and gender.	NYS DHR issues a No Probable Cause determination 11/12/19.
NDNY Federal Court	01/19/2021	Employment complaint alleging termination due to age, heritage, and gender. *(see above NYS DHR case)*	Court granted our Motion to Dismiss with prejudice on 02/16/2022.
NYS DHR	02/06/2025	Employment complaint alleging discriminatory practice based on age, pregnancy-related condition, retaliation, familial status, and disability.	Case is still pending with the NYS DHR.

Sources:

Berlucchi, S. Alexander 2026/5/15. "Email: RE: Status Report and Onsite Survey Questionnaire." Hancock Esatbrook, LLP.

Jones, Peter. 2026/6/10. "Email: RE: Status Report and Onsite Survey Questionnaire – Privileged and Confidential." Bond, Schoeneck & King, PLLC.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

    A new PCI-capable cardiac catheterization laboratory was recently completed, with the first procedure performed on January 13, 2026. New York State regulations require a hospital to have an operating PCI-capable cardiac catheterization laboratory in order to be licensed for electrophysiology laboratory services.

    Since its introduction early this year, the volume has been growing, including for Medicaid patients.

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
    a. Improve access to services and health care
    b. Improve health equity
    c. Reduce health disparities

Underserved Group	Impact		
	Improve Access	Improve Health Equity	Reduce Health Disparities
Low-income people	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services. • Because of limited public transportation cross-county, local services may reduce the costs of travel.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.
Racial and ethnic minorities	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation	• Reducing transportation and local access barriers also reduces delays in treatment and	• More timely and appropriate care potentially improves outcomes and

	barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.	avoidance of seeking care.	reduces risks for stroke.
Older Adults	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care. • Older adults may experience long travel, particularly during winter months, as a more severe access barrier.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.
Persons living in rural areas	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.
People who are eligible for or receive public health benefits	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services. • The Applicant accepts Medicaid and Medicare.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care. • The Applicant provides public benefit navigation support and financial assistance.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke. • Benefit navigation and financial assistance potentially reduces disparities for persons who experience coverage barriers.
People who do not have third-party health coverage or have inadequate third-party health coverage	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently,	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.

	patients travel to Syracuse or Rochester for EP Lab services. • The Applicant accepts Medicaid and Medicare.	• The Applicant provides public benefit navigation support and financial assistance.	• Benefit navigation and financial assistance potentially reduces disparities for persons who experience coverage barriers.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

   The project is expected to improve the access and local availability of a specialized diagnostic and treatment service. A potential positive unintended impact is a reduction in the use of ambulance services due to more timely treatment and avoidance of major cardiac or stroke events.

   A potential negative impact raised in meaningful engagements was pressure on hospital support staffing from new services

   Source:

   Community Stakeholders

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

   Total hospital costs incurred in rendering services to uninsured patients:

   $1,968,646 (ICR 2024, Exhibit 50, ICR Line Code 001).

   729 patients had their applications for financial assistance approved.

   The project is expected to increase the patients seen by 200. 20% of patients at the hospital are on Medicaid or are self-pay. Using that as a proxy for potential

indigent care, this could result in an additional 200 X .20 = 40 patients eligible for financial assistance.

Forty additional patients would increase indigent care by 5.5%, or $10,876 (40/729 * $1,968,646).

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

Applicant

The Applicant partners with Speedy Transport to provide transportation for patients.

Public

Public transportation in the city of Auburn is provided by Centro and it provides a connecting service to Syracuse. Centro has a paratransit service for persons with disabilities. https://www.centro.org
Transportation outside of Auburn in Cayuga County is very limited.

Cayuga County provides the SCAT Van which is door-to-door service for the elderly and disabled. The service requires one week notice.
Cayuga County also provides the CAM Van for medical transportation, also requiring a week's notice. Medical transportation to Syracuse is only provided on Mondays and Tuesdays. In Auburn the service is door-to-door. Outside of Auburn, connections are through the SCAT Van which then connects to the CAM Van connection point at Willard Chapel.

VetVan provides free transportation from Cayuga County to the VA Medical Center in Syracuse.

GoGo Grandparent through the Cayuga County Office of the Aging is available to residents age 60 or older who cannot utilize the SCAT Van, VetVan or Medicaid transport. GoGo utilizes ride-share services.

Information and phone numbers on these Cayuga County sponsored programs is available at Transportation | Cayuga County, NY.

Medicaid provides transportation through MAS: https://www.medanswering.com

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

   Yes.

9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.

   See attached Meaningful Engagement Worksheet.

   The meaningful engagement included meetings with the Cayuga County Department of Health, East Hill Medical Center (an FQHC), Finger Lakes Community Health (an FQHC), Cayuga County Mental Health Center (the stakeholder is also the County SPAC), and Unity House (a CBO providing services to disabled persons and persons in recovery). Five highly-vulnerable community residents with cardiac conditions who are Health Home members were interviewed. An onsite survey of patients receiving cardiac-related services at Auburn Community Hospital was also conducted.

   Because the project involves the addition of a highly specialized and technical service it was difficult for several stakeholders to directly comment on the specific service. Instead the discussions focused on the overall needs in the community for specialty services, the challenges of travel and transportation, collaborative relationships with the hospital, and concerns with staffing and quality. The project was strongly supported because of significant barriers to access and limited local availability of advanced services.

   The Department of Health noted that cardiovascular disease is a significant problem and that transportation is a significant access barrier. Currently, patients need to travel to Syracuse or Rochester for advanced cardiac procedures. Due to the age of persons requiring these procedures, the time-sensitivity of the medical conditions, the distance required, and inadequate public transportation the need for local availability is great. Often patients will avoid or delay treatment because of the obstacles, a theme repeated by other stakeholders. There are no negative impacts anticipated but they emphasized the importance of adequate staffing and that it takes time to develop experience and that volume is important for quality.

   The stakeholders in community-based organizations concurred that transportation was a significant barrier. They also noted that financial barriers were concerning in the community, involving persons who were uninsured but who could be eligible for Medicaid, uninsured immigrants, and persons with high-deductible health plans. Primary care access is also a problem, with missed

appointments often leading to disruption in access to primary care. Since advanced cardiac services often require a chain of referrals, disruption in primary care can lead to prolonged delays. Language may also be a barrier, with the quality of translation services being important. The availability of specialty care is limited locally, with distant travel to Syracuse or Rochester common. Because of this increasing local advanced specialty services is very welcomed and project strongly supported.

There were two common threads in the comments regarding better adaptation to the needs of vulnerable and underserved persons. The first involved improving collaboration with community-based organizations. There were comments that the social workers at the hospital were collaborative but that physicians could be difficult to communicate with, particularly when clients had behavioral health problems. The second involved staffing and quality. Specifically mentioned were concerns about adequate support staff and not relying on floating staff. While the electrophysiology lab is not likely to benefit from outreach or community education, there is a need in the community for general healthcare education and information about how to navigate the healthcare system.

Direct Consumer Engagement: Highly Vulnerable Health Home Members

Five Health Home members living in Cayuga County, who have severe behavioral health problems, chronic physical health conditions, and are currently being treated for cardiac conditions were interviewed using an open-ended survey instrument by their care managers or outreach workers. The open-ended questions included whether they supported the project, how it might help them, what is important for their treatment and health-related social needs they might have. (If the health-related social needs were already known by the care managers that information was recorded from the care management system.) All of the interviewed persons supported the project. As expected with a highly specialized service, they indicated that they supported a service that potentially could improve their care and help their doctor. There was one comment that called out not having to travel to Syracuse for services.

Direct Consumer Engagement: Onsite Survey

The Onsite Survey was distributed to patients receiving outpatient cardiac services at Auburn Community Hospital clinics during May. The survey provided a description of the project, a project support question, open-ended questions about how the project affected them and what was important when receiving treatment services, space for writing a statement about the project, demographic items, and questions about health-related social needs. Project support was assessed using a five-point Likert scale, ranging from Strongly Disagree to

Strongly Agree for a support statement. A score of five indicated strong agreement with a project's support statement, and a score of one indicated strong disagreement.

There were 26 responses to the survey. The average support was 4.2, indicating support for the project. Sixteen of the responses were strongly agree, four were agree, three were neutral, and three were strongly disagree. Based on the written comments, two of the "strongly disagree" responses may have been due to a misunderstanding of the scale, since the comments seemed supportive. The other "strongly disagree" response included a comment about wanting a different location.

All of the respondents answered the race, ethnicity, and gender questions. All respondents indicated White race and non-Hispanic ethnicity. The average age was 68.2 years. 57.7% of the respondents were male, and 42.3% were female.

None of the respondents identified any social needs.

The open-ended comments mentioned that the service would be closer to home, reduced travel and shorter waits. There was brief comments about having more accurate diagnoses.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

    Based on the service area utilization and community stakeholders, the most impacted group is older persons who otherwise would require assistance traveling to Syracuse or Rochester, and may otherwise defer or avoid receiving timely treatment. This obstacle is exacerbated by living in more rural areas of Cayuga County, and those with limited resources for private transportation and assistance from friends or family.

    Having an advanced specialty service locally is viewed as a significant benefit for these persons by community stakeholders.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

    The meaningful engagements emphasized the value of having advanced specialty services locally in reducing transportation barriers, particularly for older persons and those living in more remote areas of the county.
    There were no specific concerns that the project would burden any vulnerable group. There were recommendations that the hospital improve collaboration with community stakeholders, particularly when care involved persons with behavioral health problems. Language and financial barriers were seen as impacting accessibility in the community.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

    Not applicable.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments
    c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

    For persons with limited English-speaking ability, the Applicant uses language line services with a portable iPad. In-person translators are also used. The iPad is also used with sign language services. Assistive technology and in-person support are available for people with visual impairments.

    The Assessor generally recommends the following guidelines to improve communication with persons of limited English-speaking ability:

    - Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area and/or, track encounters in the Applicant's EMR with persons with limited English-speaking ability and provide reporting on those encounters.
    - Provide written communications for 80% of the persons with limited English-speaking ability based on language use assessment.

- In written communications, include contact information for bilingual staff or contracted language lines.
- Include translated material in the public website and social media.
- Plan outreach events at locations for persons with limited English-speaking abilities.
- In the facility, provide posters or other visual aids that provide information about interpreting services in multiple languages.
- Staff training on language access resources.

We also recommend the following approaches for persons with speech, hearing, or visual impairments when appropriate.

- Outreach events with sign-language interpreters, written materials for persons with hearing impairments, and readers or large print materials for persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.
- The following specialized services may be appropriate for scheduled video or web conferences:
  - TRS (711) service, which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
  - VRS, a video relay service, which provides relaying between people who use sign language and a person using standard video communication (smartphone) or phone communication.
  - VRI, video remote interpreting for video conferencing meetings.
- Accessible Web Sites
- General considerations
  - Visual impairment: Provide qualified readers, information in large print, Braille, computer-screen reading kiosks, or audio recordings as appropriate for the setting.
  - Hearing impairment: Provide qualified sign-language interpreters at outreach events, captioning of video presentations, or written materials.
  - Speech disabilities: For general situations, have pencil and paper available, and in some circumstances, a qualified speech-to-speech transliterator.
- Staff training on available resources

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

   The community stakeholders view the project as having a positive impact, with no anticipated negative impacts. They made several recommendations to better adapt the project to the needs of vulnerable people and the general community.

For all groups:

Communication of the Availability of the Services

General communication to providers and the community about the availability of advanced specialty services is recommended.

Source:

Community Stakeholders

Ensure Adequate Support Staff

Several of the community stakeholders made similar comments about the need to ensure adequate staffing for new services. Specific comments were made about support staff and about having permanent staff rather than "floaters." The concern is that the quality of care would be impacted without adequate permanent staff.

Source:

Community Stakeholders

General Healthcare Education

Stakeholders noted that community members often have difficulty navigating the healthcare system and would benefit from general healthcare education.

Source:

Community Stakeholders

Monitoring of Translation Services

Community Stakeholders noted that language accessibility is a concern. The Applicant does provide translation services both through technology and in-person translators. The effective use of translation services can be complex, and issues can develop in both administrative and clinical settings. It is suggested that quality monitoring address satisfaction with translation services.

Source:

Community Stakeholders

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

   Demographic and SDOH data is collected on intake and included in the EMR. Demographic data includes race, ethnicity, sex, age, preferred language, insurance status, PCP provider and primary pharmacy. Every patient is connected with an enroller if they don't have insurance. Every patient with an identified social need is connected with a social worker. The Applicant works closely with the County Department of Health to identify social needs.

   Dashboards were developed for the stroke program. A similar approach is being taken with the cardiac program. The dashboards being developed will include disparities and will be used to improve care plans, such as highlighting culturally important differences. Currently, monitoring has disaggregation for maternal, prenatal, and pediatric care.

   The SDOH screening process involves an opt-in process and connection with a hospital social worker. Social work will attempt to connect patients with community care managers. They will provide a packet for resources to the patients and will do warm hand-off calls. If mental health is involved social work will do follow-ups to mental health providers.

   Data is submitted to the regional health information organization (RHIO).

2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

   A concern discussed in the meaningful engagements was delayed treatment due to barriers to access. The project reduces barriers related to transportation but other barriers exist related to the chain of referrals needed for advanced specialty care. The lack of primary care is one root cause of this barrier. Since primary care is collected during intake, there is an opportunity to provide disaggregated monitoring to identify disparities in primary care access.

   The Applicant provides translation services but language accessibility was identified as a concern. The effectiveness of translation services can be complex, involving the knowledge and training of staff about the availability of the service, utilization in administrative settings such as reception areas as well as clinical settings, the ability of the service to accommodate dialects, the adequacy and tools used to support persons with hearing impairments, and the technical

support provided for equipment. It may be useful to include a satisfaction survey or similar process for translation services users to identify specific problems or areas for improvement.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

Disclaimer:

This document was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty, or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

December 2023

Appendix 1: Figures

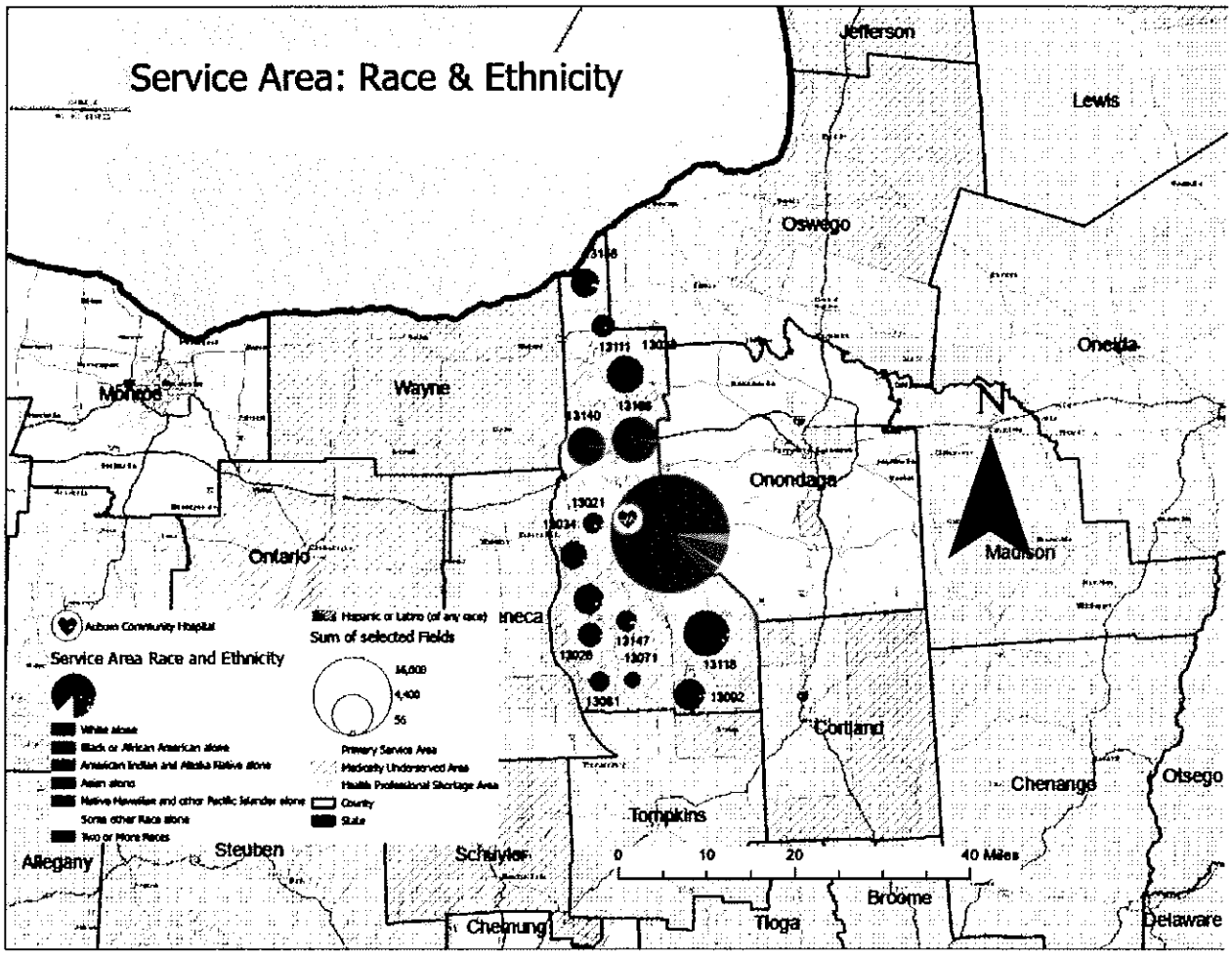


Figure 1 Service Area: Race and Ethnicity

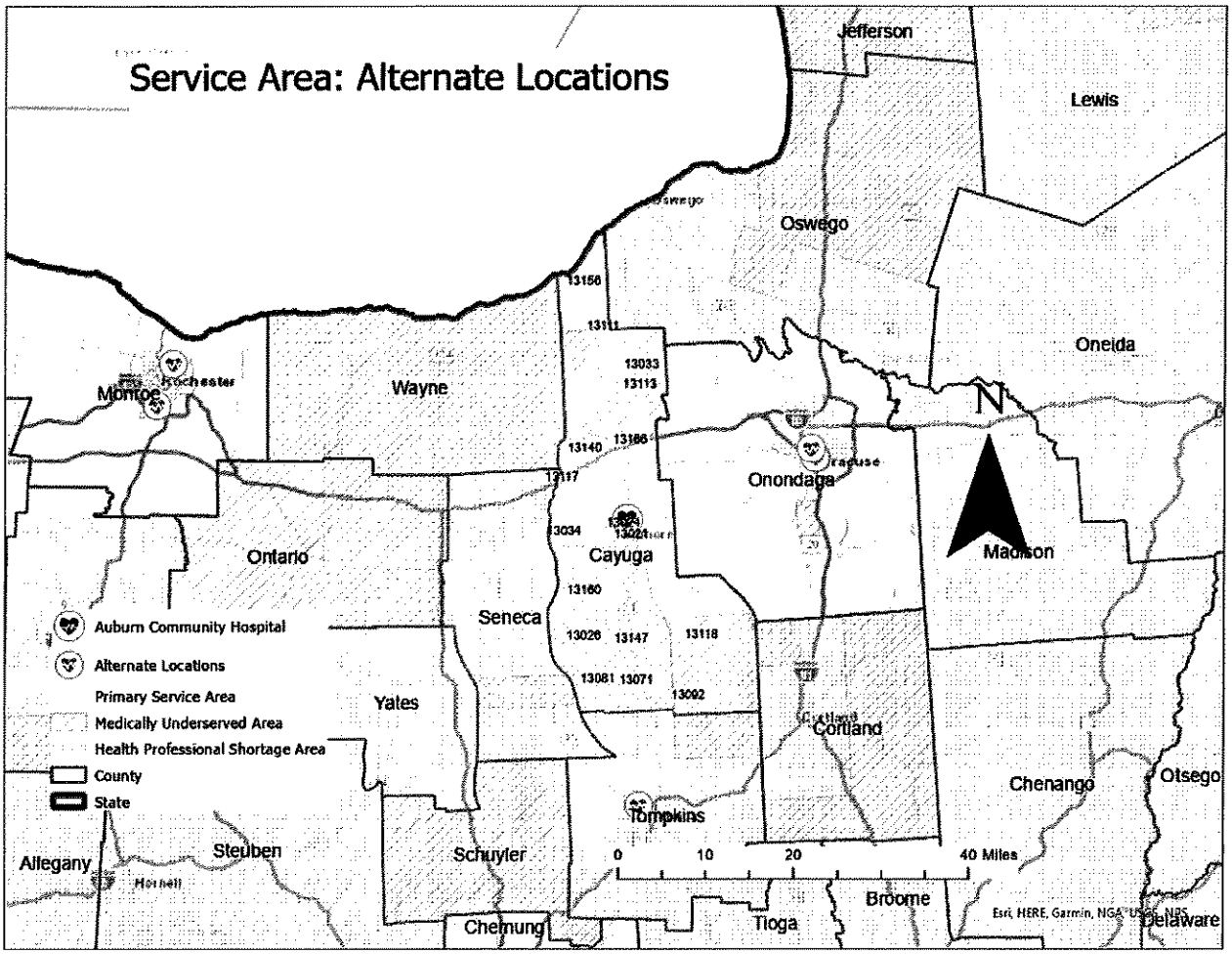


Figure 2 Service Area: Alternate Locations

Appendix 2: Meaningful Engagement Discussion Guide

Guide for Community Meaningful Engagement for HEIA
Auburn Community Hospital – EP Lab

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage the communities in health equity and involve them in the planning processes for healthcare services.
- The Monroe Plan is an independent assessor.

Background:

- Brief Overview of the planned changes:
    - MP CareSolutions is assessing creating an Electrophysiology Lab at Auburn Community Hospital. Electrophysiology labs help diagnose and treat heart conditions.
    - We like to understand the change in the context of community needs, particularly for underserved and vulnerable persons.
    - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

Understanding Healthcare Needs

Question 1: To set the context of the planned change, we want to hear your perspective on what are the greatest healthcare needs in this community for persons who are communities?

- Encourage participants to share personal experiences and observations.
- Discuss common healthcare challenges in the community.

Impact Assessment

Question 2: What impacts should be considered with creating an electrophysiology lab?

- Explore direct and indirect consequences on individuals within the community.
- Discuss impacts on access, quality, and affordability of healthcare services.

Question 3: Do you see any negative impacts to the community with these changes?

- Solicit ideas for mitigating negative effects.
- Discussion of potential strategies for improving the situation.

Question 4: Support Question: Do you support this change?

Improving Services

Question 5: How might these services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services.

Wrap-Up

- Summarize key insights and recommendations from the discussion.
- Thank participants.
- Explain next steps with the HEIA process including submission of a written statement.

Closing Remarks

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.

Appendix 3: Direct Consumer Survey Instrument

Consumer Questions for Health Equity Impact Assessment

Auburn Community Hospital – Electrophysiology Lab

Elm and Oak Health is assessing the addition of an Electrophysiology Lab at Auburn Community Hospital. Electrophysiology labs help diagnose and treat heart conditions. We want to understand how a new lab may affect people who may receive cardiac services at the hospital. We are also interested in your thoughts on how your care could be further enhanced.

1. Please indicate your agreement: I support the addition of an Electrophysiology Lab. (*Check one*)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
○	○	○	○	○

2. How might these changes affect you?

3. What is most important to you when receiving diagnostic and treatment services?

4. If you would like to make a statement about the expansion, please write below:

5. Can we include your statement in a publicly available assessment of the addition of an Electrophysiology Lab?
   - ☐ No
   - ☐ Yes

(Please turn over for questions on the back .)

6. Are you Hispanic, Latino/a/x, or Spanish Origin? (*Check one*)

   ☐ No
   ☐ Yes

7. What is your race? (*One or more categories may be selected*)

   ☐ White
   ☐ Black or African American
   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ Other

8. Age in years? (*Enter number*)

   _____

9. Gender? (*check one*)

   ☐ Female
   ☐ Male
   ☐ Transgender female
   ☐ Transgender male
   ☐ A gender identity not listed:

   _____

   ☐ Not sure
   ☐ Prefer not to answer

We would like to ask about some specific needs you may have.

10. What is your living situation today? (*Check one*)

    ☐ I have a steady place to live
    ☐ I have a place to live today, but I am worried about losing it in the future
    ☐ I do not have a steady place to live.

11. Within the past 12 months, you worried that your food would run out before you got money to buy more. (*Check one*)

    ☐ Often true
    ☐ Sometimes true
    ☐ Never true

12. In the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (*Check one*)

    ☐ Yes
    ☐ No

Thank you for your time today answering these questions.

If you would like to submit additional comments or statements, you may do so by sending an email to mpheia@elmandoakhealth.com

Elm and Oak Health, formerly Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in New York State.

Appendix 4: Direct Consumer Health Home Interview Questions

Consumer Questions for Health Equity Impact Assessments
Auburn Community Hospital
Open-ended Community Members
Guide Draft (Open-ended Responses)

Questions will be asked directly to individuals receiving Health Home services through our CMA.

They should be a resident of Cayuga County.

They should be currently receiving treatment for cardiac conditions.

Section A

1. Auburn Community Hospital is planning on setting up an Electrophysiology Lab. An Electrophysiology Lab helps with the diagnosis and treatment of some kinds of heart conditions.
    a. Do you support adding an Electrophysiology Lab at Auburn Community Hospital?

    b. How might having additional services available in Auburn affect you?

2. What is most important for you when receiving treatment for heart or cardiac conditions?

Section B (HRSN Screen – may already have this information – merge with the questionnaire if it is available. ***You do not need to ask these questions if you already know the answer***. If you already know the answer, select the appropriate choice.)

3. Was this answered today by the patient or based on previous information? (check one)

    Answered today / Previous information

We would like to ask about some specific needs you may have. (all single choice)

4. What is your living situation today?
    ☐ I have a steady place to live
    ☐ I have a place to live today, but I am worried about losing it in the future
    ☐ I do not have a steady place to live.

5. Within the past 12 months, you worried that your food would run out before you got money to buy more.
    ☐ Often true
    ☐ Sometimes true

☐ Never true

6. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
   ☐ Yes
   ☐ No

Section C (Demographic Questions – may be merged from other data sources)

7. Are you Hispanic, Latino/a, or Spanish Origin:
   ☐ No
   ☐ Yes
8. What is your race (One or more categories may be selected)

   ☐ White
   ☐ Black or African American
   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ Other

9. Age in years (Enter number)

10. Gender (check one)

    Male / Female / Other / Prefer not to identify

Thank you for your time today answering these questions. If you would like to submit a written statement, you may do so by sending an email to mpheia@elmandoakhealth.com

---------- SECTION BELOW TO BE COMPLETED BY THE APPLICANT ----------

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, ERIC BURCH, attest that I have reviewed the Health Equity Impact Assessment for the Addition of an Electrophysiology Lab that has been prepared by the Independent Entity, Elm and Oak Health (formerly, MP CareSolutions).

ERIC BURCH

Name

EVP OF ADMIN

Title

E R B

Signature

7/30/2026

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Auburn Community Hospital will implement the initiatives below to address issues raised by the Health Equity Impact Assessment:

Formation of a Community Advisory Council to meet quarterly and facilitate communication/collaboration with other Community-Based Organizations to address comments from CBO's looking for a more collaborative relationship with the Hospital.

Evaluate translation services and other options to improve the service with written material and train staff on resources available, and utilize a satisfaction survey to measure results.

Expand on our Outreach initiative to include general education on healthcare, along with specialty services available at Auburn Community Hospital.

elm & oak HEALTH

MP CareSolutions
A MONROE PLAN COMPANY

March 27, 2026

Eric Burch
Auburn Hospital

Re: Health Equity Impact Assessments Letter of Agreement

Mr. Burch,

This Letter of Agreement ("LOA") dated the 27th day of March, 2026, between Auburn Hospital, located at 17 Lansing St, Auburn NY 13021 and MP CareSolutions, LLC ("MPCS") , dba Elm & Oak Services ("Elm & Oak Health"), located at 1120 Pittsford-Victor Road, Pittsford, NY 14534, is intended to memorialize Auburn Hospital's intent to engage Elm & Oak Health and its affiliates to provide designated Health Equity Impact Assessment Services ("Services") for Auburn Hospital's Certificate of Need (CON) to add the services of Electrophysiology Lab to it's site.

The following outlines the terms and conditions of this LOA:

1. Term, Payment, and Termination

This LOA shall begin on the date the LOA has been signed by the parties and shall end upon completion of the project unless earlier terminated by either party.

Payment shall not exceed $13,000 (thirteen thousand dollars) for services rendered as defined herein. Service project is estimated at a duration of approximately 6-8 weeks following the project kickoff meeting with Auburn Hospital stakeholder staff.

Elm & Oak Health shall provide Auburn Hospital with an invoice at the conclusion of this assessment in an agreed upon format for Services performed and payment shall be made by Auburn Hospital to Elm & Oak Health within thirty (30) days of receipt. If this LOA is terminated prior to delivery of the assessment, Auburn Hospital shall be invoiced for the time spent up to the date of termination.

Termination without Cause: Either party may terminate this LOA at any time. The intent to terminate this LOA must be sent, in writing, to the other party, as outlined in the Notices section below.

2. Responsibilities of Elm & Oak Health

To independently complete the HEIA assessment ("Project") in an acceptable manner to meet the requirements for inclusion in the Certification of Need ("CON") application in a format required by the New York State Department of Health ("NYSDOH").

Project documents to be completed shall include the following:

1. A quantitative analysis of the service area's demographics and the utilization of the project's services including utilizing multiple data sources, geographic information systems, and statistical analysis.

2. Extensive and meaningful engagements with the affected communities and other stakeholders, employing multiple techniques such as interviews, community forums, focus groups, and surveys. These will occur in the context of local community culture and the history of systemic barriers, building on relationships with active social organizations.

3. Development of proposed modifications and adaptations to the project that creatively address the communities' concerns, insights, and strengths, informed by a knowledge of local health system capabilities, opportunities, and funding sources, leveraging the knowledge and experience of the facility's staff.

Elm & Oak Health shall also adhere to the standard format of the Health Equity Impact Assessment template issued by the NYSDOH reflecting the following recommended "stepwise" structure:

- Scoping
- Potential Impact
- Mitigation
- Monitoring
- Dissemination

3. Responsibilities of Auburn Hospital

Auburn Hospital shall be responsible for providing Elm & Oak Health all documentation and requests reasonably required by Elm & Oak Health to complete the Project within the parameters of NYSDOH requirements. Auburn Hospital and its affiliated staff shall also work cooperatively with Elm & Oak Health to develop HEIA processes related to completion of the assessment tools.

4. Miscellaneous

In the performance of its obligations hereunder, Elm & Oak Health shall be and shall act at all times as an independent contractor to Auburn Hospital and its affiliates.

A. This is a non-exclusive agreement and neither party is restricted from entering into agreements comparable to this LOA with any other third parties.

B. Hold Harmless/Indemnification: Each party covenants to hold the other party harmless against; and to indemnify the other party for, all losses, damages, expenses, liabilities and any other costs, including attorney fees, arising out of or incurred in connection with such party's breach or default in performance of this LOA or arising out of the negligence or other unlawful malfeasance or non-feasance by such party or its servants, agents, employees or agencies in relation to this LOA. Each party further covenants to the other that, in the event any claim or demand is asserted against it which may result in indemnification liability to the other, it will give prompt written notice thereof to the other party and will cooperate in the investigation of any such claim and/or the defense of any action arising there from.

C. Jurisdiction/Choice of Law: This LOA shall be governed by the laws of the State of New York.

D. Confidentiality: Each party agrees that all information concerning the other which may be made available to respective personnel during the course of this LOA shall be deemed to be confidential, and such personnel shall not be permitted or required to disclose any such information to any third party without the express written consent of the other party.

E. Health Insurance Portability and Accountability Act ("HIPAA"): Both parties agree to be bound by all current terms and conditions of HIPAA.

F. This LOA constitutes the entire agreement of the parties hereto, and all previous communications between the parties, whether written or oral, with respect to the subject matter of this contract, are hereby superseded. No amendment, change or modification of this agreement shall be effective unless in writing and signed by the parties hereto.

REST OF PAGE LEFT BLANK INTENTIOANLLY

If the foregoing is acceptable, please sign where indicated below and return the other to Elm & Oak Services at:

MP CareSolutions, LLC dba Elm & Oak Services
Elm & Oak Health
1120 Pittsford-Victor Road
Pittsford, New York 14534
Attn: Colleen Boyle, Manager, Product Strategy & Compliance
E-Mail: cboyle@elmandoakhealth.com

Sincerely yours,

Colleen Boyle — March 27, 2026

Colleen Boyle
Manager, Product Strategy & Compliance
Elm & Oak Health

Date

Agreed to by:

[signature] — APRIL 24, 2026

Signature
Name:
Title:
~~Rochester Regional Health~~
AUBURN COMMUNITY HOSPITAL

Date

New York State Department of Health

Health Equity Impact Assessment Conflict of Interest Form

This Conflict of Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and, if so, how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest means having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Stakeholders shall include individuals or organizations currently or anticipated to be served by the facility, employees of the facility including facility boards or committees, public health experts including local health departments, residents of the facility's service area and organizations representing those residents, patients or residents of the facility, community-based organizations, and community leaders.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, an individual or organization hired to compile the Certificate of Need application for the facility's project cannot be the same individual or organization conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e., individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or other incentive from the Applicant in addition to the fair market value cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

About the Independent Entity

1. Name of Independent Entity: MP CareSolutions, dba Elm and Oak Health
2. Is the Independent Entity a division/unit/branch/associate/employee of, or in a similar role in relationship to, an organization (Y/N)?
   ☒ If yes, indicate the name of the organization:
   Monroe Plan for Medical Care
3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
   Yes
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity or any organization to which the Independent Entity has belonged performed any work for the Applicant in the last 5 years?

   The Independent Entity has not previously worked with the Applicant.

Section 4 – Attestation

I, Howard R. Brill (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of MP CareSolutions (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project Electrophysiology Lab (PROJECT NAME) provided for Auburn Community Hospital (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I attest that the feedback and personal information collected from stakeholders through the meaningful engagement process is legitimate, having not been altered, misrepresented, or falsified in any manner.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment and on this Conflict of Interest form is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: Howard R. Brill

Date: 06 / 29 / 2026

GEO_ID	ZCTA5CE20	Population	dp03_0119pe	dp03_0119pm	dp03_0062e	dp03_0062m	dp03_0074pe	dp03_0074pm	dp03_0005pe	dp03_0005pm	dp02_0067pe	dp02_0067pm	dp04_0058pe	dp04_0058pm
860Z200US			Below Poverty Level		Median Household Income		Food Stamp/SNAP Benefits		Unemployment		High School Education		No Vehicles Available	
860Z200US13021	13021	37247	10.1	2.3	60712	3618	18	2.8	2.5	0.7	92.2	1.3	11.2	2.2
860Z200US13024	13024	1230							0	3.4	25	6.2		
860Z200US13026	13026	1619	2.9	2.7	96324	12455	8.8	4.3	2.3	1.6	95.9	2.2	2.3	2
860Z200US13033	13033	3732	5.4	2.7	93092	14352	7.9	3	3.4	2	93.7	2.7	3.6	1.8
860Z200US13034	13034	2029	2.5	1.9	104154	7056	8.5	3.6	2.9	2.3	91.3	3	7.9	4
860Z200US13071	13071	796	4.3	3.4	85972	12353	7.7	4.7	1.1	1.4	92.3	4.1	2.8	3.3
860Z200US13081	13081	1122	3.6	3.3	93558	12914	6.4	4.5	0.7	0.7	97.6	1.7	5.4	4
860Z200US13092	13092	2689	14.9	8.4	78056	16175	7.1	3.6	0.3	0.3	89.5	2.7	4.9	2.9
860Z200US13111	13111	1463	17.1	17.6	59063	23122	18.4	12.2	3.2	2	85.5	8.8	8	5.4
860Z200US13113	13113	56	18.8	24.2	35313	11138	61.3	23.5	0	47	91.8	10.6	0	60.9
860Z200US13117	13117	132	0	60.9	63250	53193	25.5	26.7	0	31.6	79.4	15.9	2.1	7.4
860Z200US13118	13118	5591	9.3	3.2	67651	6338	10.3	2.2	2.6	1	82.1	2.2	9.4	3
860Z200US13140	13140	3959	14.2	5.6	61977	6012	15.7	3.7	2.1	1.1	81.8	3.1	7.9	3.5
860Z200US13147	13147	1236	15	10.2	74934	7001	14.3	7.4	0.7	0.8	83.5	6.1	0.2	0.8
860Z200US13156	13156	2156	2.8	3	64063	18216	14.5	7.3	1.5	1.2	91.9	4	7.8	6.8
860Z200US13160	13160	2444	4	3	86029	22914	6.9	4	3.3	1.4	90.4	5.4	2.4	1.4
860Z200US13166	13166	5622	7.4	3.3	78108	10063	12.9	4.1	1.3	1	93.3	1.5	8.8	5.6
Summary		73123	9.1				14.4		2.3		89.6		8.8	

Label	Estimate	Percent
Total Population	73123	100.0%
Male	37419	51.2%
Female	35704	48.8%
Sex ratio (males per 100 females)	105	
Under 5 years	3582	4.9%
5 to 9 years	4013	5.5%
10 to 14 years	4066	5.6%
15 to 19 years	4290	5.9%
20 to 24 years	3954	5.4%
25 to 34 years	9054	12.4%
35 to 44 years	9146	12.5%
45 to 54 years	8496	11.6%
55 to 59 years	5093	7.0%
60 to 64 years	5994	8.2%
65 to 74 years	9229	12.6%
75 to 84 years	4575	6.3%
85 years and over	1631	2.2%
Median age (years)		
Race Total population	73123	100.0%
One race	68127	93.2%
Two or more races	4996	6.8%
One race (2)	68127	93.2%
White	63801	87.3%
Black or African American	2584	3.5%
American Indian and Alaska Native	123	0.2%
Asian	493	0.7%
Native Hawaiian and Other Pacific Islander	0	0.0%
Some other race	1126	1.5%
Two or more races (2)	4996	6.8%
Total population (3)	73123	100.0%
Hispanic of Latino (of any race)	2722	3.7%
Not Hispanic or Latino	70401	96.3%
Civilian noninstitutionalized population	70410	100.0%
With health insurance coverage	67309	95.6%
With private health insurance	46454	66.0%
With public coverage	33116	47.0%
No health insurance coverage	3101	4.4%
Total Civilian Noninstitutionalized Population	70410	100.0%
With a disability	10163	14.4%

Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite "Construction". If so, and ***total*** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). ***Please read the LRA Instructions to ensure submission of an appropriate and complete application:***

☐ **Minor Construction** – Minor construction project with total project costs of up to $30,000,000 for general hospitals and up to $8,000,000 for all other facilities.

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

X ☐ **Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to $30,000,000 for general hospitals and up to $8,000,000 for all other facilities. (**NOT** necessary for "1-for-1" replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

☐ X **Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to $30,000,000 for general hospitals and up to $8,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. **If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

☐ **Mobile Vans** – Project to certify a new mobile van extension clinic or replace a previously certified mobile extension clinic van.

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

☐ **Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

☐ **Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for "part-time clinic". (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO.	CERTIFIED OPERATOR	TYPE OF FACILITY
0501000H	Auburn Community Hospital	Hospital

OPERATOR ADDRESS – STREET & NUMBER		PFI	NAME AND TITLE OF CONTACT PERSON		
17 Lansing Street		085	Eric Burch, EVP of Administration		
CITY	COUNTY	ZIP	STREET AND NUMBER		
Auburn	Cayuga	13021	17 Lansing Street		
PROJECT SITE ADDRESS – STREET & NUMBER		PFI	CITY	STATE	ZIP
17 Lansing Street		085	Auburn	NY	13021
CITY	COUNTY	ZIP	TELEPHONE NUMBER	FAX NUMBER	
Auburn	Cayuga	13021	315-777-7450	315-255-7382	
TOTAL PROJECT COST: $ 1,316,503			CONTACT E-MAIL: Burcheri@auburnhospital.org		

(Rev 09/2025)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST
1.1 Land Acquisition (*attach documentation*)	$ 0.00
1.2 Building Acquisition	$ 0.00
	1.1-1.2 Subtotal: 0.00
2.1 New Construction	$ 0.00
2.2 Renovation and Demolition	$ 0.00
2.3 Site Development	$ 0.00
2.4 Temporary Power	$ 0.00
	2.1-2.4 Subtotal: 0.00
3.1 Design Contingency	$ 0.00
3.2 Construction Contingency	$
	3.1-3.2 Subtotal: 0.00
4.1 Fixed Equipment (NIC)	$
4.2 Planning Consultant Fees	$
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	$
4.4 Construction Manager Fees	$
4.5 Capitalized Licensing Fees	$
4.6 Health Information Technology Costs	$
4.6.1 Computer Installation, Design, etc.	$
4.6.2 Consultant, Construction Manager Fees, etc.	$
4.6.3 Software Licensing, Support Fees	$
4.6.4 Computer Hardware/Software Fees	$
4.7 Other Project Fees (Consultant, etc.)	$
	4.1-4.7 Subtotal: 0.00
5.1 Movable Equipment	$ 1315503
6.1 Total Basic Cost of Construction	**$ 1,315,503.00**
7.1 Financing Cost (points, fees, etc.)	$
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount $ @ % for months	
7.3 Application Fee	$ 1,000.00
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	**$ 1,316,503.00**

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date _____

Construction Completion Date _____

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE ☒

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # _____

ITEM	COST AS IF PURCHASED
CARTO 3 SYSTEM	$ [redacted]
	$
	$
	$
	$

B. CASH ☐

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # _____

Accumulated Funds	$
Sale of Existing Assets*	$
Other – (i.e. gifts, grants, **etc.)	$
TOTAL CASH	$ 0.00

*Attach a full and complete description of the assets to be sold.

Attachment # _____

** If grants, attach a description of the source of financial support

Attachment # _____

C. DEBT FINANCING ☐

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing. **This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.**

Attachment # _____

Principal	$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

Schedule LRA 4/Schedule 7
CON Forms Regarding
Environmental issues

Contents:

Environmental Assessment			
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	**Yes**	**No**
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	☐	X☐
1.2	Does this plan involve construction and change land use or density?	☐	X☐
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	☐	X☐
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	☐	X☐
Part II.	**If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant**	**Yes**	**No**
2.1	Does the project involve physical alteration of ten acres or more?	☐	X☐
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	☐	X☐
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	☐	X☐
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	☐	X☐
2.5	Will the project involve parking for 1,000 vehicles or more?	☐	X☐
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	☐	X☐
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	☐	X☐
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	☐	X☐
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	☐	X☐
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	☐	X☐
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	☐	X☐
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	☐	X☐
2.13	Will the project significantly affect drainage flow on adjacent sites?	☐	X☐

2.14	Will the project affect any threatened or endangered plants or animal species?	☐	X☐
2.15	Will the project result in a major adverse effect on air quality?	☐	X☐
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	☐	X☐
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	☐	X☐
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	☐	X☐
2.19	Will the project have any adverse impact on health or safety?	☐	X☐
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	☐	X☐
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	☐	X☐
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	☐	X☐
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	☐	X☐
Part III.		**Yes**	**No**
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	☐	X☐
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

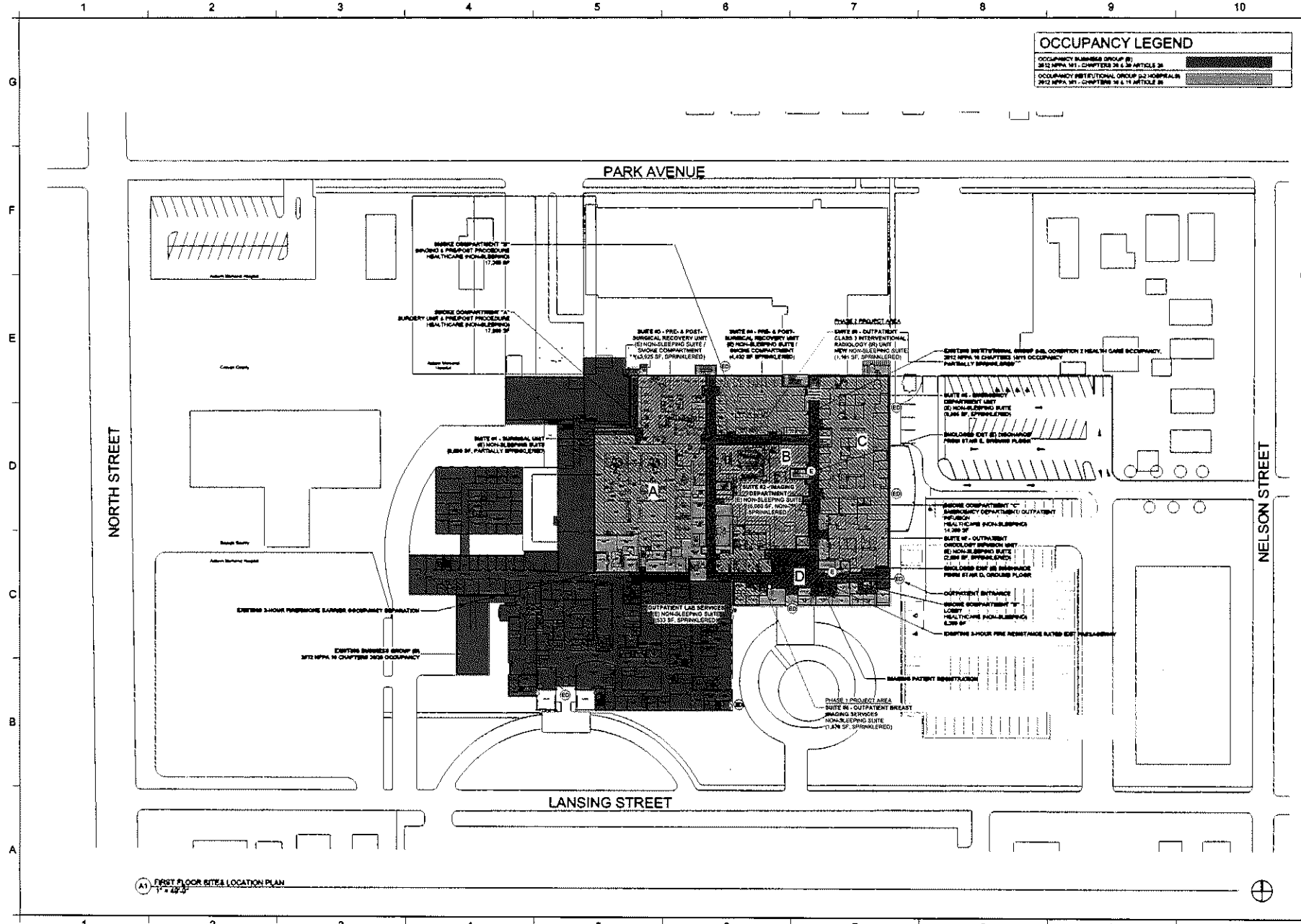
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.		Yes ☐	No X☐
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.		Yes ☐	No X☐
Part IV.	**Storm and Flood Mitigation**			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		☐	X☐
	Moderate to Low Risk Area		Yes	No
	Zone	**Description**	☐	X☐
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	☐	

	C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	☐	
	High Risk Areas		**Yes**	**No**
	Zone	**Description**	☐	X☐
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	☐	
	AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	☐	
	A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	☐	
	AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	☐	
	AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	☐	
	AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	☐	
	A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	☐	
	High Risk Coastal Area		**Yes**	**No**
	Zone	**Description**		
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	☐	X☐
	VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	☐	
	Undetermined Risk Area		**Yes**	**No**
	Zone	**Description**	☐	X☐

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		☐	X☐
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		☐	X☐
	If Yes, which floodplain?	100 Year	☐	
		500 Year	☐	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

FEMA **Elevation_Certificate**_and Instructions



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REVISION SCHEDULE

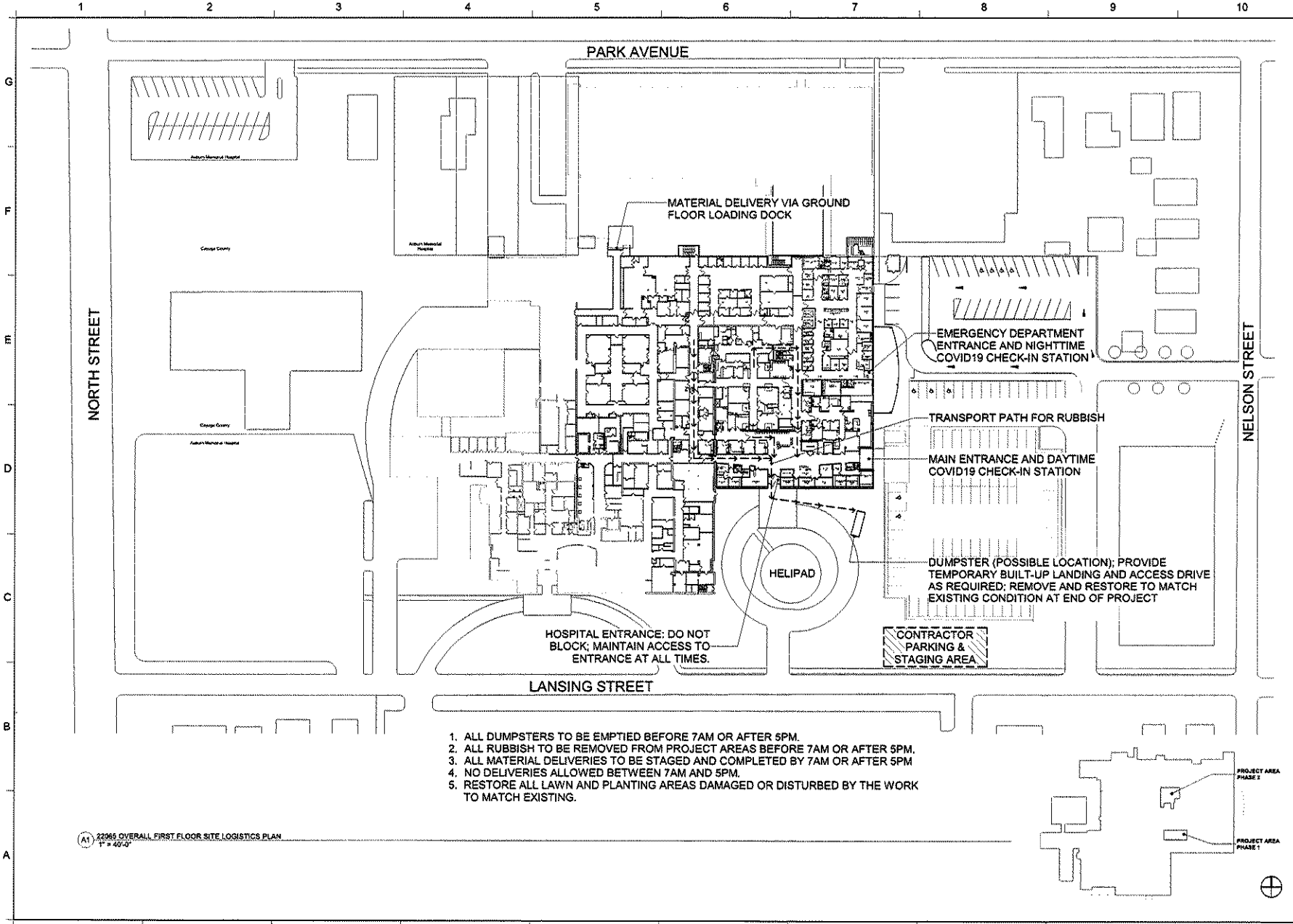
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	07/08/2021
PROJECT:	21026
DOB NO:	221026
DRAWN BY:	CRB

FIRST FLOOR & SITE LOCATION PLAN (PRINT IN COLOR)

22065 G102



1. ALL DUMPSTERS TO BE EMPTIED BEFORE 7AM OR AFTER 5PM.
2. ALL RUBBISH TO BE REMOVED FROM PROJECT AREAS BEFORE 7AM OR AFTER 5PM.
3. ALL MATERIAL DELIVERIES TO BE STAGED AND COMPLETED BY 7AM OR AFTER 5PM
4. NO DELIVERIES ALLOWED BETWEEN 7AM AND 5PM.
5. RESTORE ALL LAWN AND PLANTING AREAS DAMAGED OR DISTURBED BY THE WORK TO MATCH EXISTING.

A1 22065 OVERALL FIRST FLOOR SITE LOGISTICS PLAN
1" = 40'-0"

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Ithaca, New York 14850
80 State Street
Albany, New York 12207
133 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7600 www.holt.com

REGISTERED ARCHITECT
STATE OF NEW YORK

REVISION SCHEDULE	
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/16/24
PROJECT:	22065
CON NO:	331305
DRAWN BY:	Author

SITE LOGISTICS PLAN

22065 G301

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Date: February 2, 2026
CON Number: 261018
Facility Name: Auburn Community Hospital
Facility ID Number: 85
Facility Address: 17 Lansing Street, Auburn NY 13021

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237
To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of construction documents and specifications for the aforementioned construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.

2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the programmatic requirements for the aforementioned and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.

3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):

    a. X 712 (Standards of Construction for General Hospital Facilities)
    b. __ 713 (Standards of Construction for Nursing Home Facilities)
    c. __ 714 (Standards of Construction for Adult Day Health Care Program Facilities)
    d. __ 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
    e. __ 716 (Standards of Construction for Rehabilitation Facilities)
    f. __ 717 (Standards of Construction for New Hospice Facilities and Units)

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the pre-opening survey findings of deficiencies by the NYSDOH Regional Office, to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

   This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.

Project Name: Add EP Services to IR/ Cath Lab

Location: Auburn Community Hospital, 17 Lansing Street, Auburn, New York 13021

Description: ADD Cardiac Electrophysiology services in the new IR/Cath Lab

Signature of NYS Licensed Architect/Engineer

030772

Name of Architect/Engineer (Print)

Paul A. Levesque II

Professional New York State License Number

HOLT Architects, 619 West State Street, Ithaca, NY 14850

Business Street Address, City, State, Zip Code

Architectural or Engineering Professional Stamp

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Applicant

Date Name (Print) Title

Notary signing required for the applicant

STATE OF NEW YORK)
) SS:
County of _____)

On the ____ day of _____20__, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she is the _____ of the _____ _____, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

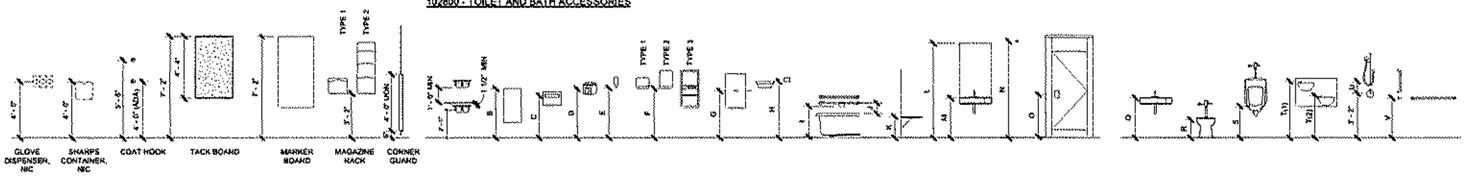
(Notary) _____

Project Eligibility Checklist for Architectural/Engineering Self-Certification			
	Does the project include any of the following?	**YES** If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.	**NO**
1.	Is a waiver or exceptions required?		NO
2.	Will the project costs exceed $15,000,000.00 (fifteen million dollars.)?		NO
3.	Is Bulk Oxygen /Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:		NO
	a. Hyperbaric Chambers		
	b. Bulk Systems include Nitrous Oxide System and Oxygen System: Definitions as defined below:		
	Bulk Nitrous Oxide System. An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb (1452 kg) [approximately 28,000 ft3 (793 m3) (NTP)] of nitrous oxide. (PIP)ground		
	Bulk Oxygen System* An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft3 (566 m3) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)		
4.	Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following;		NO
	a. Observation Units for behavioral health in ED's.		
	b. Behavioral health located within inpatient settings.		
	c. Nursing Homes or other facilities with Dementia Units that are locked.		
	d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.		
5.	Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers? Examples, include but not limited to the following.		NO
	a. Endoscopy Procedure Rooms		
	b. Procedure Rooms		
	c. Operating Rooms		
	d. Interventional Imaging *i.* Located in procedure rooms *ii.* Located in operating rooms		
6.	Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements? Examples, include but not limited to the following:		NO
	a. New Ambulatory Surgery Center		NO
	b. Endoscopy Centers and or Other Procedure Rooms		NO
	c. Free Standing Emergency Departments providing Definitive Care.		NO
7.	Is this project intended to provide Ventilator units for patients located in nursing homes?		NO
8.	Does this project involve Airborne infection isolation (AII) room?		NO
9.	Does this project involve Protective environment (PE) room?		NO

INTERIOR ELEVATION SYMBOLS AND TYPICAL MOUNTING HEIGHTS
(UNLESS OTHERWISE NOTED)

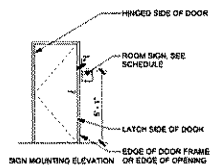
102800 - TOILET AND BATH ACCESSORIES

224000 - PLUMBING FIXTURES



	ITEM	MOUNTING HEIGHT	CODE REF. ICC/ANSI A117.1-2009
A	TOILET PAPER DISPENSER	1' - 6" to 4' - 0"	604.7
B	WASTE RECEPTACLE	3' - 6"	HOLT STANDARDS
C	TOILET SEAT COVER DISPENSER	3' - 0"	HOLT STANDARDS
D	HAND DRYER	3' - 6"	HOLT STANDARDS
E	SOAP DISPENSER, NIC	3' - 6"	HOLT STANDARDS
F	PAPER TOWEL DISPENSER	3' - 6"	HOLT STANDARDS
G	SANITARY NAPKIN DISPENSER	3' - 4"	HOLT STANDARDS
H	SOAP DISH/ CORNER BASKET AT SHOWER	3' - 6"	HOLT STANDARDS
I	SOAP DISH AT TUB	2' - 3"	HOLT STANDARDS
J	GRAB BAR AT TUB	9"	HOLT STANDARDS
K	FOLDING SHOWER SEAT	1' - 6"	610.3

	ITEM	MOUNTING HEIGHT	CODE REF. ICC/ANSI A117.1-2009
L	MIRROR (TOP)	6' - 2" MIN	HOLT STANDARDS
M	MIRROR (BOTTOM)	3' - 4" MAX	603.3
N	SHOWER CURTAIN ROD	6' - 10"	HOLT STANDARDS
O	TOILET PARTITION PUSH PLATE	3' - 6"	HOLT STANDARDS
Q	LAVATORY	2' - 10"	606.3
R	TOP OF WATER CLOSET SEAT	1' - 6"	604.4
S	URINAL	1' - 5"	605.2
T	DRINKING FOUNTAIN	(1) 3' - 6" (2) 3' - 0"	602.4
U	SHOWER CONTROLS	3' - 6"	608.5
V	GRAB BAR	2' - 10"	604.5



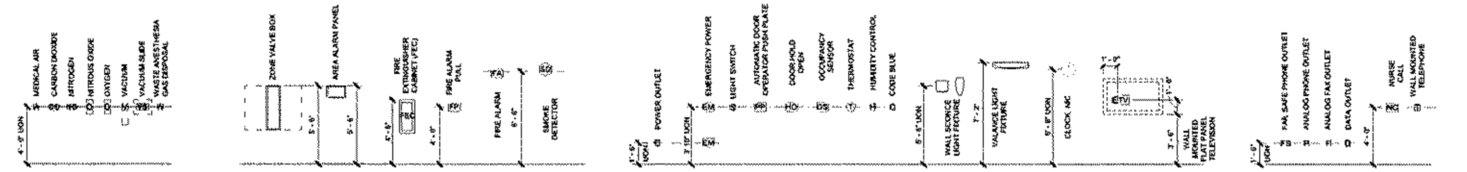
SIGN MOUNTING ELEVATION

226000 - MEDICAL GAS DEVICES

210000 - FIRE SUPPRESSION

260000 - ELECTRICAL DEVICES

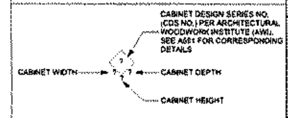
270000 - COMMUNICATION SYSTEMS



INTERIOR ELEVATION GENERAL NOTES

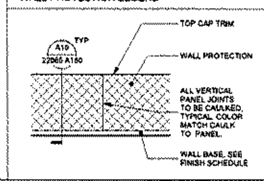
1. 6" HIGH BASE TYPICAL, UON. REFER TO FINISH PLANS FOR TYPE.
2. OUTLETS, SWITCHES, THERMOSTATS, ALARMS, ETC. SHOWN FOR COORDINATION PURPOSES ONLY. REFER TO MECHANICAL, ELECTRICAL AND PLUMBING DRAWINGS FOR FULL SCOPE.
3. REFER TO FINISH PLANS FOR ADDITIONAL ROOM AND MILLWORK FINISH INFORMATION.
4. REFER TO FINISH PLANS FOR MATERIAL OF WALL SURFACES AND WALL CABINETS, CABINET DRAWERS, CABINET DOORS, COUNTERTOPS, COUNTERTOP EDGES, SIDESPLASHES AND BACKSPLASHES.
5. PROVIDE BLOCKING FOR ALL WALL-MOUNTED ACCESSORIES, INCLUDING OWNER-PROVIDED ITEMS. COORDINATE BLOCKING REQUIREMENTS WITH SPECIFIED PRODUCTS.
6. PROVIDE SCRIBES BETWEEN CABINETS AND ADJACENT WALLS, TYPICAL UNLESS OTHERWISE NOTED.
7. ALIGN GYPSUM BOARD CONTROL JOINTS WITH REVEALS OR EDGES OF DOOR FRAMES.
8. PROVIDE LOCKS FOR ALL CABINET DOORS AND DRAWERS, TYPICAL.

CASEWORK TAG



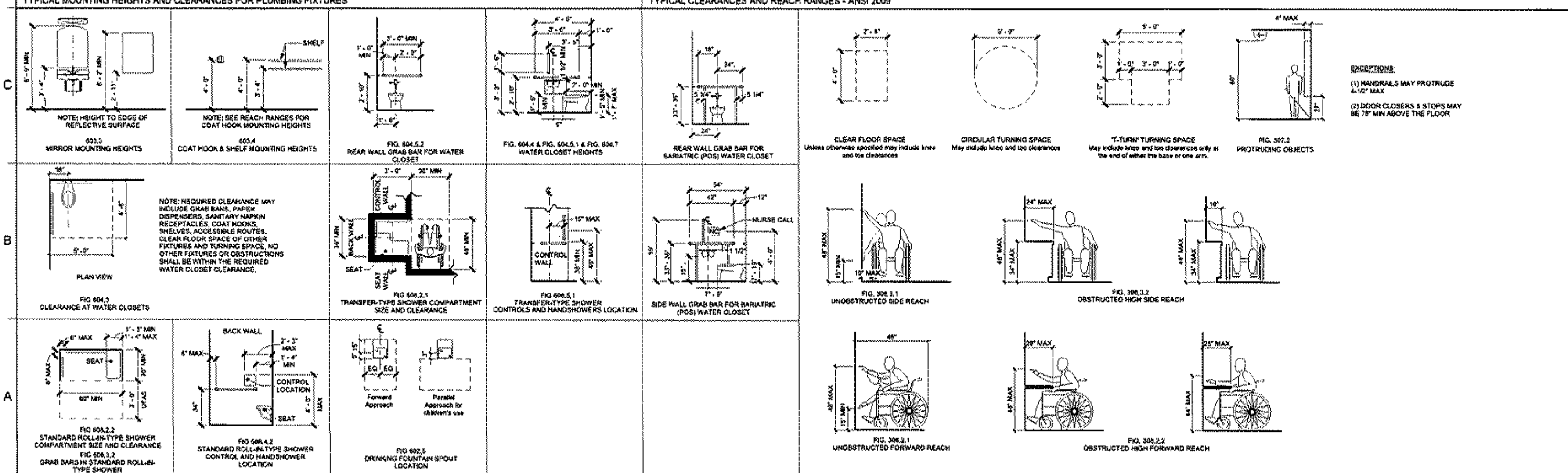
INTERIOR MATERIAL LEGEND

WALL PROTECTION LEGEND



TYPICAL MOUNTING HEIGHTS AND CLEARANCES FOR PLUMBING FIXTURES

TYPICAL CLEARANCES AND REACH RANGES - ANSI 2009



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Ithaca, New York 14850
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REGISTERED ARCHITECT · THE STATE OF NEW YORK

REVISION SCHEDULE

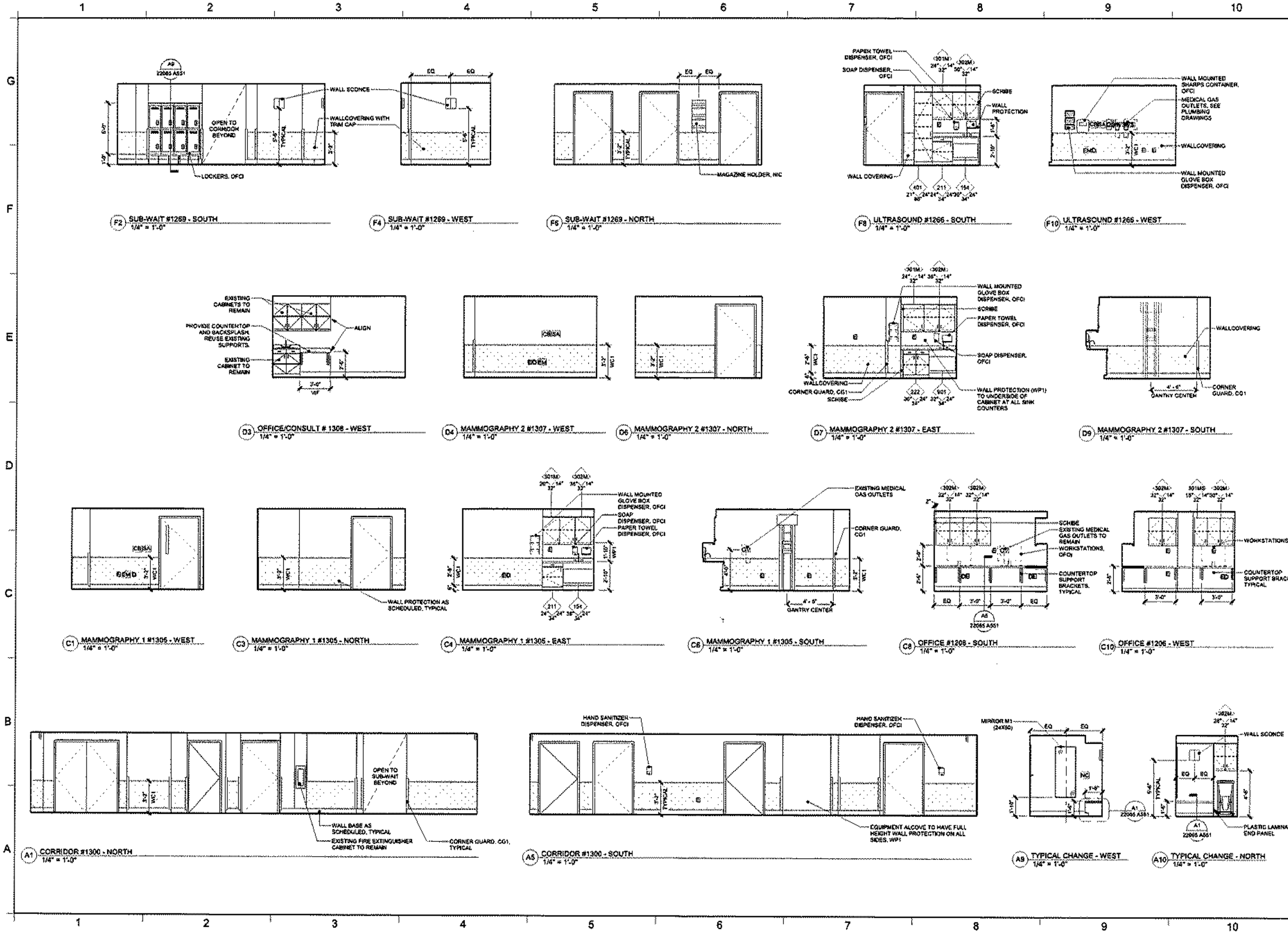
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/24
PROJECT:	22065
CON NO:	231365
DRAWN BY:	Author

TYPICAL MOUNTING HEIGHTS & ELEVATIONS

22065 A250



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Interior Design

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Ithaca, New York 14850

60 State Street
Albany, New York 12207

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Syracuse, New York 13202

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REGISTERED ARCHITECT — THE STATE OF NEW YORK

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR

INTERVENTIONAL RADIOLOGY

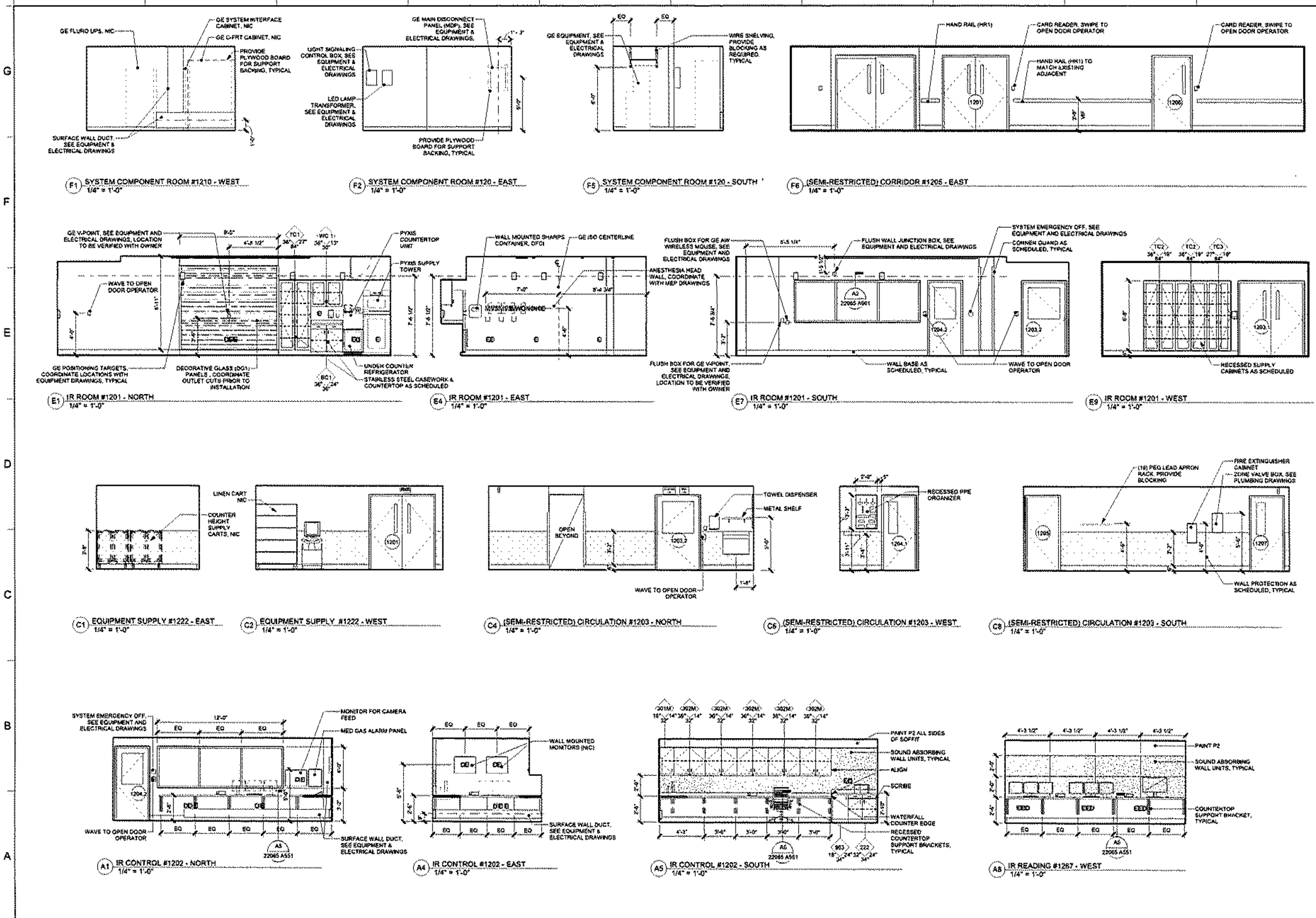
AUBURN COMMUNITY HOSPITAL

17 Lansing Street, Auburn, New York 13021

DATE:	10/30/2023
PROJECT:	22065
CON NO:	231365
DRAWN BY:	EKT

INTERIOR ELEVATIONS - PHASE 1

22065 A251



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WARNING: It is a violation of New York State Law for any person, unless acting under the direction of a licensed Architect, to alter this document in any way. If a document bearing the seal of an Architect is altered, the altering Architect shall affix to such document his seal and the notation "altered by" followed by his signature, the date of such alteration, and a specific description of the alteration.

REVISION SCHEDULE

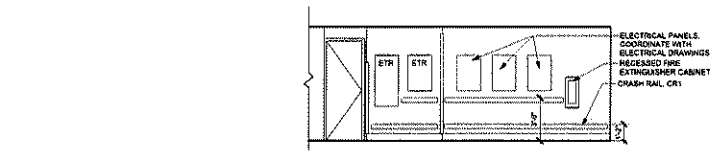
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

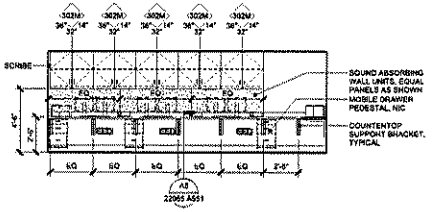
DATE:	04/19/24
PROJECT:	22065
CON NO:	231365
DRAWN BY:	EKT

INTERIOR ELEVATIONS - PHASE 2

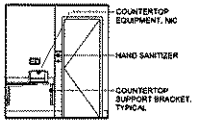
22065 A252



C9 CORRIDOR #1224 WEST ELEVATION
1/4" = 1'-0"



A7 ULTRASOUND TECH #1225 - NORTH
1/4" = 1'-0"



A10 ULTRASOUND TECH #1225 - EAST
1/4" = 1'-0"

HOLT ARCHITECTS
Architecture
Planning
Interior Design
515 W. State Street
Ithaca, New York 14850
69 State Street
Albany, New York 12207
152 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7900 www.holt.com

REGISTERED ARCHITECT
NEW YORK STATE OF NEW YORK

REVISION SCHEDULE

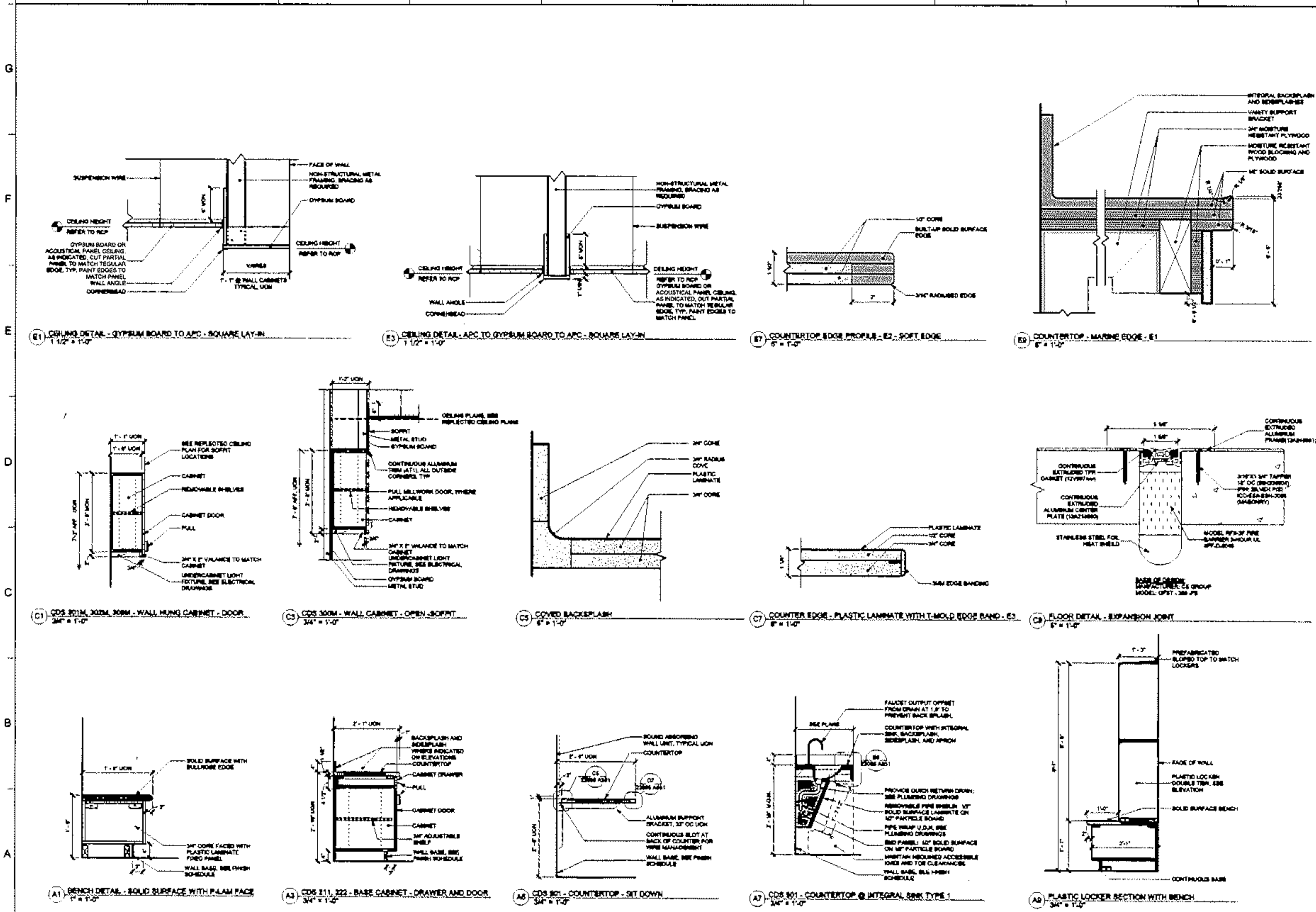
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/24
PROJECT:	22065
CON NO:	231366
DRAWN BY:	EKT

INTERIOR ELEVATIONS - PHASE 2

22065 A253


E1 CEILING DETAIL - GYPSUM BOARD TO APC - SQUARE LAY-IN
1 1/2" = 1'-0"
E3 CEILING DETAIL - APC TO GYPSUM BOARD TO APC - SQUARE LAY-IN
1 1/2" = 1'-0"
E7 COUNTERTOP EDGE PROFILE - E2 - SOFT EDGE
6" = 1'-0"
E9 COUNTERTOP - MARINE EDGE - E1
6" = 1'-0"
C1 CDS 301M, 302M, 308M - WALL HUNG CABINET - DOOR
3/4" = 1'-0"
C3 CDS 300M - WALL CABINET - OPEN -SOFFIT
3/4" = 1'-0"
C5 COVED BACKSPLASH
6" = 1'-0"
C7 COUNTER EDGE - PLASTIC LAMINATE WITH T-MOLD EDGE BAND - E3
6" = 1'-0"
C9 FLOOR DETAIL - EXPANSION JOINT
6" = 1'-0"
A1 BENCH DETAIL - SOLID SURFACE WITH P-LAM FACE
1" = 1'-0"
A3 CDS 211, 222 - BASE CABINET - DRAWER AND DOOR
3/4" = 1'-0"
A5 CDS 801 - COUNTERTOP - SIT DOWN
3/4" = 1'-0"
A7 CDS 801 - COUNTERTOP @ INTEGRAL SINK TYPE 1
3/4" = 1'-0"
A9 PLASTIC LOCKER SECTION WITH BENCH
3/4" = 1'-0"

HOLT ARCHITECTS

Architecture
Planning
Interior Design

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

MISCELLANEOUS DETAILS

22065 A551

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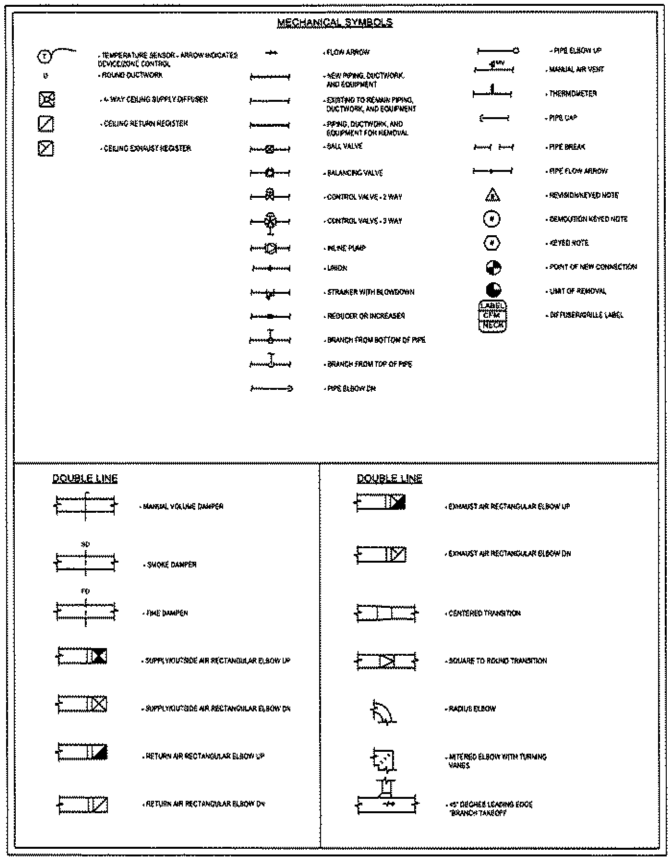

2018 FGI ASHRAE 170-2017 COMPLIANCE:

1. THE EXISTING AIR HANDLING UNIT AND ASSOCIATED FANS HAVE INTEGRAL VIBRATION ISOLATORS.
2. THE EXISTING AIR HANDLING UNIT ACU-14 SERVING PHASE 1 OF THIS PROJECT IS LOCATED IN THE SECOND FLOOR MECHANICAL ROOM AND CURRENTLY HAS MERV 8 PRE-FILTERS AND MERV 14 FINAL FILTERS.
3. THE EXISTING AIR HANDLING UNIT SERVING PHASE 2 OF THIS PROJECT IS LOCATED IN THE SECOND FLOOR MECHANICAL ROOM AND SHALL BE PROVIDED WITH MERV-8 PRE-FILTERS AND MERV-14 FINAL FILTERS. A DUCT MOUNTED FILTER BOX WITH HEPA FINAL FILTERS ARE PROVIDED IN THE SUPPLY DUCTWORK SERVING IR ROOM 1003.
4. THE OUTSIDE AIR INTAKE OF THE EXISTING AIR HANDLING UNIT MEETS OR EXCEEDS THE REQUIREMENT OF ASHRAE 170 FOR A MINIMUM OF 25'-0" SEPARATION FROM COOLING TOWERS AND ALL VENT AND EXHAUST DISCHARGES. THE INTAKE ALSO COMPLIES WITH THE MINIMUM REQUIREMENTS OF 8'-0" ABOVE GRADE.
5. REFER TO CODE COMPLIANCE DRAWINGS 22065 M004, 22065 M701 AND 22065 M702 FOR DESIGN ROOM PRESSURIZATION, AIRFLOWS AND AIR CHANGE RATE VALUES.

INFECTION CONTROL MEASURE:

A. CONTRACTOR SHALL OBTAIN FROM THE OWNER A COPY OF THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PREPARED FOR THIS PROJECT. CONTRACTOR SHALL REVIEW THE REQUIREMENTS IN THE REPORT AND PERFORM ALL WORK IN ACCORDANCE WITH THOSE REQUIREMENTS. CONTRACTOR SHALL STRICTLY ADHERE TO THE LIMITS OF THE CONSTRUCTION AREA, AND WHERE PHASING APPLIES SHALL ADHERE TO PHASING PLAN. ANY WORK OUTSIDE THE CONSTRUCTION AREA SHALL BE COORDINATED WITH THE OWNER AND PERFORMED IN ACCORDANCE WITH THE ICRA REPORT, UNDER SUPERVISION OF THE OWNER REPRESENTATIVE OR OTHER DESIGNATED ICRA COMMITTEE OFFICER.

B. TO THE EXTENT THAT IT IS REQUIRED BY THE ICRA, THE CONTRACTOR SHALL STRIVE TO MAINTAIN EXISTING LEVELS OF INDOOR AIR QUALITY IN AREAS SURROUNDING AND ADJACENT TO THE CONSTRUCTION WORK ZONE AND ELSEWHERE IN THE FACILITY. IT SHOULD BE ANTICIPATED THAT THE ICRA REPORT WILL REQUIRE MEASURES TO THIS EFFECT INCLUDING ERECTION OF CONSTRUCTION ZONE BARRIERS AND PROVISION OF NEGATIVE AIR PRESSURE IN THE CONSTRUCTION ZONE RELATIVE TO OTHER AREAS IN THE FACILITY.

C. IN ADDITION TO MEETING THE REQUIREMENTS OF THE ICRA REPORT, THIS CONTRACTOR, AT A MINIMUM, SHALL PROVIDE EQUIPMENT AND COMPONENTS NECESSARY TO CREATE A NEGATIVE PRESSURE IN THE CONSTRUCTION WORK ZONE RELATIVE TO ADJACENT AREAS. EXISTING HVAC SYSTEMS AND COMPONENTS SHALL NOT BE USED FOR THIS FUNCTION, UNLESS SPECIFICALLY APPROVED BY THE OWNER'S INFECTION CONTROL OFFICER. THE CONCEPT AND ALL ASPECTS OF THIS WORK SHALL BE DONE IN ACCORDANCE WITH THE ICRA REQUIREMENTS AND AT A MINIMUM AS FOLLOWS:

1. PRESENT THE NEGATIVE AIR PRESSURE PLAN TO THE OWNER FOR APPROVAL BY THE INFECTION CONTROL COMMITTEE.
2. AIR REMOVED FROM THE CONSTRUCTION ZONE SHALL BE FILTERED AND/OR DISCHARGED AS DIRECTED BY THE ICRA REPORT.
3. UNLESS OTHERWISE DIRECTED BY THE OWNER'S INFECTION CONTROL OFFICER, PROVIDE EQUIPMENT SUCH AS A FAN AND FILTER ASSEMBLY (NEGATIVE-AIR MACHINE), WITH THE EXHAUST DUCT EXTENDING TO THE BUILDING EXTERIOR, CREATING A NEGATIVE PRESSURE AT A MINIMUM OF 0.01" W.C. WITHIN THE CONSTRUCTION WORK ZONE.
4. VERIFY ALL EXISTING DUCTWORK WHICH PASSES THROUGH THE CONSTRUCTION ZONE AND IS TO REMAIN IS SEALED AND PROTECTED DURING THE CONSTRUCTION DURATION.
5. PROVIDE VISUAL MEANS TO MONITOR AND VERIFY NEGATIVE PRESSURE IS BEING MAINTAINED IN ACCORDANCE WITH THE ICRA REPORT AND PROVIDE DOCUMENTATION TO THE OWNER AS REQUIRED.

D. COORDINATE A MINIMUM ONE WEEK IN ADVANCE ANY REQUIRED EQUIPMENT SHUTDOWN WITH THE OWNER AND VERIFY BEFORE SHUTDOWN THAT EXISTING OR DESIRED AIR PRESSURE RELATIONSHIPS WILL NOT BE ADVERSELY AFFECTED.

HVAC ABBREVIATIONS

ACU	AIR CONDITIONING UNIT
ACCU	AIR COOLED CONDENSING UNIT
AFS	AIR FLOW STATION
DDC	DIRECT DIGITAL CONTROL
DSD	DUCT SMOKE DETECTOR
EA	EXHAUST AIR
EF	EXHAUST FAN
EMS	ENERGY MANAGEMENT SYSTEM
ESP	EXTERNAL STATIC PRESSURE
ETR	EXISTING TO REMAIN
EXIST	EXISTING
FD	FIRE DAMPER
H	HUMIDIFIER
HC	HEATING COIL
HEPA	HIGH EFFICIENCY PARTICULATE AIR (FILTER)
HWR	HOT WATER RETURN
HWS	HOT WATER SUPPLY
LPS	LOW PRESSURE STEAM
NA	NOT APPLICABLE
NC	NOISE CRITERIA
NTS	NOT TO SCALE
OA	OUTSIDE AIR
P	PUMP
QTY	QUANTITY
RA	RETURN AIR
RF	RETURN FAN
RH	RELATIVE HUMIDITY
RL	REFRIGERANT LIQUID
RS	REFRIGERANT SUCTION
SA	SUPPLY AIR
SD	SMOKE DAMPER
TAB	TESTING, ADJUSTING, BALANCE
TU	TERMINAL UNIT
TYP	TYPICAL
VD	VOLUME DAMPER
VFD	VARIABLE FREQUENCY DRIVE

MECHANICAL DRAWING INDEX

Sheet Number	Sheet Name
22065 M001	SYMBOLS AND ABBREVIATIONS
22065 M002	MECHANICAL NOTES
22065 M003	SCHEDULES
22065 M004	AIRFLOW SUMMARY SCHEDULE
22065 MD101	PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 1 AREA
22065 MD102	PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 2 AREA
22065 MD103	PARTIAL SECOND FLOOR DEMOLITION PLAN - PHASE 2 MECH ROOM
22065 M101	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - DUCTWORK
22065 M102	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - DUCTWORK
22065 M103	PARTIAL SECOND FLOOR PLAN - PHASE 2 MECHANICAL ROOM
22065 M201	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - PIPING
22065 M202	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - PIPING
22065 M501	DETAILS
22065 M502	DETAILS
22065 M601	CONTROLS
22065 M701	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - CODE CONFORMANCE
22065 M702	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - CODE CONFORMANCE

CODE SUMMARY / STANDARDS:

A. THE 2020 EDITION OF THE BUILDING CODE OF NEW YORK STATE.
B. THE 2020 EDITION OF THE NEW YORK FIRE PROTECTION CODE.
C. THE 2020 EDITION OF THE PLUMBING CODE OF NEW YORK STATE.
D. THE 2020 EDITION OF THE MECHANICAL CODE OF NEW YORK STATE.
E. THE 2020 EDITION OF THE ENERGY CONSERVATION CODE OF NEW YORK STATE.
F. THE 2012 EDITION OF NFPA 90A STANDARD FOR THE INSTALLATION OF AIR-CONDITIONING AND VENTILATION SYSTEMS.
G. THE 2011 EDITION OF NFPA 70 NATIONAL ELECTRIC CODE.
H. THE 2012 EDITIONS OF NFPA 99 HEALTH CARE FACILITIES CODE.
I. THE 2012 EDITION OF NFPA 101 LIFE SAFETY CODE.
J. THE 2018 EDITION OF "GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS" (FACILITY GUIDELINES INSTITUTE).
K. ANSI/ASHRAE/ASHE STANDARD 170 VENTILATION OF HEALTH CARE FACILITIES, 2017 EDITION, AS ADOPTED BY THE FGI GUIDELINES.

PROJECT HVAC DESIGN REQUIREMENTS

ECCCNYS COMPLIANCE (SECTION C403)

ITEM	REQUIRED	EXISTING	SPECIFICATION SECTION
ECONOMIZER DESCRIPTION		X	
EQUIPMENT AND SYSTEM CONTROLS		X	230900, 22065 M601/602
FAN MOTOR HORSEPOWER AND CONTROLS		X	230900, 22065 M601/602
DUCT SEALING	X		233113
DUCTWORK INSULATION	X		230713
PIPING INSULATION	X		230719
EQUIPMENT INSULATION		X	
ENERGY RECOVERY		NR	
VENTILATION ANALYSIS AND CONTROL	X		M004
TEMPERATURE SETBACK CONTROL		X	230900, 22065 M601/602
PARTLOAD CONTROL		X	230900, 22065 M601/602
VARIABLE SPEED CONTROL	X		230900, 22065 M601/602

MCNYS COMPLIANCE (CHAPTER 6)

ITEM	REQUIRED	EXISTING	SPECIFICATION SECTION
COMBINATION FIRE-SMOKE DAMPERS	X		233300
DUCT SMOKE DETECTORS		X	233300
ECONOMIZER MODE		X	230900, 22065 M601/602
FIRE DAMPERS	NO		233300
FIRE RATED ENCLOSURE	NO		
FIRESTOPPING	X		DIV. 7
SMOKE CONTROL		NR	

PROJECT DESIGN CRITERIA

OUTDOOR DESIGN CONDITIONS	TEMP (DB / WB)
SUMMER	86°F DB / 72°F WB
WINTER	-6°F DB
COUNTY / CLIMATE ZONE	CAYUGA / 5A
INDOOR DESIGN CONDITIONS	TEMP / HUMIDITY
HEATING	68°F DB
COOLING (GENERAL)	72°F DB / 50% RH
COOLING (IR ROOM)	72°F DB / 50% RH

HOLT ARCHITECTS
Architecture
Planning
Interior Design
619 W. State Street
Ithaca, New York 14850
69 State Street
Albany, New York 12207
132 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7600 www.holt.com

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENTIONAL RADIOLOGY

AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231384
DRAWN BY:	DW

SYMBOLS AND ABBREVIATIONS

22065 M001

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GENERAL NOTES:

1. EXISTING SYSTEMS SHOWN ON DRAWINGS ARE BASED ON AVAILABLE RECORD DRAWINGS. THIS INFORMATION IS ONLY PARTIALLY VERIFIED. THE CONTRACTOR IS RESPONSIBLE TO FIELD VERIFY AND INVESTIGATE ALL CONDITIONS THAT AFFECT THE WORK PRIOR TO SUBMITTING THE BID.

2. CONTRACTOR IS RESPONSIBLE FOR COORDINATION OF ALL WORK. REFER TO ALL DRAWINGS FOR EXACT LOCATIONS OF BUILDING AND STRUCTURAL ELEMENTS. COORDINATE ALL EQUIPMENT LOCATIONS, CONCEALMENT AND SURFACE FINISH TREATMENTS CAREFULLY WITH WORK OF ALL TRADES. IN ANY CASE OF DISCREPANCY BETWEEN THE PLANS OR IN ANY CASE WHERE SUCH ISSUES REQUIRE CLARIFICATION, NOTIFY ENGINEER.

3. DRAWINGS ARE DIAGRAMMATIC AND INDICATE GENERAL ARRANGEMENT OF SYSTEMS AND WORK INCLUDED IN THE CONTRACT. IT IS NOT INTENDED TO SPECIFY OR SHOW EVERY OFFSET, FITTING OR CONVOYANCE; HOWEVER, CONTRACT DOCUMENTS REQUIRE COMPONENTS AND MATERIALS WHETHER OR NOT INDICATED OR SPECIFICALLY SPECIFIED TO MAKE THE SYSTEMS BEING INSTALLED COMPLETE, CODE COMPLIANT, TESTED AND OPERATIONAL.

4. DO NOT SCALE DRAWINGS. CONTRACTOR SHALL FIELD VERIFY ALL LOCATIONS, DIMENSIONS AND ELEVATIONS PRIOR TO CONSTRUCTION.

5. PERFORM WORK, PROVIDE MATERIALS AND EQUIPMENT FOR SYSTEMS SHOWN, SPECIFIED AND DESCRIBED ON DRAWINGS, COMPLETELY COORDINATE WITH ALL TRADES AND PROVIDE COMPLETE AND FULLY FUNCTIONAL INSTALLATION. ALL WORK IN THIS SET TO BE COMPLETED UNDER THIS CONTRACT, UNLESS OTHERWISE INDICATED.

6. MATERIALS AND INSTALLATION SHALL COMPLY WITH 2020 MECHANICAL CODE OF NEW YORK STATE, 2012 EDITION OF NFPA 90A AND ALL LOCAL REGULATIONS.

7. WORK SHALL BE EXECUTED IN A WORKMANLIKE MANNER AND SHALL PRESENT NEAT, RECTILINEAR APPEARANCE WHEN COMPLETED. MAINTAIN MINIMUM HEAD ROOM AT ALL TIMES. DO NOT RUN PIPES, DUCTS, AND CONDUIT EXPOSED UNLESS SHOWN AND NOTED TO BE EXPOSED ON DRAWINGS.

8. CONSTRUCTION WORK AND DEMOLITION SHALL BE PERFORMED AT SUCH TIMES AND UNDER SUCH CONDITIONS AS SUITS THE OWNER, AT NO ADDITIONAL COST FOR PREMIUM TIME.

9. COORDINATE ANY INTERRUPTION OF UTILITIES SERVICE WITH OWNER'S REPRESENTATIVE ONE WEEK PRIOR TO PROPOSED SHUTDOWN AND COORDINATED WITH OTHER TRADE WORK. CONTRACTOR IS RESPONSIBLE FOR ALL WORK RELATED TO ISOLATING, SHUTTING DOWN, DRAINING, FILLING AND TESTING SYSTEMS TO ALLOW FOR COMPLETION OF WORK. INTERRUPTIONS TO EXISTING SERVICES AND SYSTEMS SHALL BE AS SHORT AS POSSIBLE AND AT A TIME AND DURATION APPROVED BY THE OWNER AND UTILITY AS APPLICABLE, AT NO ADDITIONAL COST FOR PREMIUM TIME.

10. ALL FINISHES AND SURFACES TO REMAIN WHICH ARE DAMAGED DURING CONSTRUCTION WORK SHALL BE REPAIRED OR REPLACED. FINISHES TO MATCH EXISTING, TO SATISFACTION OF THE OWNER, AT NO ADDITIONAL COST.

11. CEILING ACCESS DOORS ARE REQUIRED FOR ACCESS TO SERVICE EQUIPMENT SUCH AS VALVES, AIR VENTS, AUTOMATIC DAMPERS, SMOKE DAMPERS, FIRE DAMPERS, FIRE/SMOKE DAMPERS, AND REHEAT COIL INLET/OUTLETS. IF INSTALLED ABOVE ARMACCESSIBLE CEILING, COORDINATE CEILING ACCESS DOOR LOCATIONS AND SIZES WITH ARCHITECT.

12. EXPOSED SURFACES OF EXISTING EQUIPMENT AND DUCTWORK SHALL BE COVERED / PROTECTED DURING CONSTRUCTION.

13. PROVIDE AND INSTALL NECESSARY DUCTWORK TRANSITIONS AND PIPING WORK/ASERS/REDUCERS AS REQUIRED FOR EQUIPMENT CONNECTIONS. CONSULT MANUFACTURER'S DATA FOR ACTUAL DUCTWORK AND PIPING CONNECTIONS SIZES, INCLUDING, BUT NOT LIMITED TO THOSE SHOWN.

14. SEAL ALL WALL, ROOF AND FLOOR PENETRATIONS AIR TIGHT AT PIPE, DUCTWORK, AND CONDUIT PENETRATIONS. IN ADDITION, ALL PENETRATIONS THRU FIRE RATED WALLS TO BE SEALED AS PER UL DETAILS, EQUIVALENT TO ASSEMBLY RATING.

15. DUCTWORK AND PIPING SHALL NOT BE INSTALLED ABOVE ELECTRICAL PANELS. COORDINATE INSTALLATION OF DUCTWORK AND PIPING WITH ELECTRICAL PANELS WHEN SHOWN NEAR PANELS OR OVER ELECTRICAL ROOMS.

16. DUCTWORK ROUTED PARALLEL TO A RATED WALL OR CORRIDOR SHALL BE INSTALLED WITH MINIMUM 6" CLEARANCE TO ALLOW FOR INSPECTION OF WALL PENETRATIONS. CONTRACTOR SHALL PROVIDE 12" CLEARANCE WHERE POSSIBLE.

17. INSTALL AND PROPERLY SUPPORT FLEXIBLE DUCTWORK TO AVOID AIRFLOW RESTRICTIONS. NO KINKS OR CRIMPS ARE PERMITTED. FLEXIBLE DUCTWORK SHALL NOT BE ROUTED THROUGH WALLS. NON-SHEETMETAL DUCTWORK IS REQUIRED AT WALL PENETRATIONS. FLEXIBLE DUCTWORK LENGTHS SHALL NOT EXCEED 5'-0"

18. PROVIDE MANUAL VOLUME DAMPERS AT ALL LOW-PRESSURE BRANCH DUCTS TO INDIVIDUAL DIFFUSERS AND GRILLES. PROVIDE DAMPERS AS CLOSE AS POSSIBLE TO BRANCH CONNECTION TO THE MAIN. REFER TO THE REGISTER AND DIFFUSER SCHEDULE AS WELL AS THE SPECIFICATIONS FOR ADDITIONAL INFORMATION.

19. DUCTWORK DIMENSIONS INDICATED ON THE DRAWINGS ARE INSIDE CLEAR DIMENSIONS. INCREASE DUCTWORK AS REQUIRED AT LOCATIONS REQUIRING DUCT LINING.

20. PROVIDE RIBBON OR TAPE ON HANDLE OF ALL MANUAL VOLUME DAMPERS FOR IMPROVED IDENTIFICATION ABOVE THE CEILING.

21. CONTRACTOR SHALL VERIFY CLEARANCE REQUIREMENTS AND INDICATED ROUTING OF NEW DUCTWORK BEFORE FABRICATION BEGINS AS RISES AND DROPS MAY BE NECESSARY DUE TO EXISTING FIELD CONDITIONS.

22. ALL SQUARE ELBOWS SHALL HAVE TURNING VANES, EXCEPT FOR LINED RETURN AIR SOUND TRAPS. ALL TURNING VANES SHALL BE DOUBLE-WALL ACOUSTICAL TYPE.

23. PAINT INTERIOR OF METAL DUCTS WITHOUT DUCT LINER THAT ARE VISIBLE THROUGH REGISTERS AND GRILLES. APPLY ONE COAT OF FLAT BLACK LATEX PAINT OVER COMPATIBLE GALVANIZED STEEL PRIMER.

24. PROVIDE SHUT OFF VALVES IN A READILY ACCESSIBLE LOCATION FOR HYDRONIC PIPING SYSTEMS AT ALL SUPPLY & RETURN BRANCH PIPING FEEDING MORE THAN ONE HVAC UNIT.

25. PROVIDE TEST PORTS ON BOTH SIDES OF DIFFERENTIAL PRESSURE SENSORS FOR SETUP AND CALIBRATION.

26. PROVIDE MANUAL AIR VENTS AT ALL HIGH POINTS AT THE TOP OF RISERS OR RUNOUTS. ALL LOCATIONS SHALL BE DOCUMENTED ON AS-BUILT DRAWINGS.

27. PROVIDE A 3/4" BALL TYPE DRAIN VALVE WITH HOSE END AND CAP AT ALL LOW POINTS IN HYDRONIC PIPING SYSTEMS AND AT THE BASE OF ALL RISERS. ALL LOCATIONS SHALL BE DOCUMENTED ON AS-BUILT DRAWINGS.

28. ALL PIPING SHALL BE RUN CONCEALED IN FINISHED AREAS, UNLESS OTHERWISE INDICATED. COORDINATE PIPING INSTALLATION WITH WORK OF OTHER TRADES TO ENSURE CONCEALMENT.

29. SLEEVE PIPE PENETRATIONS AT WALLS.

30. COORDINATE ALL WALL PENETRATIONS WITH GENERAL CONTRACTOR AND SEAL WEATHERTIGHT. PROVIDE STAINLESS STEEL ESCUTCHEON PLATE/TRIM RING FOR EACH ABOVE GRADE PENETRATION (BOTH SIDES).

31. INSTRUCT THE OWNER IN THE PROPER OPERATION AND MAINTENANCE OF THE MECHANICAL SYSTEMS UNTIL THE OWNER IS FULLY PREPARED TO OPERATE AND MAINTAIN THE MECHANICAL SYSTEM.

32. SYSTEMS SHALL OPERATE UNDER CONDITIONS OF LOAD WITHOUT UNUSUAL OR EXCESSIVE NOISE OR VIBRATION. UNUSUAL OR EXCESSIVE NOISE OR VIBRATION SHALL BE CORRECTED.

33. EQUIPMENT, MATERIALS AND LABOR REQUIRED BY THESE CONTRACT DRAWINGS SHALL BE GUARANTEED TO BE FREE FROM DEFECTIVE MATERIALS OR WORKMANSHIP FOR ONE YEAR AFTER FINAL ACCEPTANCE OF THE PROJECT UNLESS SPECIFIED OTHERWISE. DEFECTIVE MATERIALS OR WORKMANSHIP OCCURRING DURING THIS PERIOD SHALL BE CORRECTED AT NO ADDITIONAL COST.

DIRECT DIGITAL CONTROLS:

A. PROVIDE ACTUATOR POWER FOR ALL ELECTRIC ACTUATORS.

B. PROVIDE POWER FOR ELECTRONIC THERMOSTATS, CURRENT SENSORS, TRANSMITTERS, ENERGY METERS, SENSORS, AND ACCESSORIES.

C. ALL CONTROL POWER SHALL BE DERIVED FROM 115V, 20A CONTROL POWER CIRCUIT FROM JUNCTION BOXES PROVIDED BY DIVISION 26. ALL CONTROL POWER SHALL BE PROVIDED BY THE STANDBY EMERGENCY POWER SYSTEM, UNLESS OTHERWISE NOTED.

D. ALL CONTROL VARIABLES, OBJECTS, CONTROL LOOPS AND OTHER SOFTWARE CONSTRUCTS SHALL BE NAMED APPROPRIATELY SO THEY ARE READILY UNDERSTANDABLE. ALL CONTROL OBJECTS SHALL BE IDENTIFY BUILDING, SYSTEM, OBJECT.

E. PROVIDE ELECTRIC ACTUATOR FOR ALL CONTROL VALVES, DAMPERS AND MECHANICAL CONTROL DEVICES.

F. DAMPER ACTUATORS SHALL BE ELECTRICALLY ACTUATED WITH 4-20 MA CONTROL SIGNAL FOR MODULATING DAMPERS.

G. PROVIDE POINTS LIST WITH IP ADDRESSES, REFER TO DRAWINGS AND SPECIFICATIONS.

H. CONTROLS WIRING CAN BE INSTALLED IN MECHANICAL ROOM CABLE TRAYS (IF AVAILABLE), AND IN CABLE TRAYS ABOVE SUSPENDED CEILINGS, AND ELSEWHERE SHOWN ON DRAWINGS. WIRING FROM DEVICES TO CABLE TRAY SHALL BE IN CONDUIT.

I. COORDINATE LIGHTING CONTROL WITH BUILDING AUTOMATION SYSTEM. EMS INSTALLER SHALL BE RESPONSIBLE FOR END-TO-END COORDINATION OF LIGHTING AND EMS SYSTEMS.

J. CONTROLS SHALL BE AN EXTENSION OF THE HOSPITAL'S EXISTING TRANE BUILDING ENERGY MANAGEMENT SYSTEM.

K. SEAL WALL BOXES FOR CONTROLS, INCLUDING ROOMS SENSORS, HPM'S AND CONTROL PANELS, IN THE IN HOOM WITH SILICON, SEALED AIRTIGHT.

GENERAL MECHANICAL DEMOLITION NOTES:

A. SURVEY EXISTING CONDITIONS AND CORRELATE WITH REQUIREMENTS INDICATED TO DETERMINE EXTENT OF SELECTIVE DEMOLITION REQUIRED.

B. DEMOLITION DRAWINGS SHOW IN GENERAL MAJOR EQUIPMENT, PIPING AND DUCTWORK REMOVALS. THIS INTENT IS NOT TO IDENTIFY ALL MISCELLANEOUS PIPING, PIPING ACCESSORIES, DUCTWORK, DUCTWORK ACCESSORIES, SUPPORTS, CONTROLS, CONTROL ACCESSORIES, CONTROL WIRING AND CONDUIT, PNEUMATIC TUBING AND ACCESSORIES TO BE DISCONNECTED AND REMOVED BUT IS THE REQUIREMENT UNDER THIS CONTRACT. NO EQUIPMENT, PIPING OR DUCTWORK SHALL BE ABANDONED IN PLACE UNLESS OTHERWISE NOTED ON THE DRAWINGS.

C. FOR EQUIPMENT AND SYSTEMS TO REMAIN IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE CONDITIONS OF, EXACT SIZES AND LOCATION OF EXISTING DUCT AND PIPING ETC. BEFORE DEMOLITION WORK IS BEGUN. REPORT ANY DISCREPANCIES BETWEEN PLANS AND ACTUAL FIELD CONDITIONS TO THE OWNER'S REPRESENTATIVE AND ENGINEER PRIOR TO THE COMMENCEMENT OF DEMOLITION WORK.

D. ALL MATERIALS, EQUIPMENT, METHODS OF INSTALLATION, REMOVALS AND DISPOSAL SHALL BE IN ACCORDANCE WITH THE STANDARDS, REGULATIONS, CODES, ORDINANCES, AND LAWS OF LOCAL, STATE, AND FEDERAL GOVERNMENTS, AND OTHER AUTHORITIES THAT HAVE LAWFUL JURISDICTION.

E. REMOVE THE INDICATED HVAC ITEMS AS SHOWN ON THE PLANS. THIS INCLUDES ALL HANGERS, STRAPS, AND RELATED MATERIALS AS DIRECTED THIS MATERIAL SHALL BE REMOVED FROM THE SITE OR TURNED OVER TO THE OWNER (AS DIRECTED BY THE OWNER).

F. PATCH AND MATCH OPENINGS IN WALLS TO MAINTAIN THE INTEGRITY OF THE WALL IN THE LOCATIONS WHERE AIR DEVICES, DUCTS, PIPING, ETC. HAVE BEEN REMOVED. (MAINTAIN THE EXISTING RATINGS).

G. THE EXISTING PNEUMATIC TUBING, SENSORS, CONTROLLERS AND ACCESSORIES SHALL BE REMOVED WITH TUBING REMOVED AND SECURED BACK TO POINT OF NEAREST CONNECTION TO THE MAIN. TUBING CAPPED AND SEALED LEAK FREE. CONTROLS CONTRACTOR IS RESPONSIBLE TO MAINTAIN CONTINUITY OF OPERATION OF THE EXISTING BAS DURING ALL PROJECT PHASES.

H. ALL CAPPED LINES FROM EQUIPMENT SHALL BE IDENTIFIED WITH STENCILED SERVICE, LOCATE WITHIN 3'-0" OF CAP.

I. ALL DEMOLITION WORK SHALL COMPLY WITH NFPA 241 AND REQUIREMENTS OF THE OWNER/FACILITY.

PHASING NOTES:

A. PHASING OF THE WORK IS REQUIRED TO ALLOW CONTINUED USE AND OCCUPANCY OF PORTIONS OF THE BUILDING, INCLUDING THE AREAS ADJACENT TO THE CONSTRUCTION WORK ZONE.

B. REFER TO THE ARCHITECTURAL DRAWINGS FOR ADDITIONAL PHASING PLANS AND GENERAL INFORMATION.

C. CONTRACTOR SHALL MAINTAIN EXISTING SERVICES TO THE AREAS OUTSIDE OF EACH INDIVIDUAL PHASE.

D. DEMOLITION AND NEW CONSTRUCTION NOTES ARE TO DEFINE INTENT. WORK SHALL INCLUDE ALL WORK INDICATED ON THE PLANS AS WELL AS ALL OTHER ITEMS REQUIRED TO MAINTAIN EXISTING SERVICES AND HOSPITAL OPERATIONS THROUGHOUT EACH PHASE.

E. CONTRACTOR SHALL PROVIDE NEW AND TEMPORARY EQUIPMENT INCLUDING WIRING, PIPING, DUCTWORK, CONDUIT AND ASSOCIATED FITTINGS AS REQUIRED IN ORDER TO COMPLY WITH THE PHASING REQUIREMENTS INDICATED ON THE ARCHITECTURAL DRAWINGS, IN ORDER TO MAINTAIN HOSPITAL OPERATIONS OUTSIDE THE CONSTRUCTION WORK ZONE FOR EACH PHASE.

F. COORDINATE ALL WORK OCCURRING OUTSIDE OF CONSTRUCTION PHASE LINES WITH THE HOSPITAL. SCHEDULE ALL SHUTDOWNS OR INTERRUPTION IN SERVICES WELL IN ADVANCE. WORK MAY NEED TO OCCUR OUTSIDE OF NORMAL WORK HOURS. PROVIDE ADDITIONAL VALVES IN EXISTING MAINS TO MINIMIZE THE NUMBER OF SHUTDOWNS FOR THE OWNER.

G. OVERLAPPING OF WORK AT EACH OF THE PHASED CONSTRUCTION AREAS AND TEMPORARY CONNECTIONS WILL BE REQUIRED OF THE MECHANICAL, ELECTRICAL, PLUMBING AND FIRE PROTECTION SYSTEMS TO ENSURE THAT THE OCCUPIED AREAS ARE CONTINUALLY OPERATIONAL AND FUNCTIONAL WITHOUT DISRUPTIONS.

H. AT THE END OF EACH PHASE, THE AIR AND WATER SYSTEMS SHALL BE BALANCED TO THE DESIGN VALUES AND PRESSURIZATION REQUIREMENTS FOR EACH PHASE. REFER TO THE TEST & BALANCE NOTES FOR ADDITIONAL INFORMATION.

TEST AND BALANCE:

1.PRE-CONSTRUCTION

A. PRIOR TO COMMENCEMENT OF ANY DEMOLITION OR HVAC WORK, AN INDEPENDENT AABC OR NEBB CERTIFIED TAB CONTRACTOR SHALL MEASURE AN OCCUPANT, IN A TYPED REPORT THE AIR FLOW QUANTITIES PROVIDED OR EXHAUSTED BY ALL THE EXISTING EQUIPMENT, WATER MAINS AND DUCTS TO REMAIN THAT SERVE OR ARE SERVED FROM THE RENOVATED AREA. SUBMIT DATA TO ENGINEER FOR REVIEW PRIOR TO SCHEDULING DEMOLITION AND CONSTRUCTION OF NEW WORK.

B. THE FOLLOWING INFORMATION IS REQUIRED.

1. AIR FLOW OF ALL AIR DEVICES IN RENOVATED AREA(S), INCLUDING AIR FLOWS FOR EACH HOOD.
2. AIR FLOW (TRAVERSE) AT MAINS AND BRANCH DUCTS SERVING THE RENOVATED AREA(S).
3. AIR FLOW AT UNITS (TRAVERSE) AT MAINS AND BRANCH DUCTS SERVING THE RENOVATED AREA(S).
4. SUCTION AND DISCHARGE STATIC AT UNITS SERVING THE RENOVATED AREA(S).
5. MEASURED FAN RPM, MOTOR AMPERAGE FOR ALL UNITS SERVING THE RENOVATED AREA(S).
6. PROVIDE EXISTING UNIT AND MOTOR NAME PLATE DATA, INCLUDING MOTOR AMPERAGE READINGS.
7. MEASURE WATER FLOWS AT THE MAINS SERVING RENOVATED AREA(S).

2.FINAL CONSTRUCTION

A. UPON COMPLETION OF THE HVAC RENOVATION WORK, AN INDEPENDENT AABC OR NEBB CERTIFIED TAB CONTRACTOR SHALL BALANCE THE NEW AND EXISTING EQUIPMENT AND DUCTS TO PROVIDE INDICATED AIR QUANTITIES TO THE RENOVATED SPACES. ANY ADDITION OF DAMPERS, ADJUSTMENTS, (FAN SPEED, CHANGE OUT OF PULLEYS, ETC.) REQUIRED FOR THIS SHALL BE INCLUDED IN THIS CONTRACTOR'S PROPOSAL.

B. COMPLETION OF EACH PHASE AND FINAL CONSTRUCTION: UPON COMPLETION OF EACH PHASE OF HVAC RENOVATION WORK, THE SAME CONTRACTOR SHALL REBALANCE THE NEW AND EXISTING EQUIPMENT, DUCTS AND AIR DEVICES TO PROVIDE THE DESIGN AIRFLOW QUANTITIES INDICATED ON THE DRAWINGS. THE SUPPLY, RETURN AND EXHAUST AIRFLOW QUANTITIES SHALL BE ADJUSTED AS REQUIRED (DESPITE MEETING WITH AIRFLOW INDICATED ON DRAWINGS) TO MEET CODE REQUIRED ROOM PRESSURE DIFFERENTIAL OF 0.10" W.C. REFER TO CODE CONFORMANCE DRAWING FOR DESIGNATED SPACES.

C. ANY ADDITION OF DAMPERS, ADJUSTMENTS, (FAN SPEED, CHANGE OUT OF PULLEYS, ETC.) AS REQUIRED FOR THIS SHALL BE INCLUDED IN THIS CONTRACTOR'S PROPOSAL.

D. FINAL REPORT

1. SUBMIT FINAL TEST AND BALANCE REPORT TO ENGINEER FOR REVIEW AND ACCEPTANCE, ONE WEEK PRIOR TO FINAL INSPECTION FOR EACH PHASE.

AHU OPERATION DURING CONSTRUCTION:

A. THE USE OF NEW OR EXISTING AIR HANDLING UNITS DURING CONSTRUCTION IS PROHIBITED UNLESS APPROVED BY THE OWNER AND THE PROCEDURES OUTLINED IN THIS PARAGRAPH ARE FOLLOWED RIGIDLY.

B. THE CONTRACTOR SHALL PROTECT THE INTERIOR OF ALL DUCTWORK AND THE AIR HANDLING UNITS FROM THE ACCUMULATION OF DIRT AND DUST ASSOCIATED WITH THE CONSTRUCTION WORK.

C. DUCTWORK STORED ON SITE AWAITING INSTALLATION SHALL BE CAREFULLY EXAMINED AND THOROUGHLY CLEANED BEFORE PLACEMENT IN ITS FINAL LOCATION. THE ENDS OF DUCTWORK SHALL BE CONTINUALLY CLOSED DURING CONSTRUCTION.

D. IF APPROVED BY THE OWNER, THE AIR HANDLING UNIT WILL BE ALLOWED TO OPERATE DURING THE FINISHING STAGES OF THE GENERAL WORK PROVIDED THE PRE-FILTERS ARE IN PLACE AND THE ENDS OF ALL RETURN AIR INLETS ARE COVERED WITH ROLL-UP FILTER MATERIAL.

E. WHEN THE SPACE IS TURNED OVER TO THE OWNER, THE CONTRACTOR SHALL REMOVE ALL FILTERS USED DURING CONSTRUCTION AND REPLACE THEM WITH NEW FILTERS.

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Architecture
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Interior Design
615 W. State Street
Ithaca, New York 14850
40 State Street
Albany, New York 12207
133 E. Jefferson Street
Syracuse, New York 13202
p 607 272 7900 www.holt.com

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231366
DRAWN BY:	DW

MECHANICAL NOTES

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VFD SCHEDULE

UNIT NO.	LOCATION	SERVICE	MOTOR HP	MOTOR VOLTS	MOTOR PHASE	DESIGN EQUIPMENT
VFD-RF-2	2ND FL MER	RF-2	10	460	3	ABB ACH SERIES

LOW PRESSURE DROP AIR VALVE SCHEDULE

UNIT NO.	SERVICE	AIR FLOW (CFM) MAX	AIR FLOW (CFM) MIN	INLET SIZE (IN)	A.P.D. (IN WC)	DESIGN EQUIPMENT
AV-S1	IR ROOM SUPPLY	2200	1100	14	0.28	ACCUTROL AVC
AV-R1	IR ROOM RETURN	1650	825	12	0.2	ACCUTROL AVC

PUMP SCHEDULE

PUMP NO.	LOCATION	SERVICE	GPM	HEAD FT WATER	FLUID	HP	ELECTRICAL V/PH/HZ	STARTER	PUMP TYPE	DESIGN EQUIPMENT
SH-2	MECH RM	PH-2	43	20	WATER	2	208/1	ECM	INLINE	B&G ECOCIRC XL 70-145

INSULATION SCHEDULE

TYPE	EQUIPMENT OR SYSTEM SERVED	INSULATION CLASS (a) INTERIOR CONCEALED	INSULATION CLASS (a) INTERIOR EXPOSED	INSULATION CLASS (a) EXTERIOR	JACKETING CLASS (b) INTERIOR CONCEALED	JACKETING CLASS (b) INTERIOR EXPOSED	JACKETING CLASS (b) EXTERIOR (p)	THICKNESS (IN) NOMINAL PIPE SIZE (IN) LESS THAN 1	1 TO < 1.5	1.5 TO < 4	4 TO < 8	≥ 8	DUCTWORK (c)	NOTES
A	HWS, HWR	FG	--	--	1	--	--	1.5	1.5	2	2	2		(j)
		--	FG	--	--	1	--	1.5	1.5	2	2	2		(j)
		--	--	FG	--	4	5 OR 6	1.5	1.5	2	2	2		(j) (l)
B	DUCTWORK	FG (d)	--	--	1,2	--	--	--	--	--	--	--	1.5	(g) (m)
		--	FG (e)	--	--	1,2	--	--	--	--	--	--	2	(f) (g)
		--	--	UR(e)	--	--	5 OR 6	--	--	--	--	--	3	(n) (o)
C	RS, RL	FE	--	--	0	--	--	1	1	1	1	1		(i)
		--	FE	--	--	4	--	1	1	1	1	1		(i)
		--	--	FE	--	--	4	1	1	1	1	1		(i)

(a) FG -- FIBROUS GLASS
FE -- FLEXIBLE ELASTOMERIC
UR - URETHANE

(b) 0 -- NONE
1 -- ALL SERVICE
2 -- ALUMINUM FOIL
4 -- POLYVINYL CHLORIDE
5 -- VENTURE CLAD
6 -- ALUMINUM

(c) SUPPLY AIR
OUTSIDE AIR
MIXED AIR
RETURN AIR

(d) BLANKET

(e) RIGID BOARD

(f) EXCEPT DUCTWORK WITHIN CONDITIONED SPACE

(g) EXHAUST AIR SHALL ONLY BE INSULATED 15'-0" FROM EXTERIOR PENETRATION. ALL EXHAUST DUCTWORK ENTERING AND LEAVING ENERGY RECOVERY UNITS SHALL BE FULLY INSULATED (R-6)

(h) CONDUCTIVITY BTU-IN/(HR*FT2*°F) 0.27-0.30.

(i) CONDUCTIVITY BTU-IN/(HR*FT2*°F) 0.21-0.27.

(j) PROVIDE FE INSULATION ON PIPING WITH CHASES AND OTHER INACCESSIBLE AREAS.

(l) PROVIDE DOUBLE THICKNESS INSULATION FOR EXTERIOR, ABOVE GRADE PIPING.

(m) RETURN AIR DUCTWORK SHALL BE ONLY INSULATED WITHIN 15'-0" OF AIR HANDLING UNIT, UNLESS OTHERWISE NOTED

(n) PROVIDE FIELD APPLIED WATERPROOF FINISH, PITCH INSULATION TO PREVENT PONDING OF WATER.

(o) INSULATION SHALL BE A MINIMUM OF R-12.

(p) PROVIDE INSULATION WITH MOISTURE BARRIER.

DUCTLESS SPLIT AIR CONDITIONING UNIT SCHEDULE - DX

UNIT NO.	SERVICE	INDOOR EVAPORATOR UNIT CFM	MBH	WEIGHT (LBS)	DESIGN EQUIPMENT	OUTDOOR CONDENSING UNIT UNIT NO.	WEIGHT (LBS)	DESIGN EQUIPMENT	ELECTRICAL MCA	V/PH/HZ
AC-1	1210 SYSTEM COMPONENT ROOM	800	36	46	MITSUBISHI/TRANE PKA-A36KA7	ACCU-1	211	MITSUBISHI/TRANE PUY-36NHA7	25	208/1/60
AC-2	1210 SYSTEM COMPONENT ROOM	800	36	46	MITSUBISHI/TRANE PKA-A36KA7	ACCU-2	211	MITSUBISHI/TRANE PUY-36NHA7	25	208/1/60

NOTES:
1. PROVIDE CONDENSATE PUMP. COORDINATE CONDENSATE DRAIN PIPING WITH PLUMBING CONTRACTOR.
2. PROVIDE INTEGRAL DISCONNECT SWITCH FOR INDOOR UNIT.
3. PROVIDE WIND BAFFLES FOR LOW AMBIENT OPERATION.

REGISTER GRILLE AND DIFFUSER SCHEDULE

UNIT NO	MFGR & MODEL	CFM RANGE	BACK PAN /FACE SIZE	MODULE SIZE	NECK SIZE	BRANCH DUCT SIZE	THROW	NOTES
SL6	TITUS TDCA	0-100	9x9	12x12	6"Ø	8x6 / 6"Ø	4-6-9	1-12
SL8	TITUS TDCA	101-200	18x18	24x24	8"Ø	10x6 / 8"Ø	5-8-12	1-9, 12
SL10	TITUS TDCA	201-275	18x18	24x24	10"Ø	12x6 / 10"Ø	5-8-12	1-9, 12
SL12	TITUS TDCA	276-400	18x18	24x24	12"Ø	14x8 / 12"Ø	7-10-16	1-9, 12
SOR	PRICE HGP	0-275	48x24	48x24	INT-PLN	SEE PLAN	-	1,2,4-8,11,14
RFL6	TITUS 355RL	0-75	6x6	8x8	6x6	3-1/4x8 / 6"Ø	-	1-8,10,11,12
RFL12	TITUS 350RL	0-350	10x10	12x12	10x10	18x6 / 12x8	-	1-8,10,11,12
RFL18	TITUS 350RL	351-600	10x22	12x24	10x22	24x8 / 18x10	-	1-8,10,12
RFL24	TITUS 350RL	601-1500	22x22	24x24	22x22	30x10 / 24x12	-	1-8,12
ROR16	PRICE 730H	0-850	26x16	28x18	26x16	26x16	-	1-3, 5-8,15

NOTES:
1. ALL UNIT NUMBERS MAY NOT BE USED. REFER TO PLANS.
2. PROVIDE FRAMES TO MATCH CEILING CONSTRUCTION.
3. BRANCH AND OPTIONAL BRANCH DUCT SIZES ARE BY THIS SCHEDULE UNLESS OTHERWISE NOTED ON HVAC FLOOR PLANS.
4. THROW VALUES ARE GIVEN FOR TERMINAL VELOCITIES OF 150,100 AND 50 FPM RESPECTIVELY.
5. ALL BRANCH DUCTS SHALL CONNECT TO MAINS USING 45 DEG. TAP FITTINGS WITH MANUAL VOLUME DAMPER.
6. MAXIMUM PRESSURE DROP FOR ALL AIR DEVICES SHALL NOT EXCEED 0.05 IN. W.G.
7. ALL AIR DEVICES SHALL BE WHITE UNLESS OTHERWISE NOTED.
8. MAXIMUM NC RATINGS FOR ALL AIR DEVICES SHALL NOT EXCEED NC-17.
9. PROVIDE MANUAL OPPOSED BLADE DAMPERS.
10. PROVIDE ALL ADDITIONAL CEILING GRID SECTIONS/SUPPORTS AS REQUIRED.
11. PROVIDE DIFFUSER / REGISTER WITH PLASTER FRAME.
12. DEVICES SHALL BE STEEL CONSTRUCTION.
13. COORDINATE COMMON PLENUM DIFFUSER SYSTEM WITH STRUCTURAL SUPPORTS IN IR ROOM. MODULES SHALL BE MAXIMUM 8' HIGH.
14. DEVICES SHALL BE ALUMINUM CONSTRUCTION.
15. DEVICES SHALL BE STAINLESS STEEL CONSTRUCTION.

COOLING COIL SCHEDULE - WATER

UNIT NO.	SERVICE	FACE VEL FPM	SIZE	CFM	GPM	MBH	WPD FT	APD IN W.G.	EAT DB	EAT WB	LAT DB	LAT WB	EWT	LWT	ROWS	DESIGN EQUIPMENT
CC-2	ACU-2 (E)	213	117x48	20000	112	1122.3	750.7	1.4	86	69.9	52	51.9	42	62	8	TRANE DWDB48117G0GB132EABA00A

NOTES:
1. CONTRACTOR TO FIELD VERIFY COOLING COIL DIMENSIONS TO FIT IN EXISTING CABINET.

PIPING MATERIALS

SERVICE	PIPE MATERIALS	FITTINGS	CONNECTIONS
HOT WATER HEATING 2 IN. AND SMALLER	TYPE L COPPER, HARD DRAWN	WROUGHT COPPER PRESSURE-SEAL, SOLDER END	NO-LEAD SOLDER, PRESSURE-SEAL
REFRIGERANT PIPING	ACR COPPER	WROUGHT COPPER OR CAST BRONZE	BRAZED

HEATING COIL SCHEDULE - WATER

UNIT NO.	LOCATION	SERVICE	FACE VEL FPM	SIZE	GPM	CFM	MBH	WPD FT	APD IN W.G.	EAT DB	LAT DB	EWT	LWT	ROWS	DESIGN EQUIPMENT
HC-1	2FL MER	AV-S1	603	28x18	10	2200	100.2	1.3	0.2	53	95	160	140	2	TRANE DWPB18028G0BA100DAAA00A
PHC-2	2FL MER	(E) ACU-2	513	117x48	43	20000	854.6	4.3	0.1	20.6	60	200	160	1	TRANE DSWB48117G0AA081EABA00A

NOTES:
1. CONTRACTOR TO FIELD VERIFY HEATING COIL DIMENSIONS TO FIT IN EXISTING CABINET FOR PHC-1

AIR TERMINAL UNIT W/ HOT WATER HEATING SCHEDULE

UNIT NO.	CFM MAX	CFM MIN	NECK SIZE	APD (IN WC)	HEATING MBH	EWT/LWT	EAT/LAT	GPM	WPD (FT WC)	ROW	MANUFACTURER & MODEL
TU-M1	175	175	4	0.05	8.7	180/160	55/85	0.9	1.3	1	TRANE VCWF
TU-M2	275	275	5	0.09	11.3	180/160	55/85	1.2	2.1	1	TRANE VCWF
TU-M3	375	375	6	0.25	13.5	180/160	55/85	1.4	2.8	1	TRANE VCWF
TU-M4	275	275	5	0.09	11.3	180/160	55/85	1.2	2.1	1	TRANE VCWF
TU-M5	475	475	6	0.37	15.6	180/160	55/85	1.6	3.6	1	TRANE VCWF
TU-M6	450	450	6	0.34	15.1	180/160	55/85	1.5	3.4	1	TRANE VCWF
TU-M7	300	300	6	0.25	13.5	180/160	55/85	1.4	2.8	1	TRANE VCWF
TU-R1	350	350	8	0.25	23.9	180/160	55/95	2.4	0.4	2	TRANE VCWF
TU-R2	300	300	8	0.25	21.6	180/160	55/95	2.2	0.4	2	TRANE VCWF
TU-R3	225	225	6	0.25	10.0	180/160	55/95	1.0	1.7	1	TRANE VCWF
TU-R4	300	300	8	0.25	21.6	180/160	55/95	2.2	0.4	2	TRANE VCWF

NOTES:
1. BOXES SHALL BE PRESSURE INDEPENDENT.
2. MAXIMUM FINS = 12 FPI
3. TRANSITION AT TERMINAL FROM DUCT RUNOUT SIZE SHOWN TO BOX INLET SIZE.
4. IF DUCT RUNOUT EXCEEDS 12 FEET IN LENGTH, INCREASE RUNOUT DIAMETER BY 2" AND BY 4" IF LONGER THAN 25 FEET. FOR SIZES 5, 7 AND 9, INCREASE BY 3" AND 5"
5. PROVIDE RUSKIN PACKLESS "NO-FIBER" ATTENUATOR MODEL PRLV2 MATCHED TO OUTLET OF TERMINAL. FIELD INSTALLED AND FIELD INSULATED.

FAN SCHEDULE

UNIT NO.	LOCATION	SERVICE	TYPE	CFM	ESP	FAN RPM	DRIVE	STARTER	HP	ELECTRICAL V/PH/HZ	WEIGHT (LBS)	DESIGN EQUIPMENT
RF-2	2FL MER	RADIOLOGY	BLOWER	8,000	3	1570	BELT	VFD	10.0	460/3/60	463	GREENHECK USF-22-B6
ACU-2	2FL MER	RADIOLOGY	FAN ARRAY	20,000	3	2841	DIRECT	VFD	7.5 (TYP 6)	460/3/60	647	TRANE INTELLICUBE UDPT-400-7.5-460

NOTES:
1. CONTRACTOR TO FIELD VERIFY ACU-2 FAN CABINET DIMENSIONS TO FIT IN EXISTING CABINET.
2. ACU-2 FAN TSP SHALL BE 6" WG. PROVIDE FAN ARRAY WITH A TOTAL OF 6 FANS.
3. ACU-2 FAN SIZED FOR 20,000 CFM. BALANCE TO 16975 CFM. MINIMUM OUTSIDE AIR SHALL BE 10000 CFM.
4. ACU-2 SHALL HAVE FACTORY PROVIDED VFD.

AIR BALANCE SCHEDULE

UNIT NO.	SUPPLY EXISTING CFM	SUPPLY NEW CFM	RETURN EXISTING CFM	RETURN NEW CFM	OUTSIDE EXISTING CFM	OUTSIDE NEW CFM	EXHAUST EXISTING CFM	EXHAUST NEW CFM
ACU-14	14389	NOTE 1			2185	3250		
RF-14			12745	12771				
EF-10							2183	1750
ACU-2	16630	16975			9200	10000		
RF-2			6345	6975				
EF-2							7385	7385

NOTES:
1. CONTRACTOR TO CONFIRM ACU-14 NEW CFM VALUE BASED ON PRE-DEMOLITION AIRFLOW READINGS. SUBTRACT PRE-DEMOLITION AIRFLOW READING FROM EXISTING CFM AND ADD 2400 CFM.

DUCT MOUNTED FILTER SCHEDULE

UNIT NO.	CFM	HOUSING SIZE (W"xH"xD")	FINAL FILTER MERV	QTY	SIZE	FPM	DP CLEAN (IN WG)	DP DIRTY (IN WG)	DESIGN EQUIPMENT
FB-1	2,200	40x28.5x12	HEPA	1	24x24x12	500	0.2	0.5	CAMFIL M/P 4-12 1x1.5
				1	12x24x12				

NOTES:
1. PROVIDE DUCT MOUNTED FILTER HOUSING WITH SIDE ACCESS AND CAMFIL ABSOLUTE VG HEPA FILTERS.

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Architecture
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619 W. State Street
Ithaca, New York 14850
66 State Street
Albany, New York 12207
132 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7600 www.holt.com

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231385
DRAWN BY:	DW

SCHEDULES

22065 M003

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NYS DEPARTMENT OF HEALTH AIRFLOW SUMMARY COMPLIANCE - PHASE 1

ROOM INFORMATION			ROOM PRESSURIZATION		OUTDOOR AIR		TOTAL AIR		EXHAUST AIR		RECIRCULATED AIR		RELATIVE HUMIDITY		TEMPERATURE		TRANSFER AIR		DESIGN ROOM AIR FLOW SUMMARY		
ROOM NUMBER	ROOM NAME	ASHRAE OCCUPANCY CATEGORY DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS (CODE)	PRESSURE RELATIONSHIP TO ADJACENT AREAS (DESIGN)	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR (CODE)	ACTUAL AIR CHANGES OF OUTDOOR AIR (DESIGN)	MINIMUM TOTAL AIR CHANGES PER HOUR (CODE)	ACTUAL TOTAL AIR CHANGES PER HOUR (DESIGN)	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS (CODE)	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS (DESIGN)	RECIRCULATED BY MEANS OF ROOM UNIT (CODE)	RECIRCULATED BY MEANS OF ROOM UNIT (DESIGN)	RELATIVE HUMIDITY (%) (CODE)	RELATIVE HUMIDITY (%) (DESIGN)	DESIGN TEMPERATURE (°F) (CODE)	DESIGN TEMPERATURE (°F) (DESIGN)	TRANSFER AIR FLOW INTO (-) ROOM (CFM)	TRANSFER AIR FLOW OUT OF (+) ROOM (CFM)	SUPPLY AIR FLOW (CFM)	RETURN AIR FLOW (CFM)	EXHAUST AIR FLOW (CFM)
1305	MAMMOGRAPHY #1	Imaging (Xray, Diagnostic and Treatment)	--	--	2	2	6	11	--	--	--	--	max 60	max 60	72 to 78	72	0	0	275	0	275
1306	OFFICE	Offices/Office Space	--	--	0	1	0	22	--	--	--	--	--	--	--	72	0	0	375	0	375
1307	MAMMOGRAPHY #2	Imaging (Xray, Diagnostic and Treatment)	--	--	2	2	6	13	--	--	--	--	max 60	max 60	72 to 78	72	0	0	275	0	275
1308	BREAST RADIOLOGIST/ CONSULT	Examination Room	--	--	2	2	6	8	--	--	--	--	max 60	max 60	70 to 75	72	0	0	175	0	175
1306D	SOILED HOLD	Soiled Workroom or Soiled Holding	Negative	Negative	2	3	10	47	Yes	Yes	No	No	--	--	--	72	75	0	75	0	150
1270	PATIENT TOILET	Toilet Room	Negative	Negative	0	0	10	15	Yes	Yes	No	No	--	--	72 to78	72	75	0	0	0	75
1266	ULTRASOUND BIOPSY	Procedure room	--	--	3	3	15	17	--	--	No	No	20 to 60	20 to 60	70 to 75	72	0	0	400	400	0
1275	ADA CHANGE	Storage Room (non-medical supplies) - Occupied	--	--	0	2	0	13	--	--	--	--	--	--	--	72	0	75	75	0	0
1276	ADA CHANGE	Storage Room (non-medical supplies) - Occupied	--	--	0	2	0	13	--	--	--	--	--	--	--	72	0	75	75	0	0
1278	ADA CHANGE	Storage Room (non-medical supplies) - Occupied	--	--	0	1	0	11	--	--	--	--	--	--	--	72	0	75	75	0	0
1269	SUB-WAIT	Radiology Waiting Room	Negative	Negative	2	2	12	29	Yes	Yes	--	--	max 60	max 60	70 to 75	72	300	0	225	0	525
1300	PASSAGE	Corridor	--	--	0	1	0	5	--	--	--	--	--	--	--	72	0	225	225	0	0

NYS DEPARTMENT OF HEALTH AIRFLOW SUMMARY COMPLIANCE - PHASE 2

ROOM INFORMATION			ROOM PRESSURIZATION		OUTDOOR AIR		TOTAL AIR		EXHAUST AIR		RECIRCULATED AIR		RELATIVE HUMIDITY		TEMPERATURE		TRANSFER AIR		DESIGN ROOM AIR FLOW SUMMARY		
ROOM NUMBER	ROOM NAME	ASHRAE OCCUPANCY CATEGORY DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS (CODE)	PRESSURE RELATIONSHIP TO ADJACENT AREAS (DESIGN)	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR (CODE)	ACTUAL AIR CHANGES OF OUTDOOR AIR (DESIGN)	MINIMUM TOTAL AIR CHANGES PER HOUR (CODE)	ACTUAL TOTAL AIR CHANGES PER HOUR (DESIGN)	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS (CODE)	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS (DESIGN)	RECIRCULATED BY MEANS OF ROOM UNIT (CODE)	RECIRCULATED BY MEANS OF ROOM UNIT (DESIGN)	RELATIVE HUMIDITY (%) (CODE)	RELATIVE HUMIDITY (%) (DESIGN)	DESIGN TEMPERATURE (°F) (CODE)	DESIGN TEMPERATURE (°F) (DESIGN)	TRANSFER AIR FLOW INTO (-) ROOM (CFM)	TRANSFER AIR FLOW OUT OF (+) ROOM (CFM)	SUPPLY AIR FLOW (CFM)	RETURN AIR FLOW (CFM)	EXHAUST AIR FLOW (CFM)
1201	IR ROOM	Imaging (Class 3)	Positive	Positive	4	4	20	23	--	--	No	No	20 to 60	20 to 60	68 to 75	72	0	550	2200	1650	0
1202	CONTROL ROOM	Control & Communication	--	--	2	2	8	9	--	--	--	--	max 60	max 60	70 to 78	72	100	0	300	400	0
1203	(SEMI-RESTRICTED) CIRCULATION	Patient Corridor	--	--	0	0	2	3	--	--	--	--	--	--	--	72	300	0	100	400	0
1204	CLEAN SUPPLY	Clean Supply Storage	Positive	Positive	2	3	4	9	--	--	--	--	max 60	max 60	72 to 78	72	0	100	100	0	0
1256	SEMI-RESTRICTED CIRCULATION	Patient Corridor	--	--	0	0	2	3	--	--	--	--	--	--	--	72	325	0	75	400	0
1222	EQUIPMENT SUPPLY STORAGE	Occupiable Storage Rooms for dry materials (non-medical)	--	--	0	1	0	5	--	--	--	--	--	--	--	72	0	75	75	0	0
1225	ULTRASOUND TECH WORK (OFF-STAGE)	Offices/Office Space	--	--	0	1	0	12	--	--	--	--	--	--	--	72	0	0	225	225	0
1205	(SEMI-RESTRICTED) CORRIDOR	Patient Corridor	--	--	0	0	2	5	--	--	--	--	--	--	--	72	150	0	300	450	0
1207	SYSTEM COMPONENT ROOM	Occupiable Storage Rooms for dry materials (non-medical)	--	--	0	1	0	132	--	--	--	--	--	--	--	72	0	0	1775	1775	0
1209	EVS	Environmental Services Room (EVS)	Negative	Negative	0	0	10	43	Yes	Yes	No	No	--	--	--	72	75	0	0	0	75
1224.1	Room	Occupiable Storage Rooms for dry materials (non-medical)	--	--	0	4	0	33	--	--	--	--	--	--	--	72	0	75	75	0	0
1267	IR READING	Offices/Office Space	--	--	0	1	0	13	--	--	--	--	--	--	--	72	0	0	225	0	225

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AIRFLOW SUMMARY SCHEDULE

22065 M004

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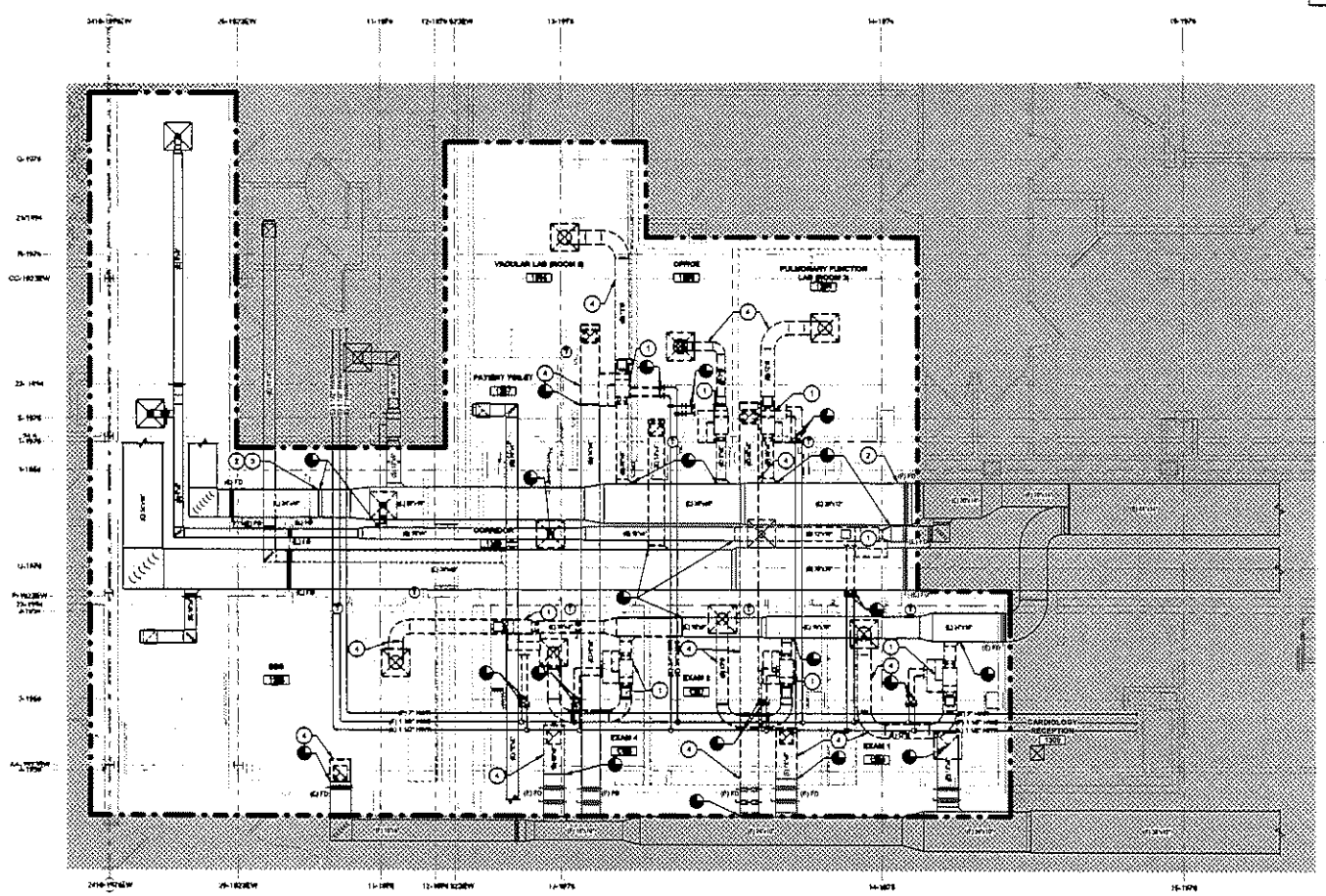
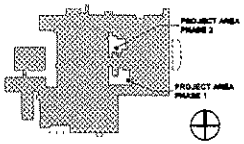


1 PARTIAL FIRST FLOOR DEMO PLAN - PHASE 1 AREA MECHANICAL



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PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 1 AREA

22065 MD101

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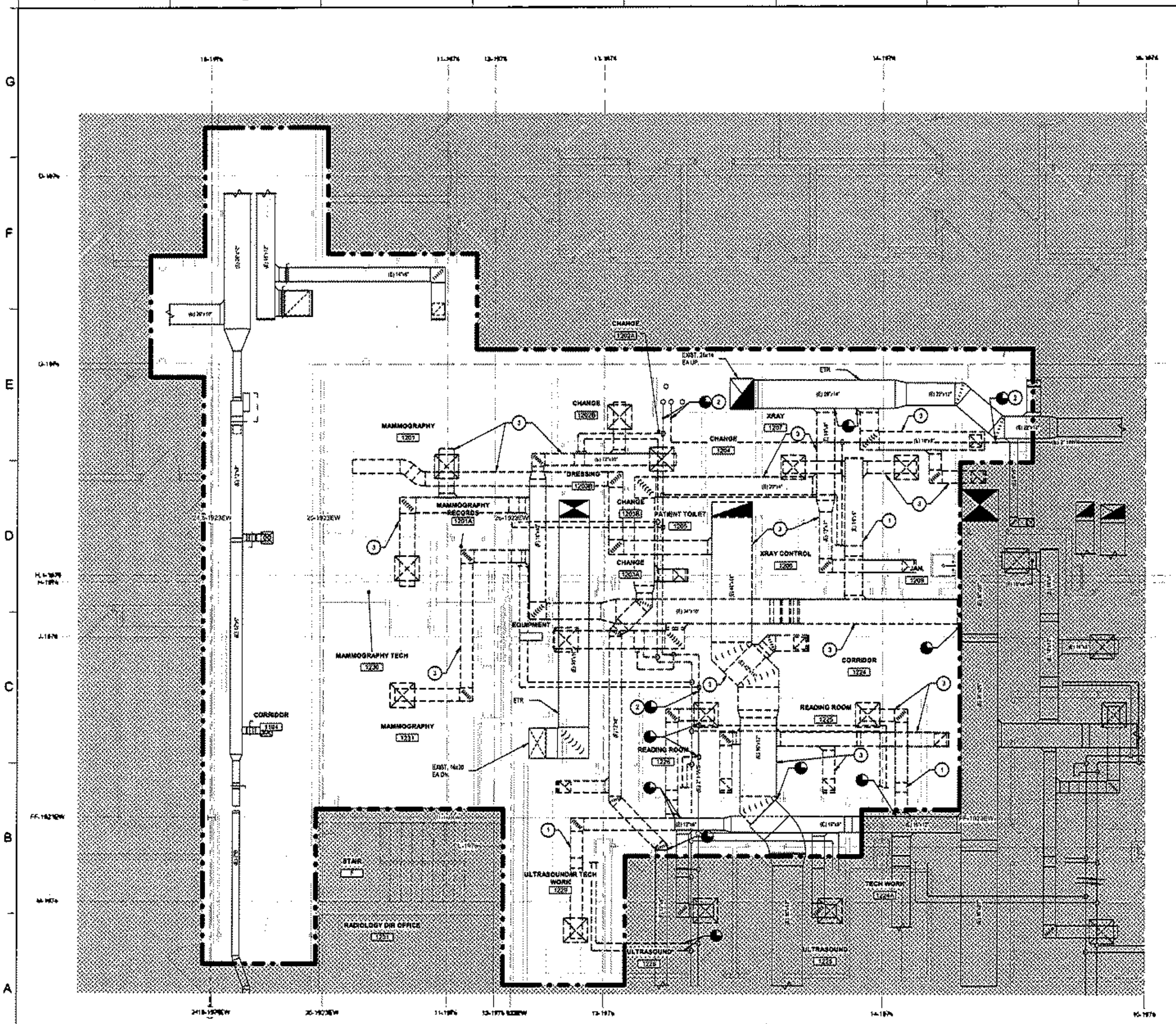
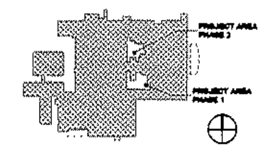


1 PARTIAL FIRST FLOOR DEMO PLAN - PHASE 2 AREA MECHANICAL

KEYED NOTES:

1. REMOVE DUCTWORK AND ALL ASSOCIATED AIR TERMINAL [illegible], COILS, AIR OUTLETS, CONTROLS, CENTRAL [illegible], THERMOSTATS, SUPPORTS, ETC BACK TO POINT [illegible], REMOVE PIPING AND [illegible] BACK TO VALVE AND CAP.
2. REMOVE AND RELOCATE HOT WATER PIPING [illegible] AND TERMINATE TO ALLOW CONNECTION OF NEW PIPING. NEW PIPING SHALL BE INSTALLED AS MUCH AS POSSIBLE BEFORE REMOVAL OF EXISTING PIPING TO MINIMIZE SHUT-DOWN.
3. REMOVE DUCTWORK, INSULATION AND SUPPORTS AS SHOWN.



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PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 2 AREA

22065 MD102

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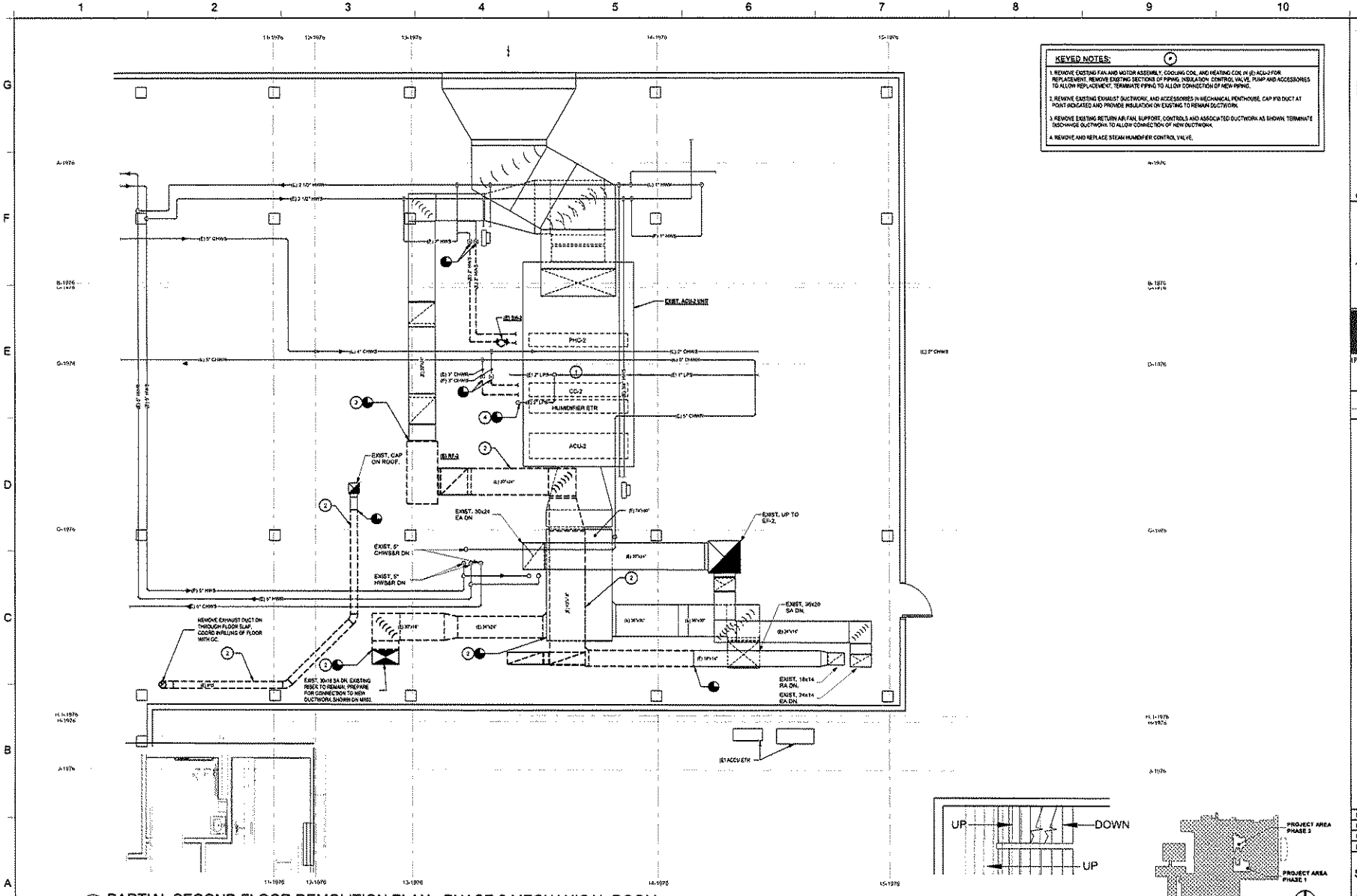

1 PARTIAL SECOND FLOOR DEMOLITION PLAN - PHASE 2 MECHANICAL ROOM

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PARTIAL SECOND FLOOR DEMOLITION PLAN - PHASE 2 MECH ROOM

22065 MD103

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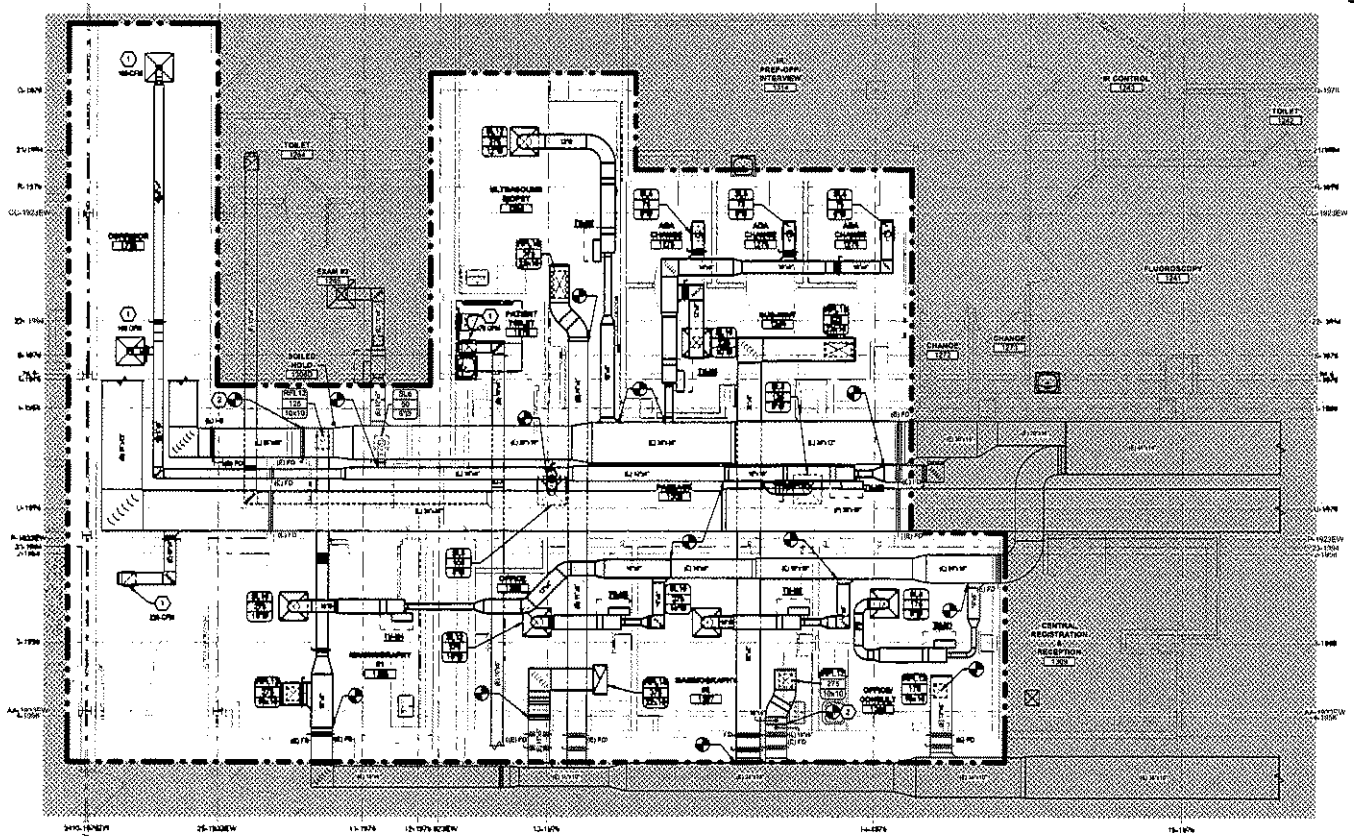
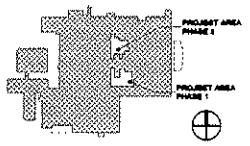


KEYED NOTES:

1. BALANCE EXISTING AIR OUTLET TO CFM INDICATED.
2. PROVIDE VOLUME DAMPER AND BALANCE TO MAINTAIN AIRFLOWS MEASURED PRIOR TO DEMOLITION PHASE. CONTRACTOR TO REBALANCE EXISTING AIR HANDLING UNIT AS NECESSARY.

1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - MECHANICAL



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PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - DUCTWORK

22065 M101

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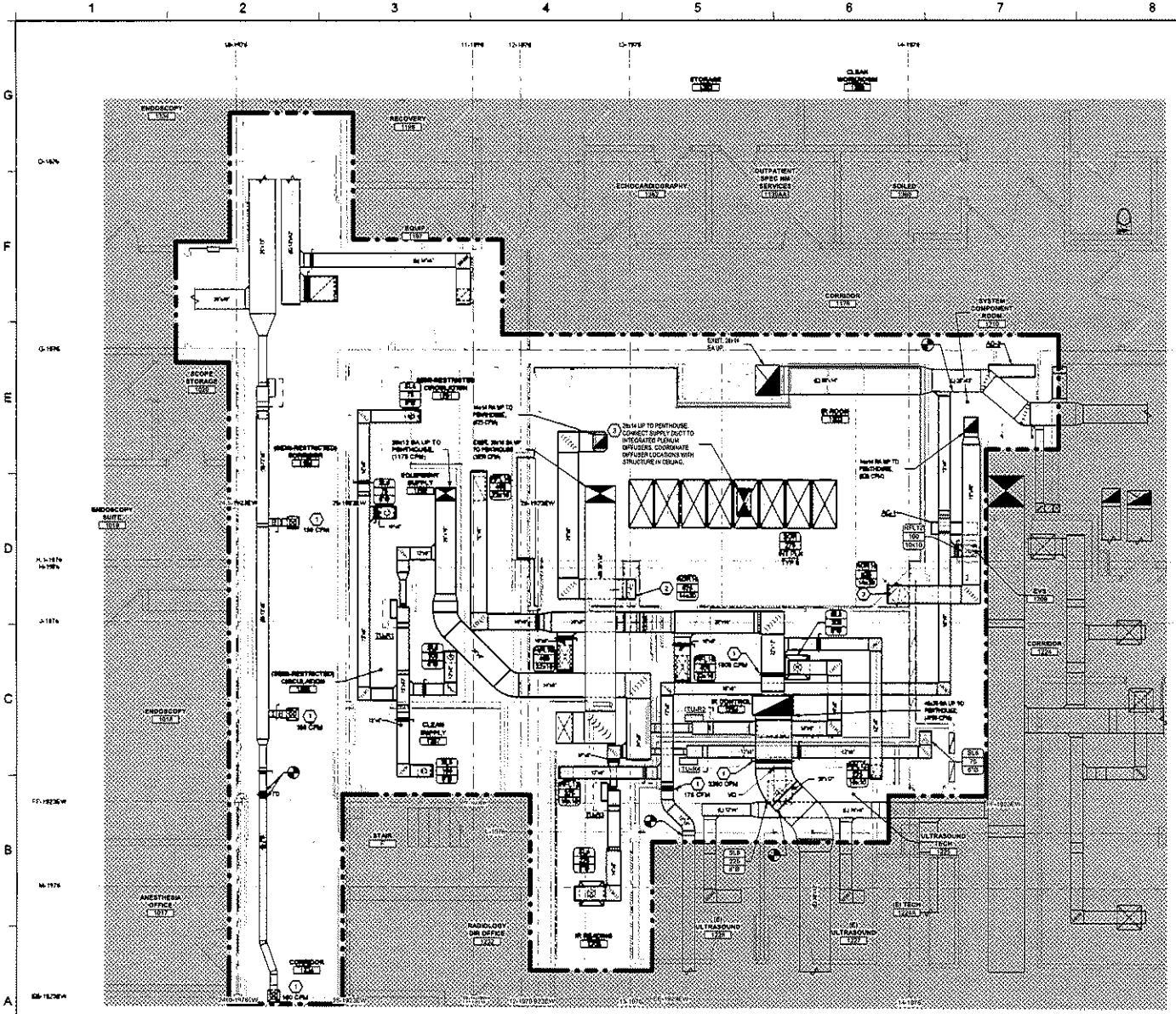
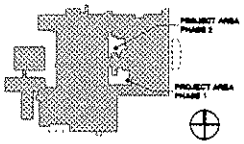


1 PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - MECHANICAL

KEYED NOTES:

1. BALANCE DAMPER TO CFM INDICATED.
2. 8x8 DOWN TO 6" AFF; SAP GRILLE INTO DUCT 6" AFF.
3. 16x16 DOWN TO 6" AFF; SAP GRILLE INTO DUCT 6" AFF.
4. INTEGRATED SUPPLY PLENUM FROM DIFFUSER MANUFACTURER WITH SINGLE DUCT CONNECTION.
5. BALANCE EXISTING AIR OUTLET TO CFM INDICATED.



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PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - DUCTWORK

22065 M102

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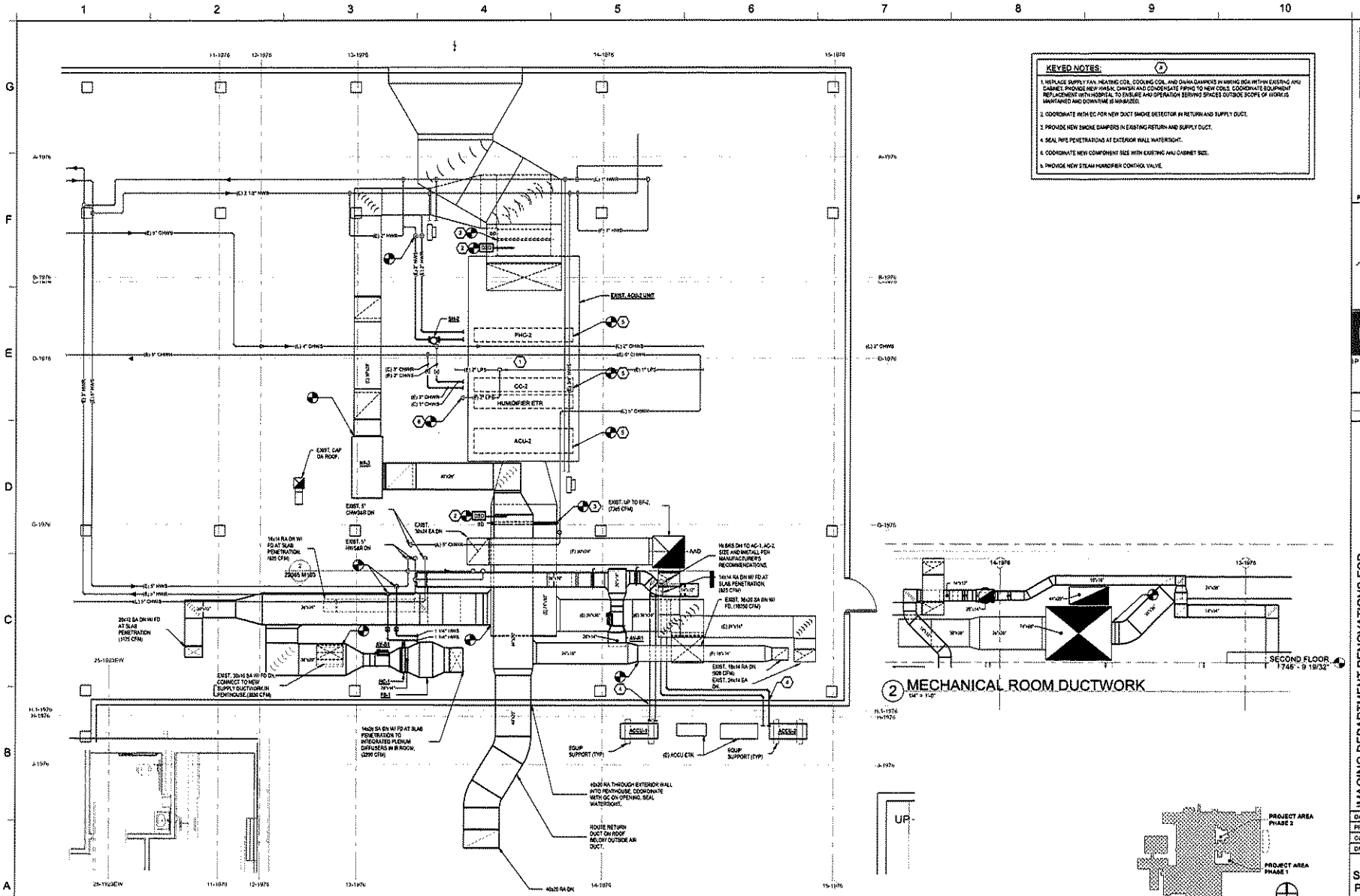

1 PARTIAL SECOND FLOOR PLAN - PHASE 2 MECHANICAL ROOM
1/4" = 1'-0"

2 MECHANICAL ROOM DUCTWORK
1/4" = 1'-0"

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PARTIAL SECOND FLOOR PLAN - PHASE 2 MECHANICAL ROOM

22065 M103

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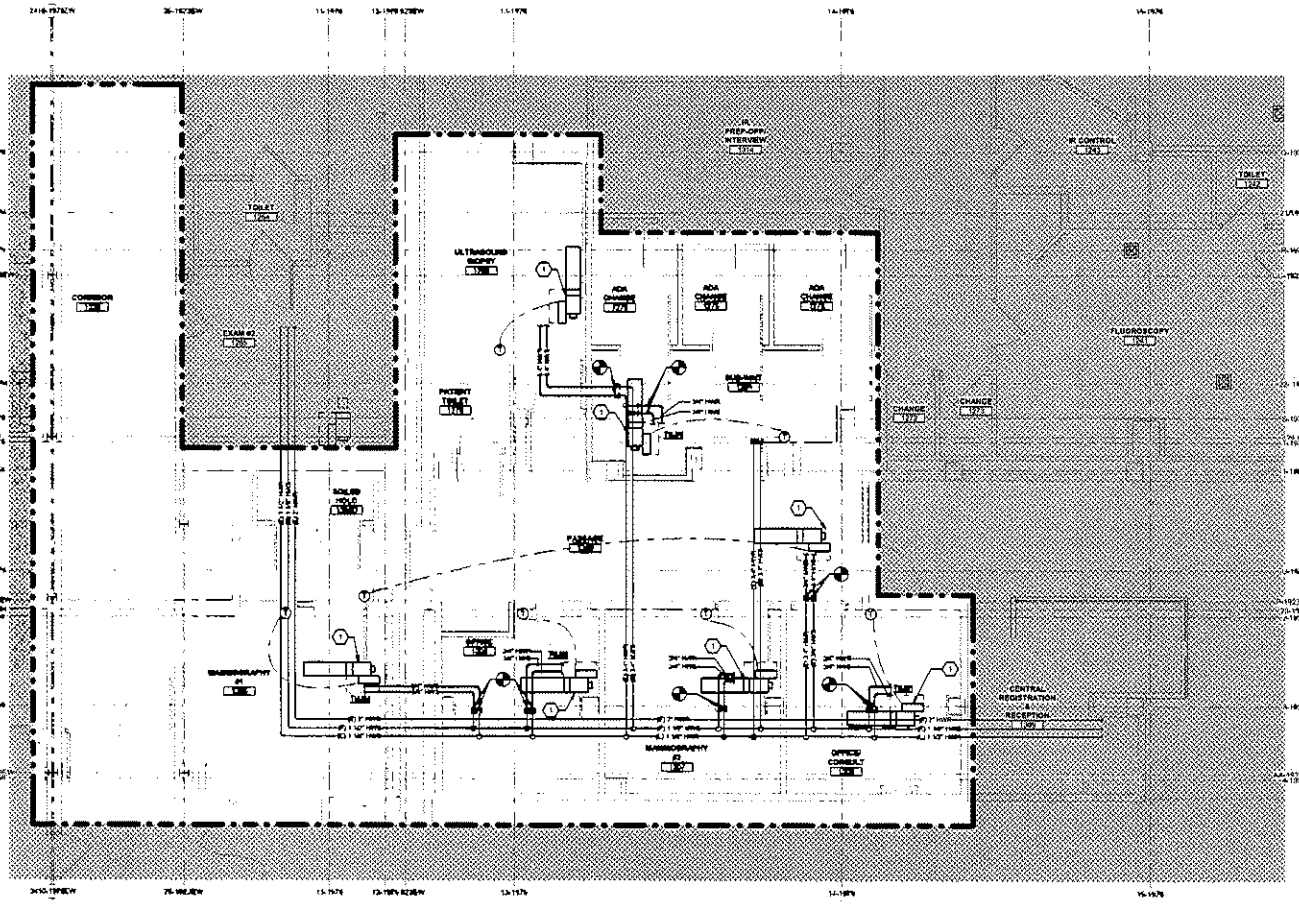
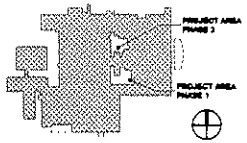


1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - PIPING



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PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - PIPING

22065 M201

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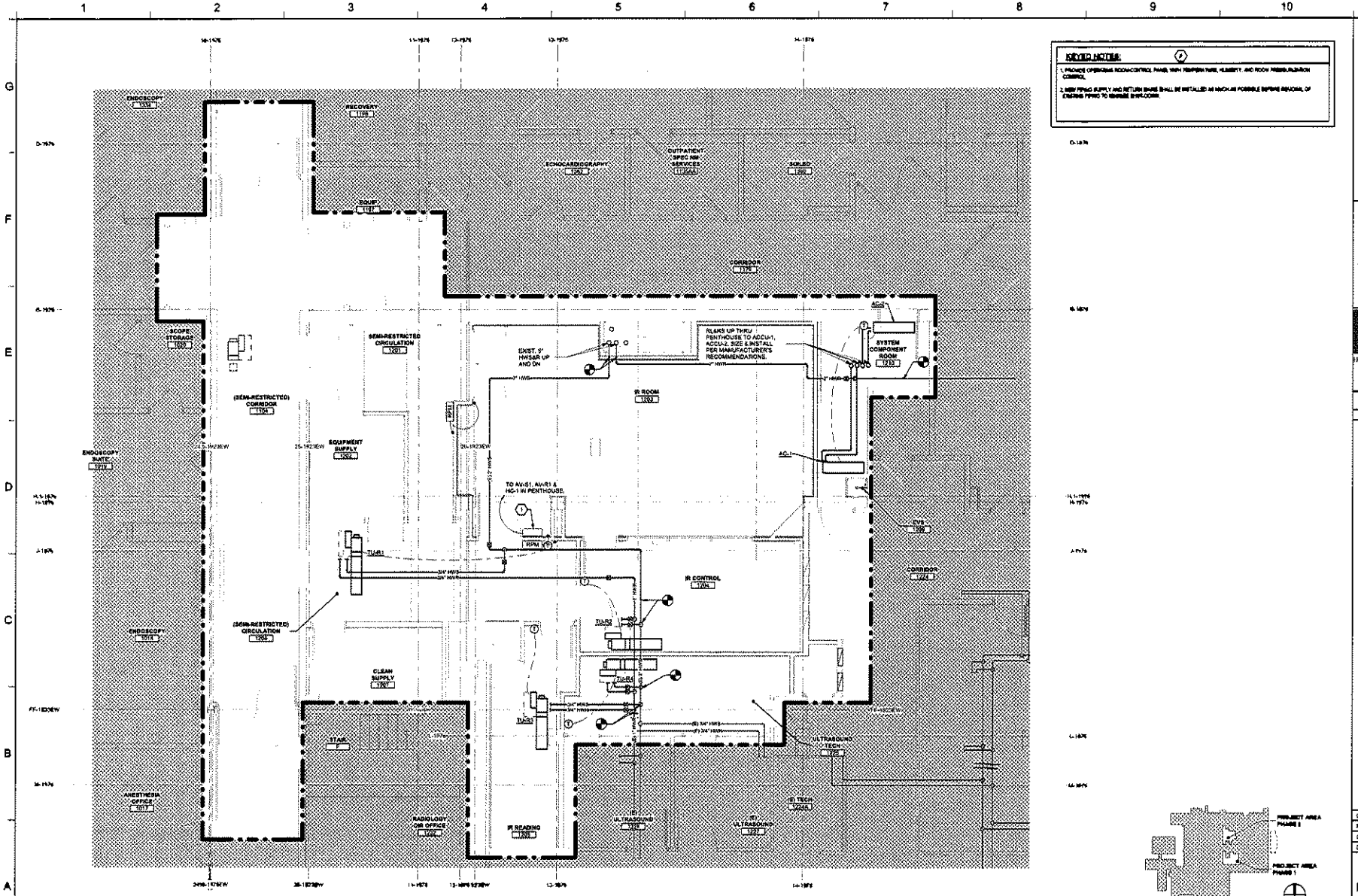

1 PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - PIPING

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PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - PIPING

22065 M202

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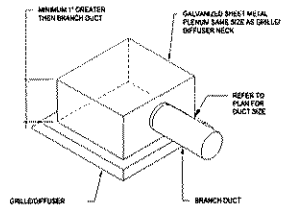
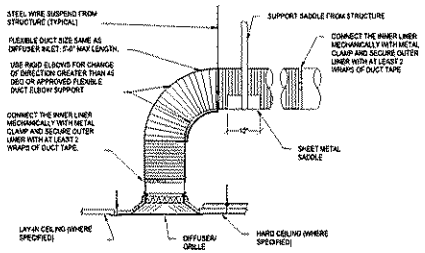


1. PROVIDE INSULATED PLENUM EQUAL TO CONNECTED DUCTWORK.

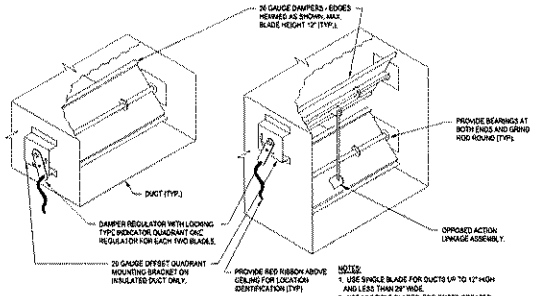
SIDE ENTRY GRILLE/DIFFUSER PLENUM BOX DETAIL

SCALE: NOT TO SCALE



DUCTWORK CONNECTION TO DIFFUSER DETAIL (WITH FLEX)

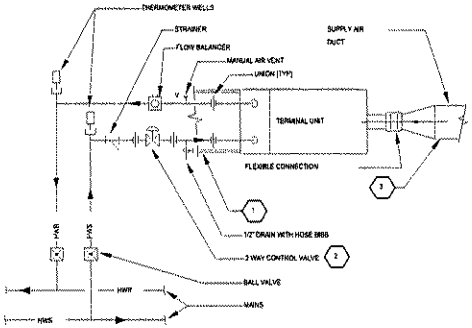
SCALE: NOT TO SCALE



NOTES:
1. USE SINGLE BLADE FOR DUCTS 14" TO 12" HIGH AND LESS THAN 28" WIDE.
2. USE MULTIPLE BLADES FOR DUCTS GREATER THAN OR EQUAL TO 24" AND/OR OVER 12" HIGH.

RECTANGULAR VOLUME DAMPER

SCALE: NONE

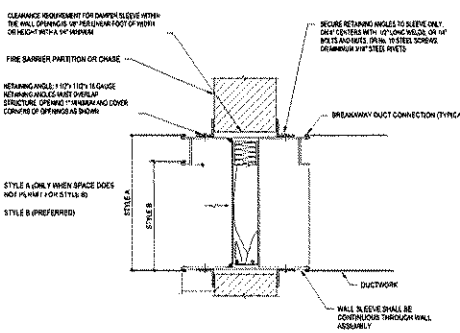


KEYED NOTES:

1. 3'-0" SOUND ATTENUATOR. (RUSKIN MODEL PRE36)
2. LOCATE VALVES AND CONTROL DEVICES FOR CONVENIENT ACCESS AND REMOVAL.
3. TRANSITION SUPPLY DUCT FROM RUN OUT DUCT SIZE SHOWN ON PLAN TO UNIT INLET SIZE.

AIR TERMINAL UNIT DETAIL

SCALE: NOT TO SCALE

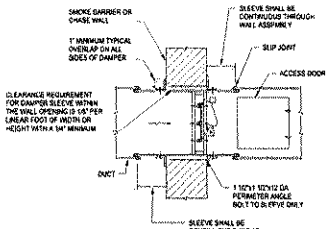


NOTE:

1. THE DAMPER MANUFACTURER'S INSTALLATION DETAILS AND INSTRUCTIONS AS TESTED AND APPROVED BY U.L. MUST BE USED IN LIEU OF THE ABOVE DETAILS WHERE APPLICABLE.
2. A VERTICAL DAMPER IS SHOWN. HORIZONTAL DAMPER INSTALLATION IS SIMILAR. FOLLOW DAMPER MANUFACTURER'S INSTRUCTIONS, INCLUDING FASTENER OPTIONS AND GAGES FOR SLEEVE AND PERIMETER ANGLES.
3. FIRE DAMPERS MUST BE INSTALLED IN THE PARTITION OR FLOOR AND NOT OUTSIDE THE PENETRATION.
4. PROVIDE ACCESS PANELS. SIZE AND LOCATION TO PERMIT SERVICING THE FUSIBLE LINK ON LINKS. FOR SMALLER DUCTS, MAKE PANEL 3" LESS THAN DUCT.

FIRE DAMPER DETAIL

SCALE: NOT TO SCALE

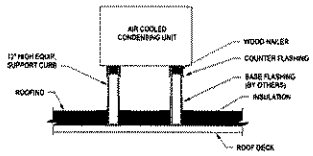


NOTES:

1. THE DAMPER MANUFACTURER'S INSTALLATION DETAILS AND INSTRUCTIONS AS TESTED AND APPROVED BY U.L. MUST BE USED IN LIEU OF THE ABOVE DETAILS WHERE APPLICABLE.
2. A VERTICAL SMOKE DAMPER IS SHOWN. HORIZONTAL SMOKE DAMPER INSTALLATION IS SIMILAR. FOLLOW DAMPER MANUFACTURER'S INSTRUCTIONS, INCLUDING FASTENER OPTIONS AND GAGES FOR SLEEVE AND PERIMETER ANGLES. SMOKE DAMPER MUST BE INSTALLED IN THE PARTITION OR FLOOR AND NOT OUTSIDE THE PENETRATION.
3. GALVANIZED SLEEVE: REFER TO SMACNA, NFPA 90A AND MANUFACTURER'S RECOMMENDATIONS FOR SLEEVE GAUGES.
4. PERIMETER ANGLES: GALVANIZED STEEL, NOT LESS THAN 1 1/2"x1 1/2", 16 GAGE, TO PROVIDE 1" MINIMUM OVERLAP OF OPENING ON ALL 4 SIDES.
5. BREAKAWAY DUCT CONNECTION: CONTRACTOR'S OPTION OF TYPES SHOWN IN SMACNA.
6. ACCESS PANELS. SIZE AND LOCATION TO PERMIT SERVICE.

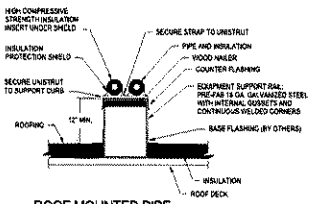
SMOKE DAMPER INSTALLATION DETAIL

SCALE: NOT TO SCALE



ROOF MOUNTED EQUIPMENT SUPPORT DETAIL

SCALE: NOT TO SCALE



ROOF MOUNTED PIPE SUPPORT DETAIL

SCALE: NOT TO SCALE

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DETAILS

22065 M501

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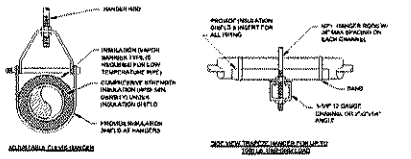
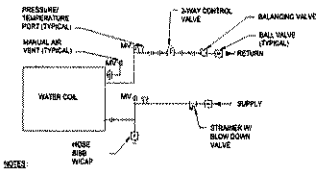


MAXIMUM PIPE/TUBING SUPPORT SPACING								
SIZE IN:	3/4&U 3/4	1	1 1/4	1 1/2	2	2 1/2	3	4
PIPE FT	7	7	7	9	10	11	12	14
TUBING FT	5 FT	5	7	8	8	9	10	12

NOTE:
1. FOR TRAPEZE HANGER TRAY SPACING OF SMALLEST SIZE ON TRAPEZE.

PIPE SUPPORT DETAIL

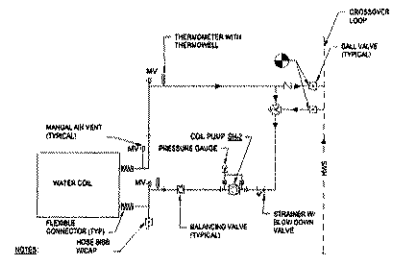
SCALE: NOT TO SCALE



NOTES:
1. SUPPORT PIPES FROM STRUCTURE.
2. COILS MOUNTED IN DUCTS TO BE PROVIDE WITH ACCESS PANELS UPSTREAM OF THE COIL.
3. PIPE COIL TO ALLOW REMOVAL OF COIL WITHOUT REMOVING PIPING BEYOND UNIONS.

REHEAT COIL PIPING DETAIL - 2 WAY VALVE

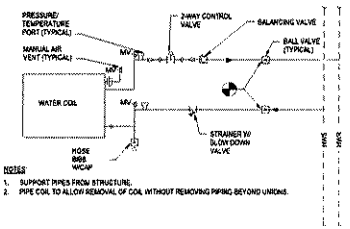
SCALE: NOT TO SCALE



NOTES:
1. PIPE CONDENSATE DRAIN PAN TO PER CONDENSATE DRAIN TRAP DETAIL.
2. SUPPORT PIPES FROM STRUCTURE OR FLOOR STANCHION AS APPLICABLE.
3. PIPE COIL TO ALLOW REMOVAL OF COIL WITHOUT REMOVING PIPING BEYOND UNIONS OR FLANGES.

AHU PREHEAT COIL PIPING DETAIL

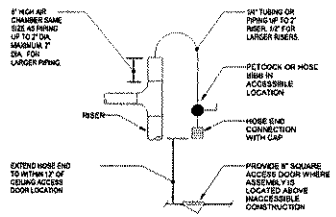
SCALE: NOT TO SCALE



NOTES:
1. SUPPORT PIPES FROM STRUCTURE.
2. PIPE COIL TO ALLOW REMOVAL OF COIL WITHOUT REMOVING PIPING BEYOND UNIONS.

AHU COOLING COIL PIPING DETAIL

SCALE: NOT TO SCALE



NOTE:
A. PROVIDE AIR VENT AT ALL HIGH POINTS OF PIPING AND WHERE NOTED ON DRAWINGS

MANUAL AIR VENT DETAIL

SCALE: NOT TO SCALE

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Ithaca, New York 14850
69 State Street
Albany, New York 12207
192 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7668 www.holt.com

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231085
DRAWN BY:	DW

DETAILS

22065 M502

4/24/2024 4:31:51 PM

DIRECT DIGITAL CONTROLS:

A. PROVIDE ACTUATOR POWER FOR ALL ELECTRIC ACTUATORS.

B. PROVIDE POWER FOR ELECTRONIC THERMOSTATS, CURRENT SENSORS, TRANSMITTERS, ENERGY METERS, SENSORS, AND ACCESSORIES.

C. ALL CONTROL POWER SHALL BE DERIVED FROM 115V, 20A CONTROL POWER CIRCUIT FROM JUNCTION BOXES PROVIDED BY DIVISION 26. ALL CONTROL POWER SHALL BE PROVIDED BY THE STANDBY EMERGENCY POWER SYSTEM, UNLESS OTHERWISE NOTED.

D. ALL CONTROL VARIABLES, OBJECTS, CONTROL LOOPS AND OTHER SOFTWARE CONSTRUCTS SHALL BE NAMED APPROPRIATELY SO THEY ARE READILY UNDERSTANDABLE. ALL CONTROL OBJECTS SHALL BE IDENTIFY BUILDING, SYSTEM, OBJECT.

E. PROVIDE ELECTRIC ACTUATOR FOR ALL CONTROL VALVES, DAMPERS AND MECHANICAL CONTROL DEVICES.

F. DAMPER ACTUATORS SHALL BE ELECTRICALLY ACTUATED WITH 4-20 MA CONTROL SIGNAL FOR MODULATING DAMPERS.

G. PROVIDE POINTS LIST WITH IP ADDRESSES. REFER TO DRAWINGS AND SPECIFICATIONS.

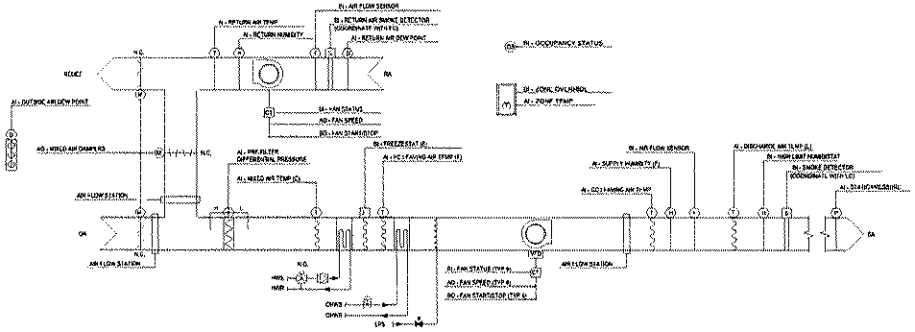
H. PROVIDE CONTROLS CABINETS WITH PLEXIGLAS WINDOW IN CABINET COVER.

I. INSTALL CONTROL PANELS TO PROVIDE 3'-0" MIN. CLEARANCE IN FRONT OF PANEL. CONTROL PANELS SHALL BE MOUNTED ON 3/4" AC PLYWOOD PAINTED NAVY BLUE. TOP OF MOUNTING BOARD 6'-0" AFF.

J. INSTALL ALL CONTROLS WIRING WITHIN MECHANICAL ROOM AND ROOMS WITHOUT CEILINGS IN CONDUIT. REFER TO SPECIFICATIONS FOR ADDITIONAL REQUIREMENTS AND ALTERNATIVES.

K. CONTROLS WIRING CAN BE INSTALLED IN MECHANICAL ROOM CABLE TRAYS (IF AVAILABLE), AND IN CABLE TRAYS ABOVE SUSPENDED CEILINGS, AND ELSEWHERE SHOWN ON DRAWINGS. WIRING FROM DEVICES TO CABLE TRAY SHALL BE IN CONDUIT.

L. CONTROLS SHALL BE AN EXTENSION OF THE HOSPITAL'S EXISTING TRANE IBUILDING AUTOMATION SYSTEM.



AIR HANDLING SYSTEM ACU-2

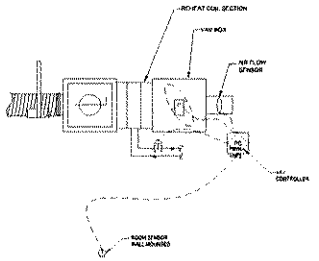
SCALE: NOT TO SCALE

BUILDING AUTOMATION SYSTEM INTERFACE:
A. THE BUILDING ENERGY MANAGEMENT SYSTEM (EMS) SHALL SEND THE CONTROLLER OCCUPIED BYPASS, PRE-COOL, OCCUPIED/UNOCCUPIED AND HEAT/COOL MODES. THE EMS SHALL ALSO SEND THE DISCHARGE AIR TEMPERATURE SETPOINT AND THE DUCT STATIC PRESSURE SETPOINT, IF AN EMS IS NOT PRESENT, OR COMMUNICATION IS LOST WITH THE EMS THE CONTROLLER SHALL OPERATE USING DEFAULT MODES AND SETPOINTS.
OCCUPIED:
A. DURING OCCUPIED PERIODS, THE SUPPLY FAN AND RETURN FAN SHALL RUN CONTINUOUSLY, AND THE MIXED AIR DAMPERS SHALL OPEN TO MAINTAIN MINIMUM VENTILATION REQUIREMENTS VIA THE AIR FLOW STATIONS. BIT DURING THE BALANCING PHASE, THE RELIEF DAMPER SHALL BE NORMALLY CLOSED AND MODULATE OPEN DURING THE ECONOMIZER MODE, USING THE AIR FLOW STATIONS TO ESTABLISH THE SETPOINTS.
B. THE CHILLED WATER CONTROL VALVE SHALL MODULATE TO MAINTAIN THE ACTIVE DISCHARGE AIR TEMPERATURE SETPOINT. IF ECONOMIZING IS ENABLED, THE OUTDOOR AIR OR MIXED AIR DAMPERS SHALL MODULATE TO MAINTAIN THE DISCHARGE AIR TEMPERATURE SETPOINT AND THE RELIEF AIR DAMPER SHALL MODULATE USING THE AIR FLOW STATIONS TO ESTABLISH THE SETPOINTS. THE DISCHARGE AIR TEMPERATURE SETPOINT SHALL BE DYNAMICALLY RESET BASED ON THE DEVIATION OF ACTUAL SPACE TEMPERATURE AND HUMIDITY SET POINTS FROM THE ACTIVE SPACE TEMPERATURE SETPOINT. IF THE DISCHARGE AIR TEMPERATURE SENSOR FAILS, THE CHILLED WATER CONTROL VALVE SHALL CLOSE AND AN ALARM SHALL ANNUNCIATE AT THE EMS. A DEHUMIDIFICATION MODE SHALL BE ESTABLISHED, REDUCING THE DISCHARGE AIR TEMPERATURE WHEN THE SPACE HUMIDITY LEVELS ARE ABOVE SETPOINT.
C. EACH REHEAT ZONE SHALL BE READ AND THE SUPPLY-AIR TEMPERATURE RESET IF NECESSARY AT 15-MINUTE INTERVALS TO PROVIDE THE HIGHEST ALLOWABLE SUPPLY-AIR TEMPERATURE AS INDICATED BY THE ZONE WITH THE MAXIMUM COOLING LOAD. SUPPLY-AIR DISCHARGE CONTROLLER SHALL BE SET TO MAINTAIN 70 DEG F (ADJ.)
UNOCCUPIED:
A. WHEN THE SPACE TEMPERATURE IS ABOVE THE UNOCCUPIED COOLING SETPOINT OF 75.0 DEG. F (ADJ.) THE SUPPLY FAN AND RETURN FAN SHALL START. THE OUTSIDE AIR DAMPER SHALL OPEN IF ECONOMIZING IS ENABLED AND REMAIN CLOSED IF ECONOMIZING IS DISABLED AND THE CHILLED WATER VALVE SHALL OPEN. WHEN THE SPACE TEMPERATURE FALLS BELOW THE UNOCCUPIED COOLING SETPOINT OF 80.0 DEG. F (ADJ.) MINUS THE UNOCCUPIED DIFFERENTIAL OF 4.0 DEG. F (ADJ.) THE SUPPLY FAN AND RETURN FAN SHALL STOP. THE CHILLED WATER VALVE SHALL CLOSE AND THE OUTSIDE AIR DAMPER SHALL CLOSE.
OPTIMAL START:
A. THE EMS SHALL MONITOR THE SCHEDULED OCCUPIED TIME, OCCUPIED SPACE SETPOINTS AND SPACE TEMPERATURE TO CALCULATE WHEN THE OPTIMAL START OCCURS.
OPTIMAL STOP:
A. THE EMS SHALL MONITOR THE SCHEDULED UNOCCUPIED TIME, OCCUPIED SETPOINTS AND SPACE TEMPERATURE TO CALCULATE WHEN THE OPTIMAL STOP OCCURS. WHEN THE OPTIMAL STOP MODE IS ACTIVE THE UNIT CONTROLLER SHALL MAINTAIN THE SPACE TEMPERATURE TO THE SPACE TEMPERATURE OFFSET SETPOINT. OUTSIDE AIR DAMPER SHALL REMAIN ENABLED TO PROVIDE MINIMUM VENTILATION.
OCCUPIED BYPASS:
A. THE EMS SHALL MONITOR THE STATUS OF THE ON AND CANCEL BUTTONS OF THE SPACE TEMPERATURE SENSOR. WHEN AN OCCUPIED BYPASS REQUEST IS REGISTERED AT THE SENSOR, THE UNIT SHALL TRANSITION FROM ITS CURRENT OCCUPANCY MODE TO OCCUPIED BYPASS MODE AND THE UNIT SHALL MAINTAIN THE SPACE TEMPERATURE TO THE OCCUPIED SETPOINTS (ADJ.).
HEAT/COOL MODE:
A. WHEN THE SPACE TEMPERATURES RISE ABOVE THE OCCUPIED COOLING SETPOINT THE MODE SHALL TRANSITION TO COOLING. WHEN THE SPACE TEMPERATURES FALL BELOW THE OCCUPIED HEATING SETPOINTS THE SPACE THERMOSTATS SHALL MODULATE THE CONTROL VALVES ON THE REHEAT COILS TO MAINTAIN SETPOINT. WHEN ALL OF THE REHEAT VALVES ARE OPEN, THE AIR HANDLING UNIT DISCHARGE AIR SET POINT SHALL BE INCREASED. IF THE SPACE TEMPERATURE SENSOR FAILS THE MODE SHALL REMAIN IN ITS LAST STATE AND AN ALARM SHALL ANNUNCIATE AT THE EMS. IF THE LOCAL AND COMMUNICATED SETPOINTS FAIL THE CONTROLLER SHALL DISABLE THE SUPPLY FAN AND AN ALARM SHALL ANNUNCIATE AT THE EMS.
MORNING WARM-UP MODE:
A. DURING OPTIMAL START, IF THE AVERAGE SPACE TEMPERATURE IS BELOW THE OCCUPIED HEATING SETPOINT A MORNING WARM-UP MODE SHALL BE ACTIVATED. WHEN MORNING WARM-UP IS INITIATED THE UNIT SHALL ENABLE THE HEATING AND FANS3, THE OUTSIDE AIR DAMPER SHALL REMAIN CLOSED. WHEN THE SPACE TEMPERATURES REACH THE OCCUPIED HEATING SETPOINT (ADJ.) VIA THE REHEAT COILS, THE UNIT SHALL TRANSITION TO THE OCCUPIED MODE.
PRE-COOL MODE:
A. DURING OPTIMAL START, IF THE AVERAGE SPACE TEMPERATURE IS ABOVE THE OCCUPIED COOLING SETPOINT, PRE-COOL MODE SHALL BE ACTIVATED. WHEN PRE-COOL IS INITIATED THE UNIT SHALL ENABLE THE FAN AND COOLING OR ECONOMIZER. THE OUTSIDE AIR DAMPER SHALL REMAIN CLOSED, UNLESS ECONOMIZING. WHEN THE SPACE TEMPERATURE REACHES OCCUPIED COOLING SETPOINT (ADJ.), THE UNIT SHALL TRANSITION TO THE OCCUPIED MODE.
ECONOMIZER MODE:
A. FULLY MODULATING DEW-POINT TYPE ECONOMIZER SHALL OPTIMIZE THE USE OF OUTSIDE AIR FOR FREE COOLING BY MODULATING OUTSIDE-AIR, RELIEF-AIR, AND RETURN-AIR DAMPERS. UNITS SHALL ENTER THE FREE-COOLING ECONOMIZER MODE WHEN THE OUTSIDE-AIR TEMPERATURE DROPS 3 DEGREES BELOW THE RETURN-AIR TEMPERATURE, AND THE OUTSIDE-AIR DEW-POINT TEMPERATURE DROPS 2 DEGREES BELOW THE RETURN-AIR DEW-POINT HIGH-LIMIT TEMPERATURES.
B. UPON A RISE IN OUTSIDE-AIR TEMPERATURE ABOVE 1 DEGREE BELOW THE RETURN-AIR TEMPERATURE OR THE RISE IN OUTSIDE-AIR DEW POINT AT OR ABOVE THE RETURN-AIR DEW-POINT HIGH-LIMIT TEMPERATURE, THE FREE-COOLING ECONOMIZER SHALL BE DISABLED.

HUMIDIFICATION:
A. HUMIDIFICATION SHALL BE ENABLED WHEN DEHUMIDIFICATION IS DISABLED, AIRFLOW IS PROVEN, START UP DELAY HAS TERMINATED AND HUMIDITY IS BELOW SETPOINT. UPON A DROP IN SPACE RELATIVE HUMIDITY BELOW SET POINT WITH AN AVERAGE OF RETURN-AIR HUMIDITY AND SPACE HUMIDITY, STEAM CONTROL VALVE SHALL MODULATE TO MAINTAIN SET POINT. IN ADDITION TO THE MODULATING CONTROL VALVE ON THE HUMIDIFIER UNIT, PROVIDE A NORMALLY CLOSED, TWO-POSITION AUTOMATIC VALVE AHEAD OF THE HUMIDIFIER THAT SHALL CLOSE ON OUTSIDE-AIR TEMPERATURE ABOVE 65 DEG F (ADJ.) AND ALSO FROM A SIGNAL FROM A HIGH-LIMIT HUMIDISTAT LOCATED IN THE SUPPLY DUCT. THE HIGH LIMIT HUMIDISTAT SHALL BE LOCATED DOWNSTREAM FROM THE HUMIDIFIER SHALL OVERRIDE THE HUMIDIFIER CONTROL TO PREVENT LOCAL SATURATION AT THE POINT OF STEAM INSERTION.
DISCHARGE AIR TEMPERATURE RESET CONTROL:
A. THE DISCHARGE AIR TEMPERATURE SETPOINT SHALL BE RESET TO THE OPTIMAL SETPOINT COMMUNICATED BY THE EMS. THE SPACE TEMPERATURE EMS AND THE SPACE TEMPERATURE SETPOINT EMS SHALL BE COMMUNICATED TO THE UNIT CONTROLLER BY THE EMS. THE DISCHARGE AIR TEMPERATURE SETPOINT SHALL BE RESET BASED UPON THE DEVIATION OF THE SPACE TEMPERATURE EMS FROM THE SPACE TEMPERATURE SETPOINT EMS. ALSO, THE EMS SHALL OVERRIDE THIS RESET FUNCTION WHENEVER OUTDOOR DEW POINT IS HIGHER THAN 65.0 DEG. F (ADJ.) OR INDOOR HUMIDITY (MEASURED AT THE SOURCE OF CONTROL) IS HIGHER THAN 60% RH (ADJ.). IF THE DISCHARGE AIR TEMPERATURE DROPS BELOW THE MINIMUM LIMIT, A LOW TEMPERATURE ALARM SHALL ANNUNCIATE, AND THE UNIT SHALL SHUT DOWN. IF THE DISCHARGE AIR TEMPERATURE RISES ABOVE THE MAXIMUM LIMIT, A HIGH TEMPERATURE ALARM SHALL ANNUNCIATE.
SUPPLY FAN:
A. THE SUPPLY FAN SHALL BE OFF IN THE UNOCCUPIED MODE. THE SUPPLY FAN SHALL BE ON IF THE CONTROL IS HEATING OR COOLING IN THE UNOCCUPIED MODE. WHEN THE CONTROLLER IS IN THE OCCUPIED MODE, THE SUPPLY FAN SHALL OPERATE CONTINUOUSLY.
B. A MANUAL RESET OF THE HIGH STATIC PRESSURE CUT-OFF SWITCH SHALL BE REQUIRED TO RESTART THE FAN.
C. FAN ASSEMBLY SHALL BE CONFIGURED AS A FAN ARRAY WITH 100% REDUNDANCY, REDUNDANT FAN SHALL BE ENABLED UPON PRIMARY FAN FAILURE
RETURN FAN:
A. THE RETURN FAN SHALL BE OFF IN THE UNOCCUPIED MODE. THE RETURN FAN SHALL BE ON IF THE CONTROL IS HEATING OR COOLING IN THE UNOCCUPIED MODE.
B. IF THE RETURN FAN FAILS TO PROVE STATUS FOR 30 SECONDS (ADJ.), THE FAN SHALL BE COMMANDED OFF, THE OUTSIDE AIR DAMPER SHALL CLOSE, ALL HEATING AND COOLING SHALL BE DISABLED, AND AN ALARM SHALL ANNUNCIATE AT THE EMS. A MANUAL RESET SHALL BE REQUIRED TO RESTART THE FAN. A MANUAL RESET OF THE HIGH STATIC PRESSURE CUT-OFF SWITCH SHALL BE REQUIRED TO RESTART THE FAN. SUPPLY AND RETURN FANS ARE INTERLOCKED VIA SOFTWARE. A FAILURE OF EITHER SHALL DISABLE BOTH.
C. FAN SPEED SHALL BE ADJUSTED TO MAINTAIN THE AIR FLOW SETPOINT VIA THE AIR FLOW STATION.
PREHEAT CONTROL:
A. THE PREHEAT COIL BOOSTER PUMP SHALL RUN CONTINUOUSLY.
B. WHEN THE FAN IS OFF, IF THE OUTDOOR AIR TEMPERATURE IS BELOW 40.0 DEG. F (ADJ.) OR THE OUTSIDE AIR TEMPERATURE SENSOR IS FAILED, THE PREHEAT VALVE SHALL MODULATE TO MAINTAIN A MIXED AIR TEMPERATURE OF 45.0 DEG. F (ADJ.). IF THE OUTDOOR AIR TEMPERATURE IS ABOVE 45.0 DEG. F (ADJ.) AND THE OUTDOOR AIR TEMPERATURE SENSOR IS NOT FAILED THE PREHEAT VALVE SHALL BE CLOSED. IF THE MIXED AIR TEMPERATURE SENSOR FAILS THE PREHEAT VALVE SHALL BE 10% OPEN.
C. WHEN THE FAN IS ON, THE PREHEAT SHALL CONTROL TO MAINTAIN A LEAVING PREHEAT TEMPERATURE OF 45.0 DEG. F (ADJ.). IF THE PREHEAT TEMPERATURE SENSOR FAILS AND THE MIXED AIR TEMPERATURE IS BELOW 45.0 DEG. F (ADJ.) THE PREHEAT VALVE SHALL BE 10% OPEN. IF THE PREHEAT TEMPERATURE SENSOR FAILS AND THE MIXED AIR TEMPERATURE IS ABOVE 55.0 DEG. F (ADJ.) THE PREHEAT VALVE SHALL BE COMMANDED CLOSED, AN ALARM SHALL ANNUNCIATE AT THE EMS IF THE LEAVING PREHEAT TEMPERATURE SENSOR. THE MIXED AIR TEMPERATURE SENSOR OR THE OUTSIDE AIR TEMPERATURE SENSOR ARE FAILED.
MIXED AIR LOW LIMIT:
A. THE INITIAL DAMPER OPENING RATE SHALL BE LIMITED TO 2% PER MINUTE (ADJ.) UNTIL THE DAMPER HAS REACHED ITS MINIMUM VENTILATION POSITION. THE OUTSIDE AIR DAMPER SHALL MODULATE TO A POSITION LESS THAN THE MINIMUM DAMPER POSITION IF THE MIXED AIR TEMPERATURE DROPS BELOW 50.0 DEG. F (ADJ.). IF THE MIXED AIR TEMPERATURE SENSOR FAILS AN ALARM SHALL ANNUNCIATE AT THE BAS AND THE OUTSIDE AIR DAMPER SHALL RETURN TO THE MINIMUM POSITION.
FREEZE PROTECTION:
A. IF THE OUTDOOR TEMPERATURE IS BELOW 40 DEG F (ADJ.), THE CHILLED WATER CONTROL VALVE SHALL CLOSE AND THE COIL PUMP SHALL BE ENABLED TO RUN CONTINUOUSLY.
B. A HARDWIRED, LOW LIMIT TEMPERATURE SWITCH SHALL BE ELECTRICALLY INTERLOCKED WITH THE VARIABLE SPEED DRIVE. IF THE LOW LIMIT TEMPERATURE SWITCH IS TRIPPED 38.0 DEG. F (ADJ.), THE FAN SHALL BE COMMANDED OFF AND THE OUTSIDE AIR DAMPER SHALL CLOSE. ALL VALVES SHALL BE COMMANDED OPEN TO 100% (ADJUST PER CLIMATE). AN ALARM SHALL ANNUNCIATE AT THE EMS AND MANUAL RESET OF THE LOW LIMIT TEMPERATURE SWITCH SHALL BE REQUIRED TO RESTART THE FAN.
FILTER STATUS:
A. A DIFFERENTIAL PRESSURE SWITCH SHALL MONITOR THE DIFFERENTIAL PRESSURE ACROSS THE FILTER(S) WHEN THE FAN IS RUNNING. IF THE SWITCH CLOSES DURING NORMAL OPERATION A DIRTY FILTER ALARM SHALL ANNUNCIATE AT THE EMS.

MONITORING POINTS: PROVIDE THE FOLLOWING CONTROL AND MONITORING POINTS FROM THE DDC SYSTEM
A. SUPPLY-FAN VFD ENABLE.
B. SUPPLY-FAN VFD STATUS.
C. SUPPLY-FAN VFD FAULT.
D. SUPPLY-FAN VFD SPEED.
E. RETURN-FAN ENABLE.
F. RETURN-FAN STATUS.
G. RETURN-FAN FAULT.
H. RETURN-FAN SPEED.
I. SUPPLY-AIR TEMPERATURE AND SET-POINT ADJUSTMENT.
J. RETURN-AIR TEMPERATURE.
K. MIXED-AIR TEMPERATURE.
L. OUTSIDE-AIR-DAMPER POSITION.
M. RETURN-AIR-DAMPER POSITION.
N. EXHAUST-AIR-DAMPER POSITION.
O. FREEZE-ALARM SHUTDOWN.
P. LOW-TEMPERATURE ALARM.
Q. PRE-FILTER PRESSURE DROP.
R. RETURN-AIR DEW POINT.
S. SUPPLY-AIR DEW POINT AND SET POINT ADJUSTMENT.
T. SUPPLY-AIR STATIC PRESSURE.
U. RETURN-AIR STATIC PRESSURE.
V. OUTSIDE-AIR CFM.
W. RETURN-AIR CFM.
X. SUPPLY-AIR CFM.
Y. COOLING-COIL PUMP ENABLE.
Z. COOLING-COIL PUMP STATUS.
AA. COOLING-COIL PUMP FAULT.
BB. RETURN-AIR HUMIDITY.
CC. PREHEATING-COIL CONTROL-VALVE POSITION.
DD. FAN STATIC-PRESSURE SET POINT.
EE. HUMIDISTAT HIGH-LIMIT ALARM.
FF. OUTSIDE-AIR DEW POINT.
GG. HUMIDIFIER CONTROL-VALVE POSITION.
HH. FINAL FILTER PRESSURE DROP.
II. OUTDOOR-AIR TEMPERATURE.
JJ. SPACE HUMIDITY SENSORS RELATIVE AND SET POINT ADJUSTMENTS.

IR ROOM CONTROL SEQUENCE
IN-CATH LAB ROOM CONTROL
A. IN-CATH LAB ROOM ZONE CONTROL SHALL CONSIST OF A VOLUME REGULATOR (AIR VALVE) IN THE SUPPLY AIR AND RETURN AIR DUCT. REHEAT CONTROL AND AN AIR HANDLING UNIT MOUNTED STEAM HUMIDIFIER.
B. IN-CATH LAB ROOM OPERATION:
1. OPERATING ROOM SHALL BE PROVIDED WITH A WALL-MOUNTED CONTROL PANEL WITH A DIGITAL DISPLAY, DISPLAYING ROOM TEMPERATURE, ROOM SETPOINT/ADJUSTMENT, ROOM HUMIDITY (NO HUMIDITY SETPOINT), ROOM PRESSURIZATION AND AIR CHANGE RATE.
2. THE SUPPLY AND RETURN AIR VALVES SHALL BE PRESSURE-INDEPENDENT TYPE, WITH THE SUPPLY AIR SET TO CFM QUANTITY INDICATED ON DRAWINGS, AND THE RETURN AIR VALVE SET TO MAINTAIN 0.02" W.G. ADJUSTABLE) POSITIVE-PRESSURE CONDITION IN IR-CATH LAB ROOM.
3. CONTROL PANEL WITH WALL-MOUNTED SPACE HUMIDITY SENSOR SHALL MODULATE THE HUMIDIFIER STEAM CONTROL VALVE TO MAINTAIN THE SET POINT, IN ADDITION TO THE MODULATING CONTROL VALVE ON THE HUMIDIFIER UNIT, PROVIDE A NORMALLY CLOSED, TWO-POSITION AUTOMATIC VALVE AHEAD OF THE HUMIDIFIER THAT SHALL CLOSE ON OUTSIDE-AIR TEMPERATURE ABOVE 40 DEG F (ADJUSTABLE) AND ALSO ON A SIGNAL FROM A HIGH-LIMIT HUMIDISTAT LOCATED IN THE ZONE SUPPLY DUCT.
4. CONTROL PANEL SHALL HAVE AN INTEGRAL, ADJUSTABLE, TEMPERATURE SENSOR THAT SHALL MODULATE THE REHEAT COIL VALVE AS REQUIRED TO MAINTAIN THE SPACE-TEMPERATURE AND HUMIDITY SET POINTS.
5. UNOCCUPIED: THE IR-CATH LAB ROOM SHALL HAVE AN INDEPENDENT UNOCCUPIED CONTROL SEQUENCE, WHEN INDICED BY THE DDC SYSTEM TO THE UNOCCUPIED CONTROL SEQUENCE, OR WHEN ROOM OCCUPANCY SENSOR SHOWS THE ROOM HAS BEEN VACANT FOR 20 MINUTES (ADJUSTABLE), THE SUPPLY AND RETURN-AIR VOLUME REGULATORS SHALL TRACK TO REDUCE AIRFLOW BY APPROXIMATELY 50% (ADJUSTABLE), WHILE MAINTAINING THE ROOM PRESSURE, TEMPERATURE, AND HUMIDITY SETPOINTS.
6. THE DIFFERENTIAL PRESSURE SHALL BE MAINTAINED TO KEEP THE ROOM AT A POSITIVE-PRESSURE CONDITION.
7. THE PRESSURIZATION CONTROLLER SHALL CONTINUOUSLY MONITOR THE SPACE DIFFERENTIAL PRESSURE AND ALARM IF THE PRESSURE DROPS BELOW + 01 INCHES W.G. (ADJUSTABLE)
C. PROVIDE THE FOLLOWING CONTROL AND MONITORING POINTS FROM THE DDC SYSTEM:
1. SUPPLY-AIR TEMPERATURE.
2. SUPPLY-AIR RELATIVE HUMIDITY.
3. SPACE TEMPERATURE.
4. SPACE RELATIVE HUMIDITY.
5. SUPPLY-AIR CFM.
6. RETURN-AIR CFM.
7. HUMIDIFIER CONTROL-VALVE POSITION.
8. REHEAT-COIL CONTROL-VALVE POSITION.
9. SPACE DIFFERENTIAL PRESSURE.
11. SPACE DIFFERENTIAL-PRESSURE SET POINT.
12. SPACE DIFFERENTIAL-PRESSURE ALARM.
13. SUPPLY-AIR VALVE DAMPER POSITION.
14. RETURN-AIR VALVE DAMPER POSITION.
15. IR-CATH LAB SPACE TEMPERATURE SETPOINT
16. IR-CATH LAB SPACE HUMIDITY SETPOINT.



AIR TERMINAL UNIT CONTROL DIAGRAM

NOT TO SCALE

BUILDING AUTOMATION SYSTEM INTERFACE:
A. THE BUILDING ENERGY MANAGEMENT SYSTEM (EMS) SHALL SEND THE CONTROLLER OCCUPIED AND UNOCCUPIED COMMANDS. THE EMS MAY ALSO SEND A HEAT/COOL MODE, PRIORITY SHUTDOWN COMMANDS, SPACE TEMPERATURE AND/OR SPACE TEMPERATURE SETPOINT. IF COMMUNICATION IS LOST WITH THE EMS, THE CONTROLLER SHALL OPERATE USING ITS LOCAL SETPOINTS.
OCCUPIED:
A. NORMAL OPERATING MODE FOR OCCUPIED SPACES OR DAYTIME OPERATION. WHEN THE UNIT IS IN THE OCCUPIED MODE THE TERMINAL UNIT SHALL FUNCTION AS CONSTANT VOLUME. THE OCCUPIED MODE SHALL BE THE DEFAULT MODE OF THE TERMINAL UNIT.
UNOCCUPIED:
A. NORMAL OPERATING MODE FOR UNOCCUPIED SPACES OR NIGHTTIME OPERATION. WHEN THE UNIT IS IN UNOCCUPIED MODE, THE TERMINAL UNIT SHALL FUNCTION AS CONSTANT VOLUME AND PROVIDE 50% OF DESIGN AIRFLOW.
OCCUPIED BYPASS
A. MODE USED TO TEMPORARILY PLACE THE UNIT INTO THE OCCUPIED OPERATION. OWNER SHALL BE ABLE TO OVERRIDE THE UNOCCUPIED MODE FROM THE SPACE SENSOR. THE OVERRIDE SHALL LAST FOR A MAXIMUM OF 4 HOURS (ADJ.). THE OWNER SHALL BE ABLE TO CANCEL THE OVERRIDE FROM THE SPACE SENSOR AT ANY TIME
HEAT/COOL MODE:
A. THE HEAT/COOL MODE SHALL BE SET BY A COMMUNICATED VALUE OR AUTOMATICALLY BY THE TERMINAL UNIT. IN STANDALONE OR AUTO MODE THE TERMINAL UNIT SHALL COMPARE THE PRIMARY AIR TEMPERATURE WITH THE CONFIGURED AUTO CHANGEOVER SETPOINT TO DETERMINE IF THE AIR IS "HOT" OR "COLD". HEATING MODE IMPLIES THE PRIMARY AIR TEMPERATURE IS HOT, COOLING MODE IMPLIES THE PRIMARY AIR TEMPERATURE IS COLD.
HEAT/COOL SETPOINT:
A. THE SPACE TEMPERATURE SETPOINT SHALL BE DETERMINED EITHER BY A LOCAL (E.G., THUMBWHEEL) SETPOINT, THE TERMINAL UNIT DEFAULT SETPOINT OR A COMMUNICATED VALUE. THE TERMINAL UNIT SHALL USE THE LOCALLY STORED DEFAULT SETPOINTS WHEN NEITHER A LOCAL SETPOINT NOR COMMUNICATED SETPOINT IS PRESENT. IF BOTH A LOCAL SETPOINT AND COMMUNICATED SETPOINT EXIST, THE TERMINAL UNIT SHALL USE THE COMMUNICATED VALUE.
LOCAL REHEAT CONTROL:
A. REHEAT WILL ONLY BE ALLOWED WHEN THE PRIMARY AIR TEMPERATURE IS 5.0 DEG. F BELOW THE CONFIGURED REHEAT ENABLE SETPOINT OF 70.0 DEG. F ADJ.). THE REHEAT SHALL BE ENABLED WHEN THE SPACE TEMPERATURE DROPS BELOW THE ACTIVE HEATING SETPOINT AND THE MINIMUM AIRFLOW REQUIREMENTS ARE MET. DURING REHEAT THE CONTROLLER SHALL ENERGIZE THE HEAT AS FOLLOWS:
a. PROPORTIONAL HOT WATER REHEAT: IF THE SPACE TEMPERATURE IS BELOW THE HEATING SETPOINT THE HOT WATER REHEAT VALVE SHALL CONTROL AS REQUIRED TO MAINTAIN THE ACTIVE HEATING SETPOINT.

DUCTLESS SPLIT UNIT CONTROL SCHEMATIC

SCALE: NOT TO SCALE

A. UNIT TO OPERATE UNDER ITS OWN CONTROLS, MONITOR AND ALARM TO BUILDING EMS.
B. UNIT SHALL OPERATE STAND ALONE TO MAINTAIN SPACE TEMPERATURE SETPOINT 72 DEG F (ADJ.)
C. ALARM
a. UNIT FAILURE
b. HIGH SPACE TEMPERATURE
D. MONITOR:
a. AC STATUS
b. SPACE TEMPERATURE

HOLT ARCHITECTS
Architecture
Planning
Interior Design
619 W. State Street
Ithaca, New York 14850
89 State Street
Albany, New York 12207
133 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7900 www.holt.com

IPD BUFFALO ROCHESTER SYRACUSE UTICA
IPDENGINEERING.COM

REVISION SCHEDULE

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IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE: 04/19/2024
PROJECT: 22065
CON NO: 231385
DRAWN BY: EW

CONTROLS

22065 M601

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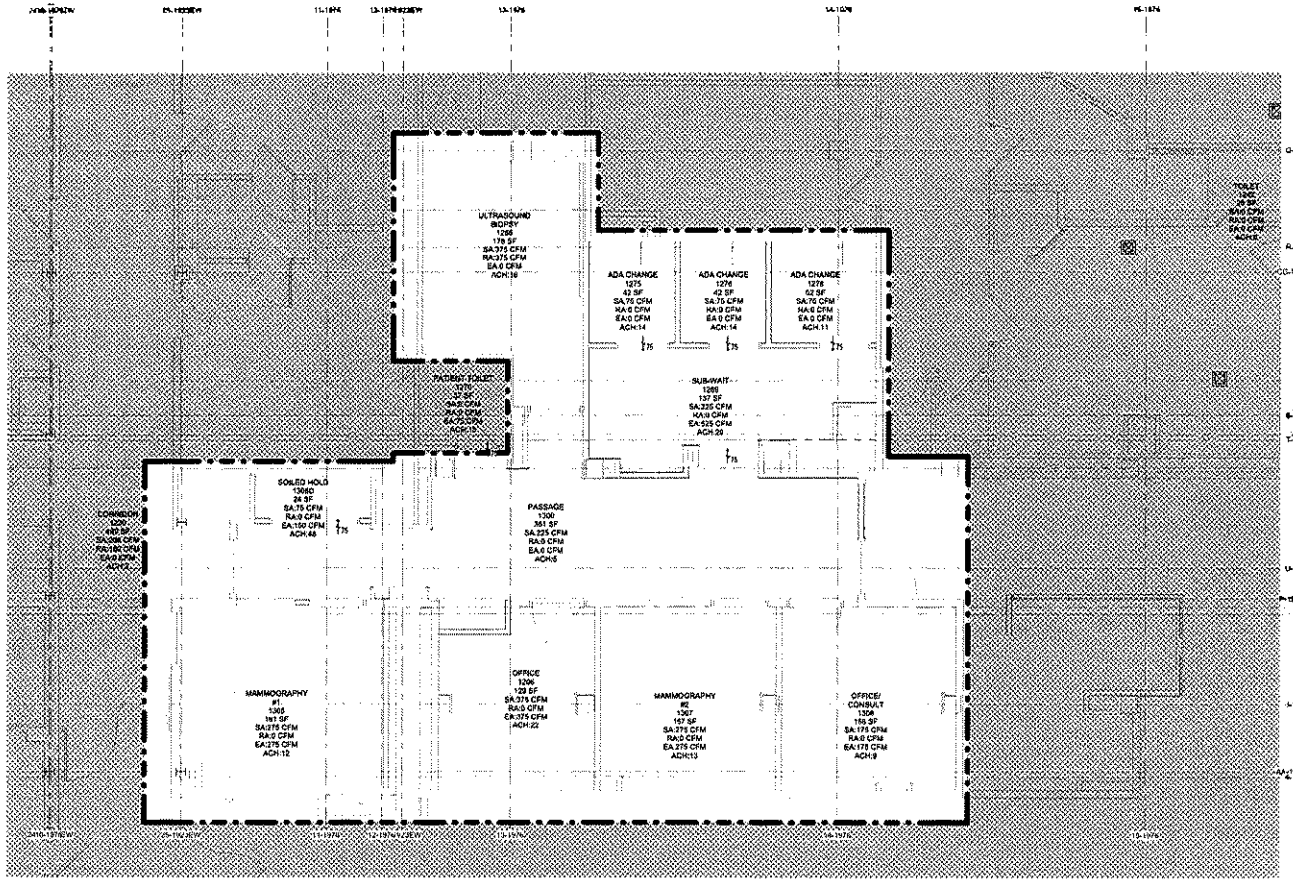
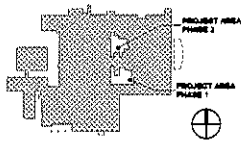


1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - CODE CONFORMANCE



KEY PLAN

HOLT ARCHITECTS
Architecture
Planning
Interior Design
IPD
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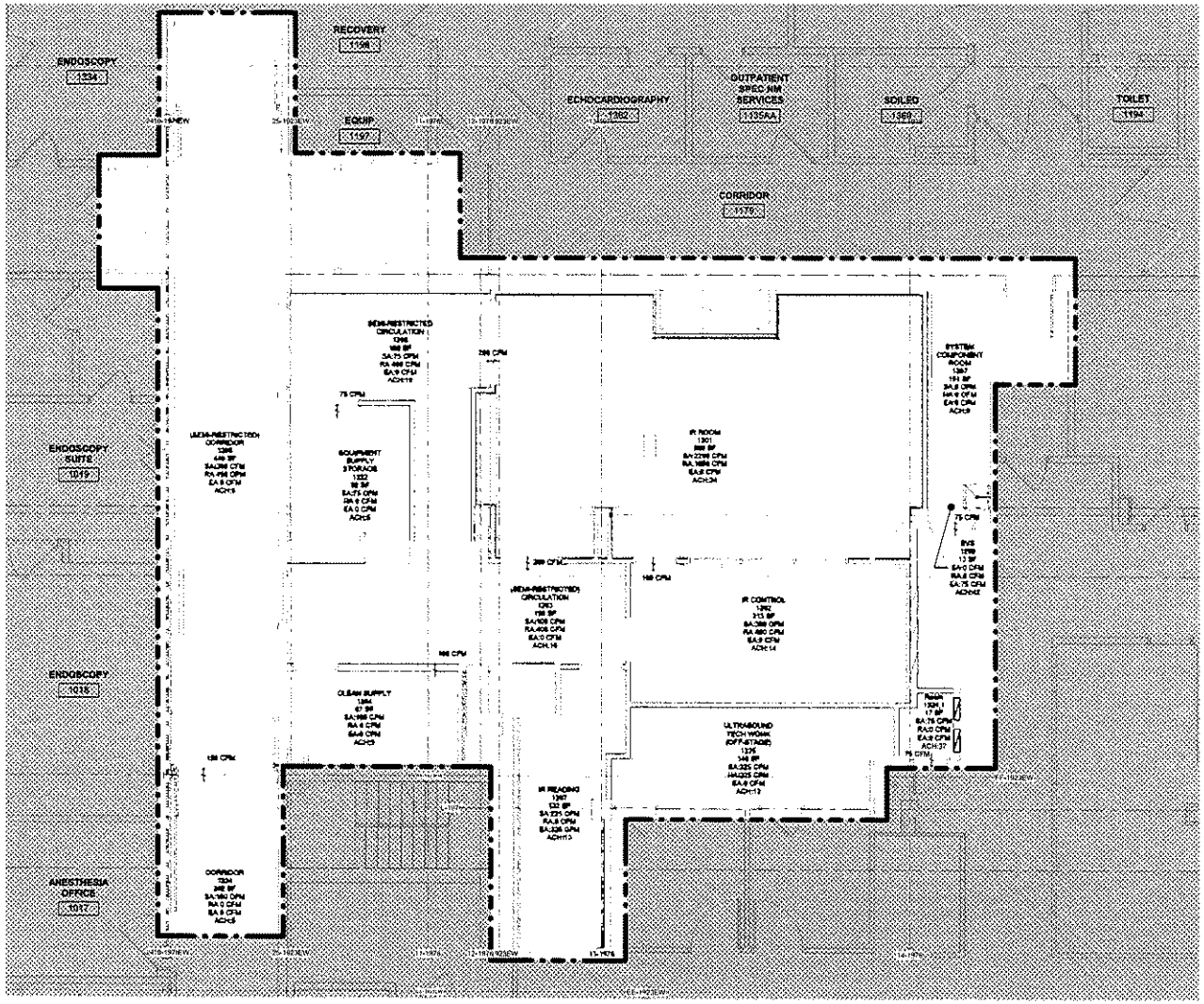
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
DCN NO:	231206
DRAWN BY:	DW

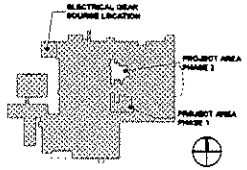
PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - CODE CONFORMANCE

22065 M701

4/24/2024 4:31:55 PM



1 PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA CODE CONFORMANCE PLAN



KEY PLAN

HOLT ARCHITECTS
Architecture
Planning
Interior Design

IPD
BUFFALO ROCHESTER SYRACUSE UTICA
IPDENGINEERING.COM

REVISION SCHEDULE

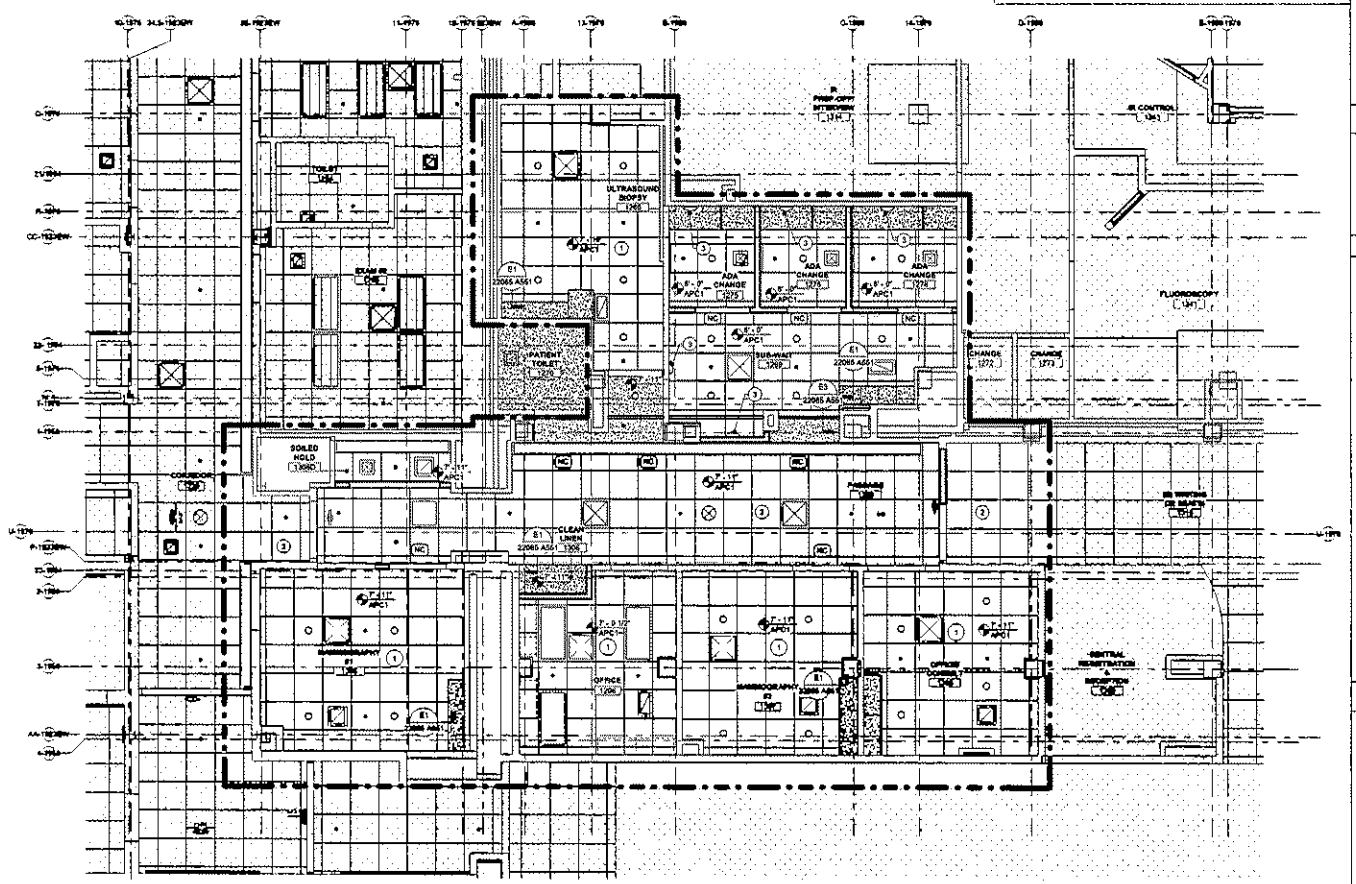
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/18/2024
PROJECT:	22065
CON NO:	231046
DRAWN BY:	DW

PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - CODE CONFORMANCE

22065 M702



A2 PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 1 AREA
1/4" = 1'-0"

KEYED RCP NOTES

1. EXISTING CEILING GRID TO REMAIN. PROVIDE NEW CEILING PANELS COMPLETE AND REPLACE GRID AS REQUIRED TO ACCOMMODATE THE WORK.
2. MODIFY EXISTING CEILING TO ACCOMMODATE THE WORK. PANELS WITHIN THE WORK AREA, REPLACE ALL BROKEN, CHIPPED OR STAINED CEILING PANELS TO MATCH EXISTING.
3. DECORATIVE WALL SCONCE, COORDINATE WITH ELECTRICAL DRAWINGS.

GENERAL RCP NOTES

1. ACOUSTIC PANEL CEILINGS ARE APC1 UNLESS OTHERWISE NOTED BY CEILING HEIGHT/MATERIAL TAG.
2. GYPSUM SOFFITS AND CEILINGS ARE 7'-2" ABOVE FINISHED FLOOR UNLESS OTHERWISE NOTED.
3. ALL GYPSUM BOARD CEILINGS TO BE PAINTED #1 UNLESS OTHERWISE NOTED.
4. PAINT CEILING ACCESS PANELS WHERE THEY OCCUR TO MATCH ADJACENT CEILING FINISH.
5. CENTER ACOUSTIC CEILING PANELS WITHIN FIELD. PARTIAL PANELS AT ROOM PERIMETER SHALL NOT BE LESS THAN 6".
6. THE EDGE OF ALL CUT TEGULAR PANELS SHALL BE FIELD SHAPED AND PAINTED TO MATCH FABRICATED TEGULAR EDGE. THE CUT EDGE OF ALL PANELS SHALL BE POSITIONED OUT OF VIEW.
7. MOUNT ALL FIXTURES AND DEVICES IN THE CENTER OF ACOUSTIC CEILING PANEL UNLESS OTHERWISE NOTED.
8. REFER TO MECHANICAL, ELECTRICAL, FIRE ALARM AND FIRE PROTECTION DRAWINGS FOR FIXTURES NOT SHOWN ON THIS SHEET. COORDINATE LOCATIONS OF FIXTURES NOT SHOWN WITH LAYOUT INDICATED ON THIS SHEET.
9. PROVIDE ACCESS PANELS IN ALL NON-ACCESSIBLE CEILINGS WHERE SERVICE OR ADJUSTMENT TO MECHANICAL, PLUMBING OR ELECTRICAL ITEMS MAY BE REQUIRED. ACCESS PANELS SHALL BE EQUAL TO THE RATING OF THE WALL OR CEILING IN WHICH THEY OCCUR. PROVIDE COORDINATED SHOP DRAWING OF ALL REQUIRED ACCESS PANELS FOR REVIEW.
10. PROVIDE COORDINATION DRAWINGS OF ALL EXPOSED MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION, AND AUDIO/VIDEO SYSTEMS FOR REVIEW.

RCP LEGEND

CEILING MATERIALS:

- GYPSUM BOARD CEILING
- MILLWORK
- RATED HORIZONTAL CEILING ASSEMBLY
- ACP1 - 2' X 2' ACOUSTICAL PANEL CEILING
- ACP2 - 2' X 2' SCRUBBABLE ACOUSTICAL PANEL CEILING
- ACP3 - MATCH EXISTING CEILING

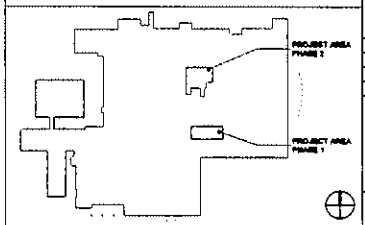
OTHER:

- RETURN AIR GRILLE
- EXHAUST
- SUPPLY AIR GRILLE
- SPEAKER
- EXIT SIGN
- OCCUPANCY SENSOR
- SPRINKLER HEAD
- FIRE DETECTOR
- FIRE ALARM DEVICE
- NURSE CALL LIGHT DEVICE
- WIRELESS ACCESS POINT
- AREA OF MEP WORK
- CEILING ACCENT PAINT
- ACCESS PANEL

LIGHT FIXTURES:

- SURFACE MOUNTED LIGHT FIXTURES
- LAY-IN LIGHT FIXTURES
- RECESSED CAN LIGHT FIXTURE
- PENDANT LIGHT FIXTURE
- PERIMETER LINEAR RECESSED LIGHT
- NARROW LINEAR CONTINUOUS RECESSED LIGHT FIXTURE
- LARGE DIAMETER RECESSED LIGHT FIXTURE
- CURTAIN

KEY PLAN



HOLT ARCHITECTS
Architecture
Planning
Interior Design
Rochester, New York
Albany, New York
Syracuse, New York

REVISION SCHEDULE

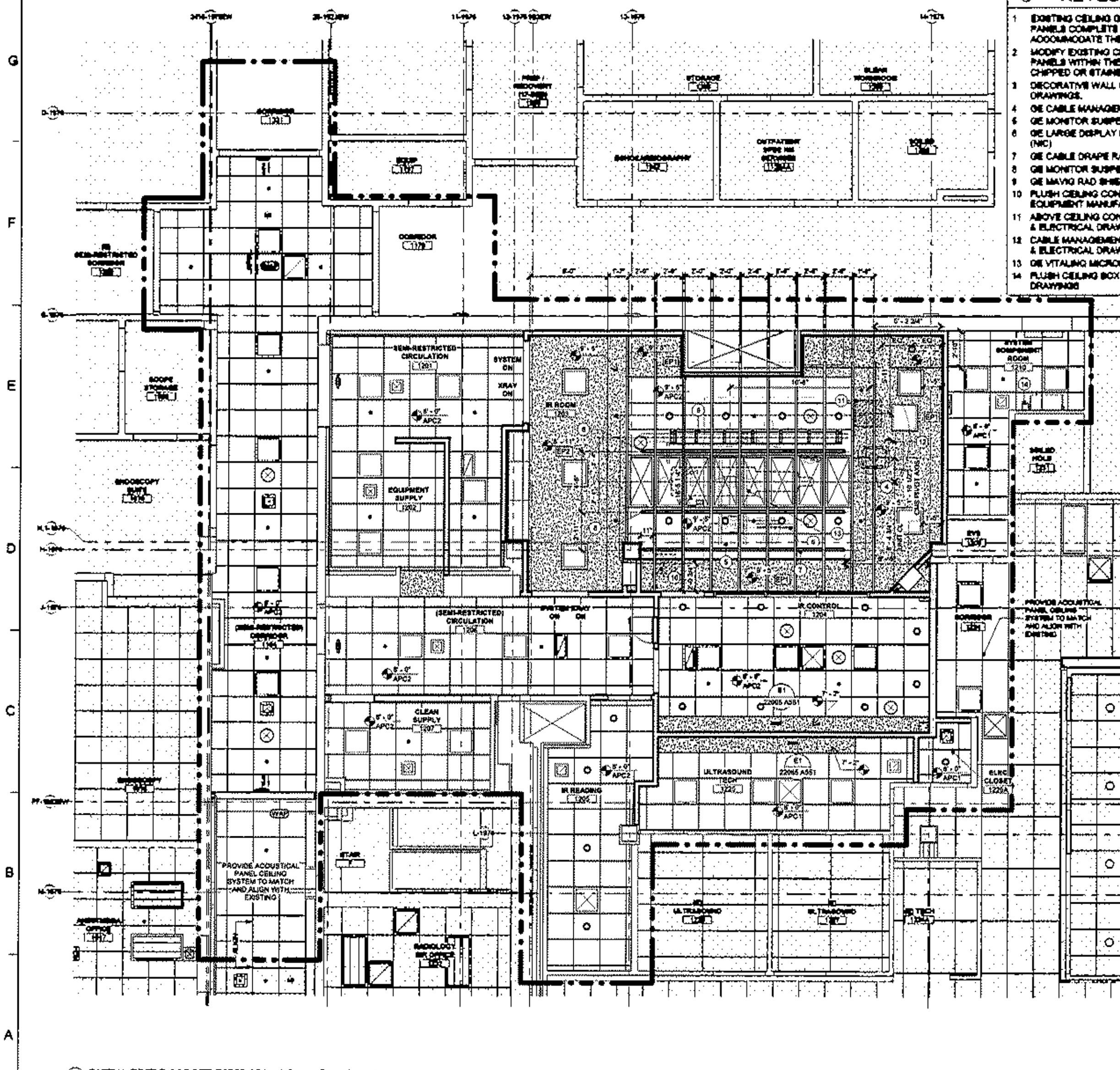
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	10/30/2020
PROJECT:	22085
CON NO:	121098
DRAWN BY:	BKT

PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 1 AREA

22085 A151



(A1) PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 2 AREA
1/4" = 1'-0"

KEYED RCP NOTES

1. EXISTING CEILING GRID TO REMAIN, PROVIDE NEW CEILING PANELS COMPLETE AND REPLACE GRID AS REQUIRED TO ACCOMMODATE THE WORK.
2. MODIFY EXISTING CEILING TO ACCOMMODATE THE WORK. PANELS WITHIN THE WORK AREA, REPLACE ALL BROKEN, CHIPPED OR STAINED CEILING PANELS TO MATCH EXISTING.
3. DECORATIVE WALL SCONCE, COORDINATE WITH ELECTRICAL DRAWINGS.
4. GE CABLE MANAGEMENT SYSTEM (CMS) (NIC)
5. GE MONITOR SUSPENSION SHORT BRIDGE (NIC)
6. GE LARGE DISPLAY MONITOR WITH TWO BACKUP MONITORS (NIC)
7. GE CABLE DRAPE RAIL (NIC)
8. GE MONITOR SUSPENSION RAILS (X2) (NIC)
9. GE MAVIG RAD SHIELD AND LAMP WITH 4M CEILING TRACK (NIC)
10. FLUSH CEILING CONDUIT BOX WITH SPLIT COVERPLATE, SEE EQUIPMENT MANUFACTURER & ELECTRICAL DRAWINGS
11. ABOVE CEILING CONDUIT BOX, SEE EQUIPMENT MANUFACTURER & ELECTRICAL DRAWINGS
12. CABLE MANAGEMENT SYSTEM, SEE EQUIPMENT MANUFACTURER & ELECTRICAL DRAWINGS
13. GE VITALINQ MICROPHONE, NIC
14. FLUSH CEILING BOX FOR WATERLINES. SEE EQUIPMENT DRAWINGS

GENERAL RCP NOTES

1. ACOUSTIC PANEL CEILINGS ARE APC1 UNLESS OTHERWISE NOTED BY CEILING HEIGHT/MATERIAL TAG.
2. GYPSUM SOFFITS AND CEILINGS ARE 7'-2" ABOVE FINISHED FLOOR UNLESS OTHERWISE NOTED.
3. ALL GYPSUM BOARD CEILINGS TO BE PAINTED P4 UNLESS OTHERWISE NOTED.
4. PAINT CEILING ACCESS PANELS WHERE THEY OCCUR TO MATCH ADJACENT CEILING FINISH.
5. CENTER ACOUSTIC CEILING PANELS WITHIN FIELD, PARTIAL PANELS AT ROOM PERIMETER SHALL NOT BE LESS THAN 6".
6. THE EDGE OF ALL CUT TEGULAR PANELS SHALL BE FIELD SHAPED AND PAINTED TO MATCH FABRICATED TEGULAR EDGE. THE CUT EDGE OF ALL PANELS SHALL BE POSITIONED OUT OF VIEW.
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10. PROVIDE COORDINATION DRAWINGS OF ALL EXPOSED MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION, AND AUDIO/VIDEO SYSTEMS FOR REVIEW.

RCP LEGEND

CEILING MATERIALS:

- GYPSUM BOARD CEILING
- ACP1 - 2' X 2' ACOUSTICAL PANEL CEILING
- ACP3 - MATCH EXISTING CEILING
- MILLWORK
- ACP2 - 2' X 2' SCRUBBABLE ACOUSTICAL PANEL CEILING
- RATED HORIZONTAL CEILING ASSEMBLY

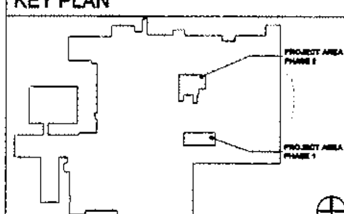
OTHER:

- RETURN AIR GRILLE
- EXHAUST
- SUPPLY AIR GRILLE
- SPEAKER
- EXIT SIGN
- OCCUPANCY SENSOR
- SPRINKLER HEAD
- FIRE DETECTOR
- FIRE ALARM DEVICE
- NURSE CALL LIGHT DEVICE
- WIRELESS ACCESS POINT
- AREA OF MEP WORK
- CEILING ACCENT PAINT
- ACCESS PANEL

LIGHT FIXTURES:

- SURFACE MOUNTED LIGHT FIXTURES
- LAY-IN LIGHT FIXTURES
- RECESSED CAN LIGHT FIXTURE
- PENDANT LIGHT FIXTURE
- PERIMETER LINEAR RECESSED LIGHT
- NARROW LINEAR CONTINUOUS RECESSED LIGHT FIXTURE
- LARGE DIAMETER RECESSED LIGHT FIXTURE
- CUBICLE CURTAIN

KEY PLAN



HOLT ARCHITECTS
Architecture
Planning
Interior Design

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	05/09/2024
PROJECT:	24608
CON NO:	231365
DRAWN BY:	EKT

PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 2 AREA

22065 A152

Add Electrophysiology Services to IR/ Cath Lab

Space Program Summary

Auburn Community Hospital 2/2/2026

17 Lansing Street, Auburn, New York 13021

APPLICABLE CODES

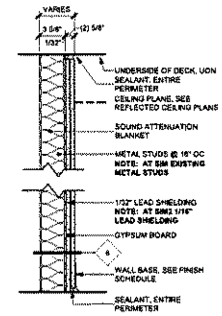
1. 2020 New York State Building Codes
2. NY Codes, Rules & Regulations (NYCRR), Volume C, Chapter V, Subchapter C, Article 2, Part 712-2 Standards for General Hospital Construction Projects Approved or Completed on or after October 14, 1998
3. 2018 FGI Design and Construction of Hospitals | Section 2.2 Specific Requirements for General Hospitals; Seclont 2.2-3.3 Surgical Services; Section 2.2-3.4 Imaging Services
4. 2018 FGI Design and Construction of Outpatient Facilities | Section 2.1-3.5 Imaging Services/ Chapter 2.3 Specific Requirements for Outpatient Imaging Facilities
5. 2012 NFPA 101 Life Safety Code, Chapter 18 'New Healthcare Occupancies'
6. Americans With Disabilities Act (ADA) Standards for Accessible Design 2010, and Accessible and Usable Buildings and Facilities (ICC/ANSI A117.1-2009)

CODE NOTES

Type of Space	Qty	Design SF	Subtotal SF	Notes	FTE
Total unit NSF			**#REF!**		
Reception, Waiting, & Administration			0		
Reception	1	0	0	**EXISTING.**	
Office Equip. Supply Storage	0	0	0	**EXISTING.** Within Reception	
Waiting Area	1	0	0	**EXISTING.** 23 Seats, 1 PoS & (1) Wheelchair parking	
Public Toilets	2	0	0	**EXISTING** Women's & Men's Public Toilets	
Public telephone access	0	0	0	**EXISTING.**	
Interview Space/Consult	1	0	0	**EXISTING.**	
Inpatient Imaging Services			988	*2.2-3.4	
Interventional Radiology (Class 3 Hybrid Operating Room)	1	577	577	**EXISTING** 2.2-3.4.2.1(3) Where a Class 3 Imaging Room is provided, It shall meet the requirements of one of the following: (A) Section 2.2-3.3.4 (Hybrid Operating Room) (B) The applicable imaging modality and Section 2.2-3.3.3 (Operating Rooms), except for Section 2.2-3.3.3.2 (1) (Space requirements—Operating room). CLASS 3 CEILING Section 2.1-7.2.3.3 (2) Restricted areas	
Hand-Scrub Facilities	1	0	0	**EXISTING** 2.2-3.4.2.3(3) Hand-scrub facilities shall be provided adjacent to the entrance to the Class 3 Imaging room	
Shielded Control Room	1	215	215	**EXISTING** 2.2-3.3.4.3/ 2.2-3.4.1.3 Radiation protection; A2.2-3.4.1.3(1)(c) Shielded view window; 2.2-3.4.1.3(d) Class 3 Imaging Room physically separated from the Imaging room, laminar flow diffusers and low returns not req. in the control	
System Component Room / IR Equip Room	1	101	101	**EXISTING** 2.2-3.4.2.5 For Class 3 Imaging Rooms, System Component room shall not open into the Imaging Room or any Restricted Space	
Support Areas In the Semi-Restricted Area: Equipment Storage	1	95	95	**EXISTING** 2.2-3.3.8.13 Emergency Equipment storage; bed/gurnery storage located in the semi-restricted area adj. to the IR room; shall be permitted to be in alcove	
Support Areas in the Semi-Restricted Area: Environmental Services Room	1	0	0	**EXISTING.** 2.2-3.3.6.14 EVS room shall be accessed from a semi-restricted corridor	
Electrophysiology Room (Class 2 Imaging)	**1**	**0**	**0**	**New service: Electrophsiology procedures to be performed in IR/ Cath Lab (Class 3 Imaging Room) See above.**	

Type of Space	Qty	Design SF	Subtotal SF	Notes	FTE
Class 2 Design Requirements				**Flooring: cleanable and wear-resistant for the location; stable, firm, and slip-resistant (COMPLIES)** **Floor and wall base assemblies: monolithic floor with integral coved wall base carried up the wall a minimum of 6 inches (COMPLIES)** **Wall finishes: washable; free of fissures, open joints, or crevices (COMPLIES)** **Ceiling: smooth and without crevices, scrubbable, non-absorptive, non-perforated; capable of withstanding cleaning chemicals; lay-in ceiling permitted if gasketed or each ceiling tile weighs at least one pound per square foot and no perforated, tegular, serrated, or highly textured tiles (COMPLIES)**	
Support Areas for Patients			0		
Patient Waiting Room or Area	0	0	0	**EXISTING.** General Waiting for Imaging Services	
Sub-Waiting Area (Outpatient)	1	0	0	**EXISTING.** 2.1-3.5.10.4(3) Sharing of sub-waiting areas among similar modalities shall be permitted. (4) sub-waiting areas shall be screened and separated from unrelated traffic and under staff control	
Patient Changing Room (ADA Change) (Outpatient)	3	0	0	**EXISTING.**2.1-3.5.10.3 Adj. to imaging rooms; shall include a seat or bench and mirror; lockable storage for patient clothing shall be immediately accessible to changing rooms	
Toilet Room (Outpatient)	1	0	0	**EXISTING TO REMAIN**.A2.1-3.5.10.2(2)(b)(c)	
Phase 2 Inpatient Support Areas for Imaging Services			314		
Reception Area w/ Control Desk	1	0	0	**EXISTING. Refer to Reception Above**	
Documentation Area	1	0	0	2.2-3.4.8.3 Located in Control Room and IR Reading Room	
Consultation Area	1	0	0	**EXISTING. 2.2-3.4.8.3, located at Pre-op Check-in**	
Medication Safety Zone and Storage	1	0	0	**EXISTING.** 2.2-3.4.8.8 located in IR Room	
Clean Supply Room	1	87	87	2.2-3.4.8.11 located in IR Suite and addititon supplies in Surgical Department	
Soiled Workroom	1	0	0	**EXISTING.** 2.2-3.4.8.12(2) located in PACU & Surgical Department	
Soiled Holding	1	0	0	**EXISTING.** 2.2-3.4.8.12(1) located in PACU & Surgical Department	
Equipment & Supply Storage (Mammography)	1	95	95	**2.2-3.3.8.13/ 2.2-3.4.8.13**	
Environmental Services Room	1	0	0	**EXISTING.** 2.2-3.3.6.14/ 2.1-3.4.8.14(1)EVS with immediate access to the imaging suite shall be provided. (2) Sharing of EVS with other depts. Is permitted. Located in adjacent Surgical Department	
Pre-and post-procedure Patient Care Area (Existing PACU)	1	0	0	**EXISTING.** 2.2-3.4.8.15(3) Phase 1, Phase 2 & Pre-Procedure: Outpatient: 2.1-3.5.8.15	
Contrast Media Prep Area	0	0	0	**Not Applicable.**	
Image Management System	1	0	0	**EXISTING.**	
Image Interpretation/Reading Rooms	1	132	132	2.1-3.5.8.18 Located in IR Suite	
Support Areas for Imaging Services Staff			0		

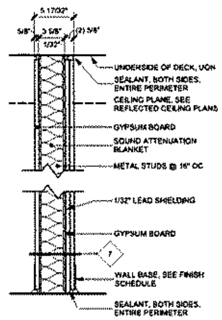
Type of Space	Qty	Design SF	Subtotal SF	Notes	FTE
Staff Break Room	2	0	0	**EXISTING**. 2.2-3.5.9.1; 2.1:Common Elements for Outpatient Facilities; Support Areas for Imaging Services Staff: 2.1-3.5.9.1 Located in Adacent Imaging Department and Surgical Deparment	
Staff Toilet Room	3	0	0	**EXISTING.** 2.2-3.4.9.5; 2.1:Common Elements for Outpatient Facilities; Support Areas for Imaging Services Staff: 2.1-3.5.9.2 Located in Adacent Imaging Department and Surgical Deparment	
Storage for Staff	1	0	0	**EXISTING.** 2.1:Common Elements for Outpatient Facilities; Support Areas for Imaging Services Staff: 2.1-3.5.9.4 Located in Adacent Imaging Department and Surgical Deparment	
Staff Changing Area	1	0	0	**EXISTING.** 2.2-3.4.9.4 Class 3 Imaging Rooms, staff changing area that meets requirements in Section 2.2-3.4.9.4 - **EXISTING OR Lockers / Changing / Showers**	
TOTAL DEPARTMENTAL NET SQUARE FOOTAGE			**1,302**		
		multiplier	*1.40*		
DEPT. GROSS SQUARE FOOTAGE TOTAL			**1,800**	***(Actual IR/ Cath Lab Suite Area 1,844 GSF)***	



- EXTEND TO UNDERSIDE OF DECK
- EXTEND SHIELDING TO UNDERSIDE OF DECK

6A 3-5/8" STUD
6B 2 1/2" STUD
6D 1-5/8" STUD

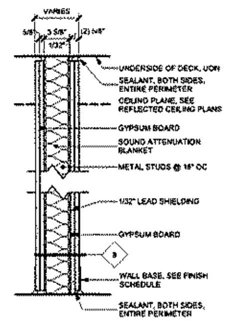
(D1) INTERIOR WALL SYSTEM IWS-6
1 1/2" = 1'-0"



- EXTEND TO UNDERSIDE OF DECK
- RATED AS REQUIRED BY CODE CONFORMANCE PLANS, REFER TO UL DESIGN U419
- ACOUSTICAL PERFORMANCE - STC 45
- WALL TAG INDICATES LOCATION OF 2ND LAYER OF GYPSUM BOARD
- EXTEND SHIELDING TO UNDERSIDE OF DECK

7A 3-5/8" STUD

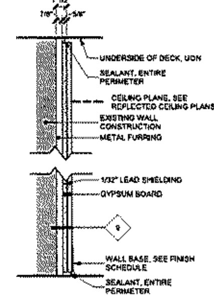
(D2) INTERIOR WALL SYSTEM IWS-7 22065
1 1/2" = 1'-0"



- EXTEND TO UNDERSIDE OF DECK
- RATED AS REQUIRED BY CODE CONFORMANCE PLANS, REFER TO UL DESIGN U419
- ACOUSTICAL PERFORMANCE - STC 45
- WALL TAG INDICATES LOCATION OF 2ND LAYER OF GYPSUM BOARD
- EXTEND SHIELDING TO UNDERSIDE OF DECK

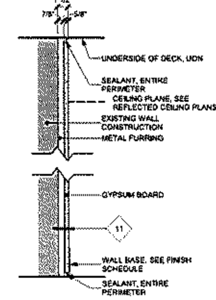
8A 3-5/8" STUD
8B 6" STUD

(D4) INTERIOR WALL SYSTEM IWS-8 22065
1 1/2" = 1'-0"



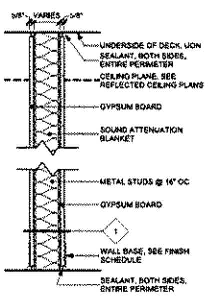
- EXTEND TO UNDERSIDE OF DECK
- PROVIDE TILE BACKER PANEL IN LIEU OF GYPSUM BOARD AT LOCATIONS TO BE TILED

(D6) INTERIOR WALL SYSTEM IWS-9 22065
1 1/2" = 1'-0"



- EXTEND TO UNDERSIDE OF DECK
- PROVIDE TILE BACKER PANEL IN LIEU OF GYPSUM BOARD AT LOCATIONS TO BE TILED

(D7) INTERIOR WALL SYSTEM IWS-11 22065
1 1/2" = 1'-0"

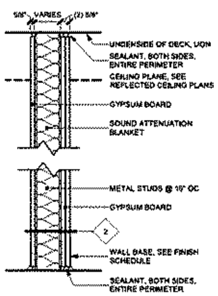


- EXTEND TO UNDERSIDE OF DECK
- RATED AS REQUIRED BY CODE CONFORMANCE PLANS, REFER TO UL DESIGN U419
- ACOUSTICAL PERFORMANCE - STC 40

1A 3-5/8" STUD
1B 6" STUD
1C 2 1/2" STUD

PROVIDE TILE BACKER IN LIEU OF GYPSUM BOARD WHERE TILE IS SPECIFIED

(A1) INTERIOR WALL SYSTEM IWS-1 22065
1 1/2" = 1'-0"

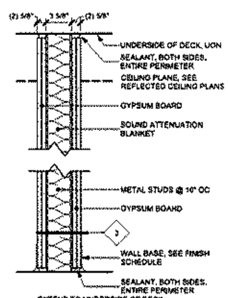


- EXTEND TO UNDERSIDE OF DECK
- RATED AS REQUIRED BY CODE CONFORMANCE PLANS, REFER TO UL DESIGN U419
- ACOUSTICAL PERFORMANCE - STC 45
- WALL TAG INDICATES LOCATION OF 2ND LAYER OF GYPSUM BOARD
- PROVIDE HEAVY GAUGE STUD AT SHOWER WALLS FOR WALL MOUNTED SHOWER SEATS

2A 3-5/8" STUD
2B 6" STUD

PROVIDE TILE BACKER IN LIEU OF GYPSUM BOARD WHERE TILE IS SPECIFIED

(A3) INTERIOR WALL SYSTEM IWS-2, TYPICAL UON 22065
1 1/2" = 1'-0"

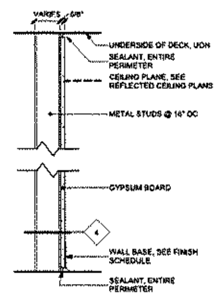


- EXTEND TO UNDERSIDE OF DECK
- RATED AS REQUIRED BY CODE CONFORMANCE PLANS, REFER TO UL DESIGN U419
- ACOUSTICAL PERFORMANCE - STC 53
- WALL TAG INDICATES LOCATION OF 2ND LAYER OF GYPSUM BOARD

3 3-5/8" STUD

PROVIDE TILE BACKER IN LIEU OF GYPSUM BOARD WHERE TILE IS SPECIFIED

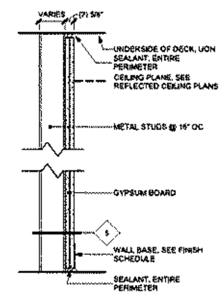
(A4) INTERIOR WALL SYSTEM IWS-3 22065
1 1/2" = 1'-0"



- EXTEND TO UNDERSIDE OF DECK

4A 3-5/8" STUD
4B 6" STUD
4C 2 1/2" STUD

(A6) INTERIOR WALL SYSTEM IWS-4 22065
1 1/2" = 1'-0"



- EXTEND TO UNDERSIDE OF DECK

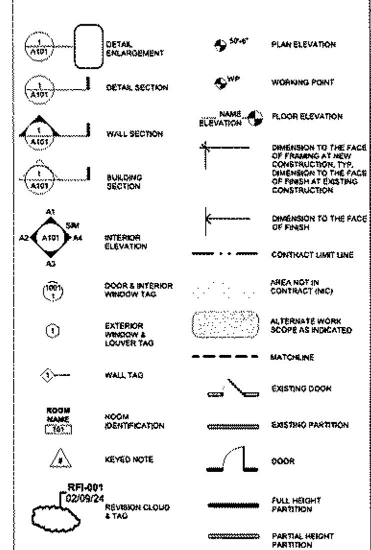
5A 3-5/8" STUD
5B 6" STUD

(A8) INTERIOR WALL SYSTEM IWS-5 22065
1 1/2" = 1'-0"

GENERAL NOTES

1. ALL WORK IS NEW UNLESS NOTED AS EXISTING.
2. ANY DISCREPANCY CONTAINED WITHIN ANY OF THE DOCUMENTS SHALL BE UNDERSTOOD TO MEAN THAT THE GREATER QUANTITY AND OR THE BETTER QUALITY SHALL BE PROVIDED IN THE FAVOR OF THE OWNER.
3. REFER TO CODE CONFORMANCE DRAWINGS FOR REQUIRED FIRE RATED CONSTRUCTION.
4. PROTECT/MAINTAIN ALL EXISTING FIRE PROTECTION AND FIRE RESISTANCE RATED CONSTRUCTION. WHERE SCHEDULED WORK DISTURBS FIRE PROTECTION, THE CONTRACTOR SHALL MAKE REPAIRS NECESSARY TO MAINTAIN REQUIRED RATING. WHERE ANY CONSTRUCTION ACTIVITY DISRUPTS ANY ACTIVE LIFE SAFETY SYSTEMS, THESE MUST BE COORDINATED AT A TIME OF MINIMUM DISRUPTION TO THE OWNER AND WITH AT LEAST FOURTEEN (14) DAYS NOTICE.
5. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS IN FIELD (EXISTING AND SCHEDULED CONSTRUCTION) AND NOTIFY THE ARCHITECT OF ANY DISCREPANCIES.
6. DO NOT SCALE DRAWINGS TO OBTAIN DIMENSIONS.
7. NOTES ON ONE DETAIL OR DRAWING APPLY TO ALL SIMILAR DETAILS AND DRAWINGS.
8. DIMENSIONS NOTED "EQ" ARE EQUAL TO EACH OTHER ONLY IF THEY ARE ON THE SAME DIMENSION STRING AND IN THE SAME ROW.
9. ROOM NUMBERING IS FOR CONSTRUCTION PURPOSES ONLY. ACTUAL ROOM NUMBERING TO BE COORDINATED WITH THE OWNER PRIOR TO ANY SCHEDULING OR LABELING. ALL EQUIPMENT LABELING AND SCHEDULING SHALL BE FORMATTED AS DIRECTED BY OWNER.
10. ANY PORTION OF THE PROJECT WHICH IS DAMAGED AS A RESULT OF CONSTRUCTION ACTIVITY SHALL BE REPAIRED.
11. MAINTAIN MEANS OF EGRESS, KEEPING IT FULLY SEPARATED FROM CONSTRUCTION AREA AT ALL TIMES WITH A 1-HOUR FIRE RESISTANT RATED BARRIER (UL DESIGN 309)
12. PROVIDE A FRAMED, DUST PROOF BARRIER TO SEPARATE CONSTRUCTION AREA FROM THE REST OF THE FACILITY AT ALL TIMES, PROVIDE TEMPORARY FILTERS, AND/OR NEGATIVE AIR, AS REQUIRED TO PREVENT THE SPREAD OF DUST, FUMES, AND ODORS THROUGHOUT THE BUILDING. UPON COMPLETION OF THE WORK, REMOVE AND REPAIR ANY DAMAGE CAUSED BY THE INSTALLATION/PRESENCE OF THE TEMPORARY BARRIER TO A NEW-LIKE CONDITION.

ARCHITECTURAL SYMBOLS



ABBREVIATIONS

AAP	AREA ALARM PANEL	NIC	NOT IN CONTRACT
ACP	ACOUSTICAL CEILING PANEL	NPS	NOMINAL PIPE SIZE
AFF	ABOVE FINISH FLOOR	NR	NOT REQUIRED
CO	FLOOR CLEAN OUT	OC	ON CENTER
CI	CONTINUOUS INSULATION	OD	OUTSIDE DIAMETER
CL	CENTERLINE	OFCI	OWNER FURNISHED CONTRACTOR INSTALLED
CLL	CONTRACT LIMIT LINE	OFOI	OWNER FURNISHED OWNER INSTALLED
CLR	CLEAR	OPP	OPPOSITE
ETR	EXISTING TO REMAIN	PP	PUSH PLATE (AUTOMATIC DOOR OPERATOR)
EJ	EXPANSION JOINT	RD	ROOF DRAIN
EQ	EQUAL	SF	SQUARE FOOT
EX	EXISTING	SIM	SIMILAR
FD	FLOOR DRAIN	SQ IN	SQUARE INCHES
FEC	FIRE EXTINGUISHER CABINET	TYP	TYPICAL
GA	GAUGE	UON	UNLESS OTHERWISE NOTED
HR	HOUR	ZVB	ZONE VALVE BOX
MAX	MAXIMUM		
MIN	MINIMUM		
MIR	MIRRORED		
MR	MOISTURE RESISTANT		

HOLT ARCHITECTS
Architecture
Planning
Interior Design
619 W. State Street
Ithaca, New York 14850
60 State Street
Albany, New York 12207
132 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7600 www.holt.com

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/24
PROJECT:	22065
CON NO:	231365
DRAWN BY:	Author

INTERIOR WALL SYSTEM DETAILS (PRINT IN COLOR)

22065 A001

4/19/2024 4:30:05 PM

GENERAL CONDITIONS

1. THE INFORMATION SHOWN ON THESE DOCUMENTS IS THE BEST REPRESENTATION OF EXISTING CONDITIONS AVAILABLE TO THE ENGINEER. IT IS THE CONTRACTORS RESPONSIBILITY TO FIELD VERIFY THOSE FEATURES WHICH WILL AFFECT THE BID PRICE AND MAKE ALLOWANCES FOR THEM IN THEIR BID.
2. EXISTING CONDITIONS: EXISTING DIMENSIONS, ELEVATIONS, AND MEMBER SIZES SHOWN ARE CONSIDERED APPROXIMATE. VERIFY DIMENSIONS, ELEVATIONS, AND MEMBER SIZES AS SHOWN ON THESE DRAWINGS AND NOTIFY THE A/E OF DISCREPANCIES PRIOR TO COMMENCING WORK.
3. EXISTING CONDITION SURVEY: ENGAGE A LICENCE SURVEYOR TO VERIFY THE EXISTING DIMENSIONS, ELEVATIONS, AND LAYOUT AT EACH LEVEL OF THE STRUCTURE PRIOR TO PREPARING SHOP DRAWINGS, PRODUCING SUBMITTALS, PERFORMING DEMOLITION ACTIVITIES, OR PERFORMING OTHER FIELD WORK: PLACING CONCRETE FORMWORK; OR ORDERING, DEALING, FABRICATING, AND ERECTING STRUCTURAL STEEL. INCORPORATE EXISTING DIMENSIONS, ELEVATIONS, AND LAYOUT INTO THE WORK.
4. EXISTING CONSTRUCTION ADJACENT TO NEW WORK SHALL BE ADEQUATELY SUPPORTED DURING CONSTRUCTION. THE CONTRACTOR SHALL REPAIR NEW OR EXISTING CONSTRUCTION DAMAGED WHILE WORK IS IN PROGRESS.
5. WHERE DEMOLITION OR OTHER MODIFICATIONS TO THE EXISTING STRUCTURE ARE REQUIRED. THE CUTTING, DRILLING, AND REMOVAL SHALL OCCUR IN A MANNER WHICH WILL PREVENT DAMAGE TO ADJOINING CONSTRUCTION TO REMAIN. UNLESS OTHERWISE INDICATED, PROVIDE NEW MATERIALS TO MATCH THE APPEARANCE AND PERFORMANCE OF EXISTING CORRESPONDING MATERIALS WHERE DEMOLITION OCCURS.
6. THE DRAWINGS REPRESENT THE FINISHED STRUCTURE AS A COMPLETE UNIT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR MEANS, METHODS, AND SEQUENCES OF DEMOLITION AND CONSTRUCTION PHASES INCLUDING TEMPORARY SHORING AND BRACING. THE CONTRACTOR SHALL COMPLY WITH ALL APPLICABLE CODES AND STANDARDS THAT PERTAIN TO MEANS, METHODS, AND SEQUENCES OF CONSTRUCTION.
7. CONTRACT DRAWINGS AND SPECIFICATIONS: COORDINATE STRUCTURAL DRAWINGS WITH ALL OTHER DRAWINGS AND SPECIFICATIONS. INCORPORATE COORDINATION REQUIREMENTS INTO CONTRACTOR'S WORK.
8. DETAILS NOT SPECIFICALLY SHOWN SHALL BE SIMILAR TO THOSE SHOWN FOR THE MOST NEARLY SIMILAR CONDITION AS DETERMINED BY THE ARCHITECT OR ENGINEER.
9. SHOP DRAWINGS PREPARED BY SUPPLIERS AND SUBCONTRACTORS SHALL BE REVIEWED AND SIGNED AND STAMPED BY THE CONTRACTOR PRIOR TO SUBMISSION TO THE ARCHITECT AND ENGINEER. REPRODUCTIONS OF THE STRUCTURAL DRAWINGS SHALL NOT BE USED FOR THE PREPARATION OF SHOP DRAWINGS. MANUFACTURED COMPONENTS SHALL BE SIGNED AND SEALED BY A LICENSED PROFESSIONAL ENGINEER PRIOR TO SUBMISSION.

STRUCTURAL LOADS AND CRITERIA

1. DESIGN AND CONSTRUCTION: NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE (UNIFORM CODE) ACCORDING TO THE 2020 BUILDING CODE OF NEW YORK STATE (BCNYS).
   A. RISK CATEGORY IV
2. LIVE LOADS:
   GROUND FLOOR = 100 PSF
   ROOF = 40 PSF (DESIGN SNOW LOAD AT TIME OF ADDITION CONSTRUCTION)
3. DEAD LOADS:
   ROOF = 30 PSF TOTAL (ORIGINAL DESIGN)
   1ST FLOOR = 150 PSF TOTAL (ORIGINAL DESIGN)
   2ND FLOOR = 95 PSF TOTAL (ORIGINAL DESIGN)
   3RD FLOOR = 115 PSF TOTAL (ORIGINAL DESIGN)
4. SNOW LOADS: NOT APPLICABLE - EXISTING SNOW LOADS NOT AFFECTED.
5. RAIN LOADS: NOT APPLICABLE - EXISTING RAIN LOADS NOT AFFECTED.
6. FLOOD LOADS: THE STRUCTURE IS NOT IN A FLOOD HAZARD AREA
7. WINDS LOADS: NOT APPLICABLE - EXISTING WIND LOADS NOT AFFECTED.
8. SEISMIC LOADS: Ie = 1.0
   Ss=0.16, S1= 0.044, SDs = 0.062, SD1 = 0.029
   SITE CLASS = B, SEISMIC DESIGN CATEGORY = A
   ANALYSIS PROCEDURE: NOT REQUIRED
   CONTROLLING LFRS LOAD TYPE: *WIND LOAD*
9. DESIGN STAIRS, STAIR COMPONENTS, CONNECTIONS, AND RAILINGS AND INCORPORATE INTO SHOP DRAWINGS AS FOLLOWS: (LIVE LOADS SHOWN ARE IN ADDITION TO DEAD LOAD)
   A. MAIN STRINGERS AND LANDINGS: 100psf
   B. TREADS: LOAD PRODUCING GREATEST STRESS OF 100 PSF OR 300 LB ON 4 SQ IN.
   C. HANDRAIL ASSEMBLIES: LOAD PRODUCING GREATEST STRESS OF 200 LB OR 50 PLF, APPLIED IN ANY DIRECTION AT ANY POINT ON THE ASSEMBLY.
   D. MEET BCNYS REQUIREMENTS FOR DETAILS AND DIMENSIONS NOT SPECIFICALLY INDICATED.
   E. COORDINATE FINAL DESIGN WITH ARCHITECTURAL DRAWINGS AND PROJECT SPECIFICATIONS.
   F. MEMBER SIZES SHOWN ON DRAWINGS ARE MINIMUM.
   G. FRAMING DETAILS SHOWN ARE SCHEMATIC. CONTRACTOR TO PROVIDE ADEQUATE SUPPLEMENTAL FRAMING AS NEEDED TO SUPPORT STAIR AND RAILING COMPONENTS.

STEEL NOTES

1. STRUCTURAL STEEL SHALL CONFORM TO THE AMERICAN INSTITUTE OF STEEL CONSTRUCTION (AISC) AISC 360 - SPECIFICATION FOR STRUCTURAL STEEL BUILDINGS AND AISC 303 - CODE OF STANDARD PRACTICE FOR STEEL BUILDINGS AND BRIDGES.
2. STRUCTURAL STEEL GRADES (UNLESS NOTED OTHERWISE):
   A. W-SECTIONS: ASTM A572 (ASTM A992), Fy = 50KSI
   B. ANGLES, PLATES & CHANNELS: ASTM A36, Fy = 36ksi
   C. HOLLOW STRUCTURAL SECTIONS (HSS): ASTM A500 GRADE B/C
   D. PIPE: ASTM A53 GRADE B, Fy = 35ksi
   E. ANCHOR RODS. ASTM F1554, GRADE 55 +S1, WELDABLE
   F. BOLTS: ASTM A325N (A325X, A490N, A490X AND SC WHERE INDICATED)
   G. SHEAR CONNECTORS: ASTM A108
   H. WELDS: E70xx
   I. ADHESIVE ANCHORS: ASTM F1554, GRADE 105 (OR ASTM A193 B7)
   J. GALVANIZED STRUCTURAL STEEL: ASTM A123
   K. GALVANIZED BOLTS, FASTENERS, AND HARDWARE: ASTM A153
3. WELDING: AWS D1.1, ALL-AROUND FILLET WELDS FOR STEEL CONNECTIONS NOT INDICATED.
4. STRUCTURAL STEEL FINISH: AS INDICATED BELOW. COORDINATE WITH THE ARCHITECTURAL DRAWINGS AND SPECIFICATIONS. APPLY COATINGS IN ACCORDANCE WITH MANUFACTURERS RECOMMENDATIONS, INCLUDING SURFACE PREPARATIONS. AFTER ERECTION TOUCH UP AREAS WHERE PAINT OR GALVANIZING IS MISSING OR DAMAGED INCLUDING FIELD WELDS. VERIFY COMPATIBILITY BETWEEN ALL LAYERS OF COATINGS. COLORS SELECTED BY ARCHITECT.
   A. HOT-DIP GALVANIZE: LINTELS IN EXTERIOR WALLS, ALL EXTERIOR EXPOSED STEEL, AND ALL STEEL OUTSIDE THE STRUCTURE'S THERMAL ENVELOPE.
   B. ALL OTHER STRUCTURAL STEEL SHALL BE SHOP PAINTED WITH A MODIFIED ALKYD RUST INHIBITIVE PRIMER, 2.5 TO 3.5 MILS DFT (BASIS OF DESIGN IS TNEMEC SERIES 10).
5. BEAM CONNECTIONS: DESIGNED FOR THE LARGEST END REACTION COMPUTED FROM THE TABLE "UNIFORM LOAD CONSTANTS" IN THE AISC MANUAL, THE REACTIONS SHOWN ON THE PLANS, OR A MINIMUM SERVICE LOAD OF 10 KIPS.
6. FRAMED BEAM CONNECTIONS: LENGTH EQUAL TO THE SMALLER BEAM'S "T" DIMENSION UNO.
7. DECK EDGE ANGLE: PROVIDE 1/4" ANGLE OR BENT PLATE AT THE PERIMETER OF ALL ROOFS AND FLOORS UNO. COORDINATE HORIZONTAL ANGLE LEG LENGTH WITH ARCHITECTURAL REQUIREMENTS UNO.
8. ROOF DECK OPENINGS: VERIFY SIZE AND LOCATION REQUIRED BY ARCHITECTURAL DRAWINGS. MEP DRAWINGS, AND THE MECHANICAL AND ELECTRICAL CONTRACTORS.
   A. PROVIDE SUMP PANS AND ADDITIONAL FRAMING.
   B. CUTTING ROOF DECK OPENINGS: COORDINATE WITH MECHANICAL AND ELECTRICAL CONTRACTORS. GENERAL CONTRACTOR SHALL SUPERVISE TRADES SELF-PERFORMING.
   C. CUT OPENINGS NEATLY WITH 1" CLEAR DIMENSION.
   D. ANGLE FRAME ASSEMBLIES REQUIRED AT ROOF OPENINGS EXCEEDING 6".
9. STRUCTURAL THERMAL BREAK: FABREEKA-TIM OR EQUIVALENT.
   A. MINIMUM TENSILE STRENGTH: 11,000 PSI
   B. MINIMUM FLEXURAL STRENGTH: 25,000 PSI
   C. MINIMUM SHEAR STRENGTH: 15,000 PSI
   D. MINIMUM COMP MODULUS: 290,000 PSI AT 1/2", 519,000 PSI AT 1"
   E. MAXIMUM CONDUCTIVITY: 1.6 BTU/HR/FT^2/IN/DEG_F
   F. PERMANENTLY ADHERE OR FASTEN TO SUBSTRATE.
10. SHOP DRAWINGS: SUBMIT FOR REVIEW PRIOR TO FABRICATION.

EXISTING CONDITIONS

1. THE INFORMATION SHOWN ON THESE DOCUMENTS IS THE BEST REPRESENTATION OF EXISTING CONDITIONS AVAILABLE TO THE ENGINEER. IT IS THE CONTRACTORS RESPONSIBILITY TO FIELD VERIFY THOSE FEATURES WHICH WILL AFFECT THE BID PRICE AND MAKE ALLOWANCES FOR THEM IN THEIR BID.
2. THE CONTRACTOR SHALL VERIFY EXISTING CONDITIONS, DIMENSIONS, ELEVATIONS, AND MEMBER SIZES AS SHOWN ON THESE DRAWINGS AND NOTIFY THE A/E OF DISCREPANCIES PRIOR TO COMMENCING WORK.
3. DIMENSIONS, ELEVATIONS, AND MEMBER SIZES SHOWN ARE THE BEST REPRESENTATION OF EXISTING CONDITIONS BASED ON THE INFORMATION AVAILABLE TO THE ENGINEER AND SHALL BE CONSIDERED APPROXIMATE.
4. EXACT VALUES FOR DIMENSIONS LABELED (+/-) SHALL BE FIELD VERIFIED.
5. EXISTING CONSTRUCTION ADJACENT TO NEW WORK SHALL BE ADEQUATELY SUPPORTED DURING CONSTRUCTION. THE CONTRACTOR SHALL REPAIR NEW OR EXISTING CONSTRUCTION DAMAGED WHILE WORK IS IN PROGRESS.
6. THE DRAWINGS REPRESENT THE FINISHED STRUCTURE AS A COMPLETE UNIT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR MEANS, METHODS, AND SEQUENCES OF DEMOLITION AND CONSTRUCTION PHASES INCLUDING TEMPORARY SHORING AND BRACING. THE CONTRACTOR SHALL COMPLY WITH ALL APPLICABLE CODES AND STANDARDS THAT PERTAIN TO MEANS, METHODS, AND SEQUENCES OF CONSTRUCTION.
7. THE STRUCTURAL DRAWINGS ARE TO BE USED IN CONJUNCTION AND COORDINATED WITH THE OTHER CONTRACT DRAWINGS AND SPECIFICATIONS. THE CONTRACTOR SHALL COORDINATE SUCH REQUIREMENTS INTO THEIR WORK.
8. DETAILS NOT SPECIFICALLY SHOWN SHALL BE SIMILAR TO THOSE SHOWN FOR THE MOST NEARLY SIMILAR CONDITION AS DETERMINED BY THE ARCHITECT OR ENGINEER.
9. WHERE DEMOLITION OR OTHER MODIFICATIONS TO THE EXISTING STRUCTURE ARE REQUIRED: THE CUTTING, DRILLING, AND REMOVAL SHALL OCCUR IN A MANNER WHICH WILL PREVENT DAMAGE TO ADJOINING CONSTRUCTION TO REMAIN. UNLESS OTHERWISE INDICATED, PROVIDE NEW MATERIALS TO MATCH THE APPEARANCE AND PERFORMANCE OF EXISTING CORRESPONDING MATERIALS WHERE DEMOLITION OCCURS.

UNISTRUT NOTES

1. SUBMITTALS:
   A. PRODUCT DATA OR MANUFACTURER'S SPECIFICATIONS AND INSTALLATION INSTRUCTIONS FOR THE UNISTRUT SYSTEM.
   B. SHOP DRAWINGS: INCLUDE DETAILS OF CUTS, CONNECTIONS, CAMBER, HOLES, AND OTHER PERTINENT DATA. INDICATE WELDS BY STANDARD AWS SYMBOLS AND SHOW SIZE, LENGTH, AND TYPE OF EACH WELD.
   C. CALCULATIONS: PROVIDE CALCULATIONS, SIGNED AND SEALED BY AN ENGINEER REGISTERED IN THE STATE OF NEW YORK, FOR ALL UNISTRUT MEMBER AND CONNECTION DESIGN.
2. QUALITY CONTROL TESTING DURING CONSTRUCTION:
   A. THE OWNER WILL ENGAGE AN INDEPENDENT TESTING AND INSPECTION AGENCY. THE CONTRACTOR SHALL COORDINATE TIMING AND ACCESSIBILITY WITH THE INSPECTOR. THE TESTING AGENCY ENGAGED BY THE OWNER SHALL PERFORM THE FOLLOWING SERVICES IN CONNECTION WITH UNISTRUT.
   B. INSPECT ALL MEMBERS FOR PROPER POSITION.
   C. PERFORM VISUAL INSPECTION OF ALL WELDS AND BOLTED CONNECTIONS.
   D. INSPECT ALL FULL PENETRATION WELDS AND 15% OF ALL FILLET WELDS, RANDOMLY SELECTED WITH MAGNETIC PARTICLE INSPECTION (ASTM E 709)
3. UPON COMPLETION, CERTIFY THAT ALL STRUCTURAL STEEL ON THE PROJECT, INCLUDING WELDING AND BOLTING OF MEMBERS, WAS DONE UNDER INSPECTION OF THE TESTING AGENCY CONCERNED AND IS IN ACCORDANCE WITH THE REQUIREMENTS OF PERTINENT CODES, AND THE REQUIREMENTS OF THE CONTRACT DOCUMENTS.

MEDICAL EQUIPMENT SUPPORT

1. INSTALL MEDICAL EQUIPMENT ACCORDING TO MANUFACTURER'S INSTRUCTIONS. THE INFORMATION INDICATED ON THE STRUCTURAL DRAWINGS IS BASED ON "BASIS OF DESIGN" EQUIPMENT WITHOUT THE FINAL SELECTION AND ROOM SPECIFIC DATA FROM VENDORS/MANUFACTURERS.
2. MACHINE EQUIPMENT BASE PLATES: INSTALL WITH HIGH STRENGTH GROUT AND SIZE AND QUANTITY OF RECOMMENDED ANCHORS. CONCRETE SURFACE SHALL BE LEVEL TO WITHIN 1/32" OVER 10'-0" IN ANY DIRECTION UNLESS VENDOR SPECIFIC DATA IS LESS STRINGENT. GRIND, FILL AND/OR OTHERWISE MODIFY THE CONCRETE SURFACE TO ACHIEVE THE VENDOR SPECIFIC MINIMUM REQUIREMENTS.
3. EQUIPMENT FOUNDATION LAYOUT: PROVIDE ALL NECESSARY BOX-OUTS, RECESSES, AND HOLES REQUIRED BY VENDOR TO INSTALL THE EQUIPMENT. REFER TO THE BASIS OF DESIGN EQUIPMENT DATA SHEETS.
4. EQUIPMENT FOUNDATIONS: 4,000 PSI MINIMUM CONCRETE (FOOTING MIX).
5. UNISTRUT FRAMING: UNISTRUT FRAMING SHOWN IS CONCEPTUAL. SEE UNISTRUT NOTES THIS SHEET FOR ADDITIONAL INFORMATION. PROVIDE CHANNEL STRUT FRAMING BY UNISTRUT (R), 12 GAGE (97 MIL) MINIMUM WALL THICKNESS. PROVIDE CONNECTORS, SPRING NUTS, BRACES, THREADED ROD, ANCHORS, STANDARD MANUFACTURER'S BEAM CLAMPS, AND OTHER APPURTENANCE REQUIRED FOR A COMPLETE INSTALLATION. PROVIDE ENGINEERED DRAWINGS SEALED BY AN ENGINEER LICENSED IN THE STATE OF NEW YORK FOR EACH INSTALLATION.
6. BARIATRIC SUPPORT FRAMING: FRAMING SHOWN IS CONCEPTUAL. COORDINATE FRAMING LAYOUT WITH THE FINAL ROOM SPECIFIC BARIATRIC LIFT CONFIGURATION. PROVIDE ENGINEERED DRAWINGS SEALED BY AN ENGINEER LICENSED IN THE STATE OF NEW YORK FOR EACH INSTALLATION.
7. MEDICAL EQUIPMENT BOOM SUPPORT FRAMING: FRAMING SHOWN IS CONCEPTUAL. COORDINATE FINAL BOOM SUPPORT FRAMING STRUCTURAL DESIGN AND LAYOUT WITH FIELD LOCATED BOOM ISO-CENTER AND FINAL EQUIPMENT SELECTION BY OWNER. PROVIDE ENGINEERED DRAWINGS SEALED BY AN ENGINEER LICENSED IN THE STATE OF NEW YORK FOR EACH INSTALLATION.

DELEGATED DESIGN

PROVIDE DOCUMENTS, DOCUMENTATION, AND INFORMATION INDICATED PREPARED BY A PROFESSIONAL ENGINEER LICENSED IN THE STATE THE WORK IS PERFORMED.

1. TEMPORARY SHORING
2. UNDERPINNING
3. SOIL BEARING AND SURFACE CONDITIONS FOR STRUCTURAL WORK ON EARTH OR FILL
4. STRUCTURAL STEEL CONNECTIONS
5. STAIRS, GUARDRAILS, AND RAILINGS
6. CONCRETE FORMWORK
7. COLD-FORMED STEEL (OR METAL) FRAMING (CFSF, OR CFMF)
8. PRECAST CONCRETE ELEMENTS
9. PERFORMANCED-BASED DESIGN
10. MEDICAL EQUIPMENT SUPPORT FRAMING
11. ANCHORS AND FASTENERS IN-LIEU OF SPECIFIED FASTENERS

ANCHORS AND FASTENERS

1. PROVIDE THE FOLLOWING ANCHORS UNLESS NOTED OTHERWISE. PROVIDE GALVANIZED FASTENERS AT LOCATIONS OUTSIDE THE STRUCTURE THERMAL ENVELOPE AND AS NOTED. PROVIDE STAINLESS-STEEL (SS) ANCHORS AND FASTENERS AS NOTED. SUBSTITUTIONS FOR ANCHORS NOTED ON PLANS SHALL BE APPROVED BY THE ENGINEER.
   A. POWER ACTUATED FASTENERS (PAF): HILTI XU KNURLED SHANK FASTENER, 0.157" DIAMETER, OR EQUIVALENT. PENETRATION DEPTH (MIN): 1 1/2" CONCRETE, 1" MASONRY, AND 1/2" STEEL.
   B. GENERAL MECHANICAL EXPANSION ANCHORS (MEA): HILTI KWIK BOLT TZ2, DeWALT POWER-STUD+SD2, OR SIMPSON WEDGE-ALL. GALVANIZED AS NOTED.
   C. MECHANICAL EXPANSION ANCHORS FOR USE IN CRACKED CONCRETE (MEACR): HILTI KWIK BOLT TZ2, DeWALT POWER-STUD+SD1, OR SIMPSON STRONG-BOLT 2, GALVANIZED AS NOTED.
   D. STAINLESS STEEL MECHANICAL EXPANSION ANCHORS (SSMEA). HILTI KWIK BOLT TZ2, DeWALT POWER-STUD+SD4/SD6, OR SIMPSON WEDGE-ALL.
   E. HEAVY DUTY SCREW ANCHOR (HDSA): HILTI KWIK HUS, DeWALT SCREW BOLT+, SIMPSON TITEN-HD. STAINLESS STEEL OR GALVANIZED AS NOTED
   F. HEAVY DUTY SLEEVE ANCHORS (HDSLA): DeWALT POWER-BOLT+.
   G. SLEEVE ANCHORS (SLA) DEWALT LOK-BOLT-AS, HILTI HLC, SIMPSON SLEEVE-ALL.
   H. NAIL SET ANCHORS (NSA): DeWALT ZAMAC HAMMER-SCREWS.
   I. GENERAL ADHESIVE ANCHORS IN CONCRETE: HILTI RE500, DeWALT PE1000+, SIMPSON SET-3G.
   J. POST INSTALLED REBAR (60 BAR DIAMETER EMBEDMENT UNO): HILTI HY200 DeWALT AC200+.
   K. ADHESIVE ANCHORS IN GROUTED MASONRY: HILTI HY270, DeWALT AC100+, SIMPSON SET-XP
   L. ADHESIVE ANCHORS IN HOLLOW CMU: HILTI HY270 OR DeWALT AC100+ OR SIMPSON SET-XP. PROVIDE SCREEN TUBES PER MANUFACTURER'S RECOMMENDATIONS AND STAINLESS STEEL SCREEN TUBES (SS) AS NOTED.

COLD-FORMED STEEL FRAMING

1. LIGHT-GAGE OR COLD-FORMED FRAMING (CFSF): NORTH AMERICAN SPECIFICATION FOR THE DESIGN OF COLD-FORMED STEEL STRUCTURAL MEMBERS (AISI).
2. CFSF MEMBERS PROPERTIES:
   A. MINIMUM YIELD STRESS: 50 KSI
   B. NOTED 1 5/8" MINIMUM FLANGE WIDTH, RETURN LIP LENGTH = 1/2"
   C. NOTED 2" AND 3" MINIMUM FLANGE WIDTH, RETURN LIP LENGTH = 5/8"
3. SIZES AND GAGE (THICKNESS) SHOWN ON THE DRAWINGS ARE MINIMUM. PROVIDE MEMBERS REQUIRED BY DELEGATED DESIGN AND MAKE ALLOWANCE FOR IN BIDS.
   A. TRACK GAGE: 54 MIL MINIMUM
   B. STUD GAGE: 54 MIL MINIMUM
4. BUILT UP MEMBERS SHALL BE FASTENED TOGETHER TO CREATE COMPOSITE MEMBERS PER AISI.
5. CFSF FINISH: ASTM A924 GALVANIZED, G60.
6. PROVIDE ALL ACCESSORIES, SUCH AS TRACKS, CLIPS, WEB STIFFENERS, AND ALL CONNECTORS REQUIRED FOR A COMPLETE INSTALLATION MEETING BUILDING CODE REQUIREMENTS AND MANUFACTURER RECOMMENDATIONS.
7. STRUCTURAL PERFORMANCE: PROVIDE COLD-FORMED STEEL MEMBERS CAPABLE OF WITHSTANDING DESIGN LOADS WITHIN LIMITS AND UNDER CONDITIONS INDICATED.
   A. DESIGN LOADS: AS INDICATED ON THE DRAWINGS AND LOADS REQUIRED BY THE GOVERNING BUILDING CODE FOR THE PROPOSED OCCUPANCY.
   B. DEFLECTION LIMITS: DESIGN FRAMING SYSTEMS TO WITHSTAND DESIGN LOADS WITH DEFLECTIONS NOT GREATER THAN THE FOLLOWING:
      a. EXTERIOR *LOAD-BEARING* WALL FRAMING: HORIZONTAL DEFLECTION OF 1/600 OF THE WALL HEIGHT SUPPORTING BRICK VENEER.
      b. EXTERIOR *LOAD-BEARING* WALL FRAMING: HORIZONTAL DEFLECTION OF 1/360 OF THE WALL HEIGHT SUPPORTING VENEER OTHER THAN BRICK.
      c. INTERIOR *LOAD-BEARING* WALL FRAMING: HORIZONTAL DEFLECTION OF 1/360 OF THE WALL HEIGHT UNDER A HORIZONTAL LOAD OF 7.5PSF.
      d. INTERIOR *NON-LOAD-BEARING* WALL FRAMING: HORIZONTAL DEFLECTION OF 1/360 OF THE WALL HEIGHT UNDER A HORIZONTAL LOAD OF 7.5PSF.
      e. EXTERIOR *NON-LOAD-BEARING* FRAMING. HORIZONTAL DEFLECTION OF 1/600 OF THE WALL HEIGHT SUPPORTING BRICK VENEER.
      f. EXTERIOR *NON-LOAD-BEARING* FRAMING. HORIZONTAL DEFLECTION OF 1/600 OF THE WALL HEIGHT SUPPORTING VENEER OTHER THAN BRICK.
      g. FLOOR AND ROOF JOISTS: VERTICAL DEFLECTION OF 1/360 (LIVE) AND 1/240 (TOTAL) OF THE SPAN.
8. WELDING. AWS D1.3 FOR WELDING SHEET STEEL IN STRUCTURES. CONSULT AWS D19.0, WELDING ZINC COATED STEEL, AND ANSI STANDARD Z49.1 FOR INFORMATION REGARDING SAFE WELDING PROCEDURES. WELDS SHALL BE TOUCHED-UP WITH A ZINC-RICH RUST-INHIBITIVE PRIMER.
   A. SUGGESTED METHODS FOR FIELD WELDING: 1/8" E60XX, GASLESS MIG
   B. WELDS SHALL BE INSPECTED BY A QUALIFIED INSPECTOR
   C. BURN THROUGH WILL BE CAUSE FOR REJECTION
9. SHOP DRAWINGS AND CALCULATIONS: SUBMIT FOR COLD-FORMED STEEL FRAMING, CONNECTIONS, AND ACCESSORIES, SEALED BY AN ENGINEER, PRIOR TO CONSTRUCTION.

INFECTION CONTROL MEASURE

A. CONTRACTOR SHALL OBTAIN FROM THE OWNER A COPY OF THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PREPARED FOR THIS PROJECT. CONTRACTOR SHALL REVIEW THE REQUIREMENTS IN THE REPORT AND PERFORM ALL WORK IN ACCORDANCE WITH THOSE REQUIREMENTS. CONTRACTOR SHALL STRICTLY ADHERE TO THE LIMITS OF THE CONSTRUCTION AREA, AND WHERE PHASING APPLIES SHALL ADHERE TO PHASING PLAN. ANY WORK OUTSIDE THE CONSTRUCTION AREA SHALL BE COORDINATED WITH THE OWNER AND PERFORMED IN ACCORDANCE WITH THE ICRA REPORT, UNDER SUPERVISION OF THE OWNER REPRESENTATIVE OR OTHER DESIGNATED ICRA COMMITTEE OFFICER.

B. TO THE EXTENT THAT IT IS REQUIRED BY THE ICRA, THE CONTRACTOR SHALL STRIVE TO MAINTAIN EXISTING LEVELS OF INDOOR AIR QUALITY IN AREAS SURROUNDING AND ADJACENT TO THE CONSTRUCTION WORK ZONE AND ELSEWHERE IN THE FACILITY. IT SHOULD BE ANTICIPATED THAT THE ICRA REPORT WILL REQUIRE MEASURES TO THIS EFFECT INCLUDING ERECTION OF CONSTRUCTION ZONE BARRIERS AND PROVISION OF NEGATIVE AIR PRESSURE IN THE CONSTRUCTION ZONE RELATIVE TO OTHER AREAS IN THE FACILITY.

C. IN ADDITION TO MEETING THE REQUIREMENTS OF THE ICRA REPORT, THIS CONTRACTOR, AT A MINIMUM, SHALL PROVIDE EQUIPMENT AND COMPONENTS NECESSARY TO CREATE A NEGATIVE PRESSURE IN THE CONSTRUCTION WORK ZONE RELATIVE TO ADJACENT AREAS. EXISTING HVAC SYSTEMS AND COMPONENTS SHALL NOT BE USED FOR THIS FUNCTION, UNLESS SPECIFICALLY APPROVED BY THE OWNER'S INFECTION CONTROL OFFICER. THE CONCEPT AND ALL ASPECTS OF THIS WORK SHALL BE DONE IN ACCORDANCE WITH THE ICRA REQUIREMENTS AND AT A MINIMUM AS FOLLOWS:

1. PRESENT THE NEGATIVE AIR PRESSURE PLAN TO THE OWNER FOR APPROVAL BY THE INFECTION CONTROL COMMITTEE.
2. AIR REMOVED FROM THE CONSTRUCTION ZONE SHALL BE FILTERED AND/OR DISCHARGED AS DIRECTED BY THE ICRA REPORT.
3. UNLESS OTHERWISE DIRECTED BY THE OWNER'S INFECTION CONTROL OFFICER, PROVIDE EQUIPMENT SUCH AS A FAN AND FILTER ASSEMBLY (NEGATIVE-AIR MACHINE), WITH THE EXHAUST DUCT EXTENDING TO THE BUILDING EXTERIOR, CREATING A NEGATIVE PRESSURE AT A MINIMUM OF 0.01" W.C. WITHIN THE CONSTRUCTION WORK ZONE.
4. VERIFY ALL EXISTING DUCTWORK WHICH PASSES THROUGH THE CONSTRUCTION ZONE AND IS TO REMAIN IS SEALED AND PROTECTED DURING THE CONSTRUCTION DURATION.
5. PROVIDE VISUAL MEANS TO MONITOR AND VERIFY NEGATIVE PRESSURE IS BEING MAINTAINED IN ACCORDANCE WITH THE ICRA REPORT AND PROVIDE DOCUMENTATION TO THE OWNER AS REQUIRED

D. COORDINATE A MINIMUM ONE WEEK IN ADVANCE ANY REQUIRED EQUIPMENT SHUTDOWN WITH THE OWNER AND VERIFY BEFORE SHUTDOWN THAT EXISTING OR DESIRED AIR PRESSURE RELATIONSHIPS WILL NOT BE ADVERSELY AFFECTED.

STRUCTURAL DRAWING LIST - IR	
SHEET NO.	SHEET TITLE
22065 S001	GENERAL NOTES
22065 S002	SPECIAL INSPECTIONS
22065 S100	STRUCTURAL PLANS
22065 S500	STRUCTURAL DETAILS

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17 Lansing Street, Auburn, New York 13021

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GENERAL NOTES

22065 S001

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INSPECTOR QUALIFICATIONS

THE FOLLOWING TABLE COMPRISES THE MINIMUM QUALIFICATIONS FOR SPECIAL INSPECTORS FOR THIS PROJECT IN ACCORDANCE WITH THE UNIFORM CODE, IBC CHAPTER 17. REFER TO THE PROJECT SPECIFICATIONS AND SCHEDULE OF SPECIAL INSPECTIONS FOR ADDITIONAL INFORMATION.

GENERAL QUALIFICATIONS

1. FOR EACH CATEGORY LISTED THE FOLLOWING QUALIFICATIONS ARE ACCEPTABLE:
   A. ENGINEER IN TRAINING (EIT) WITH RELEVANT EXPERIENCE.
   B. NEW YORK STATE LICENSED PROFESSIONAL ENGINEER (PE) WITH RELEVANT EXPERIENCE.

CATEGORY	CODE REFERENCE	MINIMUM QUALIFICATIONS
REINFORCED CONCRETE	1704.4	1. CURRENT ICC REINFORCED CONCRETE SPECIAL INSPECTOR OR ACI CONCRETE CONSTRUCTION INSPECTOR. 2. CONCRETE FIELD TESTING CAN BE BY AN ACI CONCRETE FIELD TESTING TECHNICIAN WITH GRADE 1 CERTIFICATION.
WELDING	1704.3; TABLE 1704.3 ITEM 6; TABLE 1704.4 ITEM 7; 1707.2; 2206	1. CURRENT AWS CERTIFIED WELDING INSPECTOR. 2. CURRENT ICC STRUCTURAL STEEL AND WELDING CERTIFICATE PLUS ONE YEAR OF RELEVANT EXPERIENCE. 3. CURRENT LEVEL II CERTIFICATION FROM THE AMERICAN SOCIETY FOR NONDESTRUCTIVE TESTING (NDT). 4. CURRENT NDT LEVEL III PROVIDED PREVIOUSLY CERTIFIED AS NDT LEVEL II.
HIGH STRENGTH BOLTING AND STEEL FRAME INSPECTION	1704.3.3, Table 1704.3	1. CURRENT ICC STRUCTURAL STEEL AND WELDING CERTIFICATION AND ONE YEAR OF RELEVANT EXPERIENCE.
SPRAYED FIRE-RESISTANT MATERIALS	1704.11	1. CURRENT ICC SPRAY-APPLIED FIRE PROOFING CERTIFICATION AND ONE YEAR OF RELEVANT EXPERIENCE.
INSPECTION OF FABRICATORS	1704.2	1. PRECAST: CURRENT ICC REINFORCED CONCRETE CERTIFICATION PLUS ONE YEAR RELEVANT EXPERIENCE. 2. BAR JOIST: SEE WELDING REQUIREMENTS. 3. METAL BUILDING: SEE WELDING REQUIREMENTS. 4. STRUCTURAL STEEL: SEE WELDING REQUIREMENTS.
EXTERIOR AND INTERIOR ARCHITECTURAL WALL PANELS	1704.10	1. SEE THE MASONRY REQUIREMENTS FOR THE SI OF MASONRY VENEERS SUBJECT TO BCNYS SECTION 1704.10.
SMOKE CONTROL	1704.14	1. SEE THE REQUIREMENTS IN BCNYS SECTION 1704.14.2.2. 2. THE RDP RESPONSIBLE FOR DESIGN.
SEISMIC RESISTANCE	1707; 1704	1. SEE THE APPLICABLE CATEGORIES IN THIS TABLE.

STRUCTURAL SPECIAL INSPECTIONS

THE FOLLOWING TABLE COMPRISES THE STRUCTURAL SPECIAL INSPECTION REQUIREMENTS FOR THIS PROJECT IN ACCORDANCE WITH THE NEW YORK STATE UNIFORM CODE AND THE 2020 BCNYS, CHAPTER 17. REFER TO PROJECT SPECIFICATIONS FOR REQUIRED QUALIFICATIONS OF PERSONNEL PERFORMING SPECIAL INSPECTION ACTIVITIES AND FOR ADDITIONAL INFORMATION AND REQUIREMENTS.

SPECIAL INSPECTION NOTES

1. SPECIAL INSPECTIONS ARE REQUIRED FOR THIS PROJECT.
2. COORDINATE WORK WITH OWNER'S TESTING AND SPECIAL INSPECTION REPRESENTATIVE.
3. PREFABRICATED ITEMS SHALL BE MANUFACTURED BY APPROVED AND CERTIFIED SHOPS.
4. REFERENCE BCNYS CHAPTER 17 FOR DEFINITION OF "CONTINUOUS" AND "PERIODIC".
6. REFERENCE AISC 360 CHAPTER N FOR DEFINITION OF " PERFORM" AND "OBSERVE".
6. REFERENCE ACI 530 FOR DEFINITION OF "CONTINUOUS" AND "PERIODIC".
7. REFERENCE SDI QA/QC FOR DEFINITION OF "PERFORM AND "OBSERVE".

COLD FORMED STEEL FRAMING (SEE STRUCTURAL STEEL FOR GENERAL REQUIREMENTS)			
1. FRAMING MEMBERS: SIZE, SPACING, STITCH CONNECTORS, ORIENTATION, AND ALIGNMENT	PERIODIC	AISI S100-2004	
2. SELF-TAPPING SCREWS FOR BEARING AND SHEAR WALLS A. SIZE, QUANTITY, SPACING, EDGE DISTANCE, AND LOCATION	PERIODIC	AISI S100-2004	
3. SHOP AND FIELD WELDED CONNECTIONS (BURN THROUGH WILL BE CAUSE FOR REJECTION)	PERIODIC	AWS D1.3	
POST INSTALLED ANCHORS IN MASONRY AND CONCRETE			
1. ANCHOR SIZE AND EMBEDMENT AND HOLE CLEANING (ALL) 2. HOLE CLEANING AND PREPARATION (ADHESIVE) 3. OVERHEAD APPLICATIONS (ALL) 4. HORIZONTAL ANCHORS SUPPORTING SUSTAINED TENSION (ADHESIVE) 5. ADDITIONAL INSPECTION PER MANUFACTURER'S ESR REPORT	PERIODIC CONTINUOUS CONTINUOUS CONTINUOUS CONTINUOUS	MANUFACTURER'S INSTALLATION INSTRUCTIONS	ACI318 AND ESR REPORT
CAST-IN-PLACE CONCRETE			
1. INSPECT REINFORCEMENT, INCLUDING PRESTRESSING TENDONS, AND VERIFY PLACEMENT	PERIODIC	ACI 318: CH. 20, 25.2, 25.3, 26.6.1-26.6.3	1908.4
2. REINFORCING BAR WELDING: a. VERIFY WELDABILITY OF REINFORCING BARS OTHER THAN ASTM A706 b. INSPECT SINGLE PASS FILLET WELDS, MAXIMUM 5/16" c. INSPECT ALL OTHER WELDS	PERIODIC PERIODIC CONTINUOUS	AWS D1.4 ACI 318 26.6.4	--
3. INSPECT ANCHORS IN CONCRETE	PERIODIC	ACI 318: 17.8.2	--
4. INSPECT ANCHORS POST-INSTALLED IN HARDENED CONCRETE MEMBERS a. ADHESIVE ANCHORS INSTALLED IN HORIZONTALLY OR UPWARDLY INCLINED ORIENTATIONS TO RESIST SUSTAINED TENSION LOADS. b. MECHANICAL ANCHORS AND ADHESIVE ANCHORS NOT DEFINED IN 4.A.	CONTINUOUS PERIODIC	ACI 318.17.8.2.4 ACI 318: 17.8.2	--
5. VERIFY REQUIRED CONCRETE MIXES USED AT EACH LOCATION.	PERIODIC	ACI 318: CH. 19, 26.4.3, 26.12	1904.1, 1904.2, 1908.2, 1908.3
6. PRIOR TO CONCRETE PLACEMENT, FABRICATE SPECIMENS FOR STRENGTH TESTS, PERFORM SLUMP AND AIR CONTENT TESTS, AND DETERMINE THE TEMPERATURE OF THE CONCRETE.	CONTINUOUS	ASTM C172, C31 ACI 318: 26.4, 26.12	1908.10
7. INSPECT CONCRETE AND SHOTCRETE PLACEMENT FOR PROPER APPLICATION TECHNIQUES.	CONTINUOUS	ACI 318:26.6	1908.6, 1908.7, 1908.8
8. VERIFY MAINTENANCE OF SPECIFIED CURING TEMPERATURE AND TECHNIQUES	PERIODIC	ACI 318: 5.11-5.13	1908.9
9. INSPECT PRESTRESSED CONCRETE FOR: a. APPLICATION OF PRESTRESSING FORCES b. GROUTING OF BONDED PRESTRESSING TENDONS	CONTINUOUS CONTINUOUS	ACI 318: 26.10	--
10. INSPECT ERECTION OF PRECAST CONCRETE MEMBERS.	PERIODIC	ACI 318: 26.8	--
11. VERIFY IN-SITU CONCRETE STRENGTH, PRIOR TO STRESSING OF TENDONS IN POST-TENSIONED CONCRETE AND PRIOR TO REMOVAL OF SHORES AND FORMS FROM BEAMS AND STRUCTURAL SLABS	PERIODIC	ACI 318: 26.11.2	--
12. INSPECT FORMWORK FOR SHAPE, LOCATION AND DIMENSIONS OF THE CONCRETE MEMBER BEING FORMED.	PERIODIC	ACI 318: 26.11.1.2(b)	--
STEEL CONSTRUCTION (REFERENCE AISC 360 CHAPTER N)			
1. INSPECTION TASKS PRIOR TO WELDING: A. WELDING PROCEDURE SPECIFICATIONS (WPS) AVAILABLE. B. MANUFACTURER CERTIFICATIONS FOR WELDING CONSUMABLES AVAILABLE. C. MATERIAL IDENTIFICATION (TYPE/GRADE) D. WELDER IDENTIFICATION SYSTEM E. FIT-UP OF GROOVE WELDS (INCLUDING JOINT GEOMETRY) F. CONFIGURATION AND FINISH OF ACCESS HOLES G. FIT-UP OF FILLET WELDS	PERFORM PERFORM OBSERVE OBSERVE OBSERVE OBSERVE OBSERVE	AISC 360 CHAPTER N	1705.2
2. INSPECTION TASKS DURING WELDING: A. USE OF QUALIFIED WELDERS B. CONTROL AND HANDLING OF WELDING CONSUMABLES C. NO WELDING OVER CRACKED TACK WELDS D. ENVIRONMENTAL CONDITIONS E. WPS FOLLOWED F. WELDING TECHNIQUES	OBSERVE OBSERVE OBSERVE OBSERVE OBSERVE OBSERVE		
3. INSPECTION TASKS AFTER WELDING: A. WELDS CLEANED B. SIZE, LENGTH AND LOCATION OF WELDS C. WELDS MEET VISUAL ACCEPTANCE CRITERIA D. ARC STRIKES E. K-AREA F. BACKING REMOVED AND WELD TABS REMOVED (IF REQUIRED) G. REPAIR ACTIVITIES H. DOCUMENT ACCEPTANCE OR REJECTION OF WELDED JOINT / MEMBER 3.1 NONDESTRUCTIVE TESTING OF WELDED JOINTS. AISC 360 STRUCTURAL STEEL SPECIFICATION CHAPTER N, 6.5	OBSERVE PERFORM PERFORM PERFORM PERFORM PERFORM PERFORM PERFORM AWS D1.1		
4. INSPECTION TASKS PRIOR TO BOLTING: A. MANUFACTURER'S CERTIFICATIONS AVAILABLE FOR FASTENER MATERIALS B. FASTENERS MARKED IN ACCORDANCE WITH ASTM REQUIREMENTS. C. PROPER FASTENERS SELECTED FOR THE JOINT DETAIL (GRADE, TYPE, BOLT LENGTH IF THREADS ARE TO BE EXCLUDED FROM SHEAR PLANE) D. PROPER BOLTING PROCEDURE SELECTED FOR JOINT DETAIL E. CONNECTING ELEMENTS, INCLUDING THE APPROPRIATE FAYING SURFACE CONDITION AND HOLE PREPARATION, IF SPECIFIED, MEET APPLICABLE REQUIREMENTS. F. PRE-INSTALLATION VERIFICATION TESTING BY INSTALLATION PERSONNEL OBSERVED AND DOCUMENTED FOR FASTENER ASSEMBLIES AND METHODS USED G. PROPER STORAGE PROVIDED FOR BOLTS, NUTS, WASHERS AND OTHER FASTENER COMPONENTS	PERFORM OBSERVE OBSERVE OBSERVE OBSERVE OBSERVE OBSERVE		
5. INSPECTION TASKS DURING BOLTING: A. FASTENER ASSEMBLIES, OF SUITABLE CONDITION, PLACED IN ALL HOLES AND WASHERS (IF REQUIRED) ARE POSITIONED AS REQUIRED. B. JOINT BROUGHT TO THE SNUG-TIGHT CONDITION PRIOR TO THE PRETENSIONING OPERATION C. FASTENER COMPONENT NOT TURNED BY THE WRENCH PREVENTED FROM ROTATING D. FASTENERS ARE PRETENSIONED IN ACCORDANCE WITH THE RCSC SPECIFICATION, PROGRESSING SYSTEMATICALLY FROM THE MOST RIGID POINT TOWARD THE FREE EDGES	OBSERVE OBSERVE OBSERVE OBSERVE		
6. INSPECTION TASKS AFTER BOLTING. A. DOCUMENT ACCEPTANCE OR REJECTION OF BOLTED CONNECTIONS	PERFORM		
7. INSPECTION OF STEEL ELEMENTS OF COMPOSITE CONSTRUCTION PRIOR TO CONCRETE PLACEMENT A. PLACEMENT AND INSTALLATION OF STEEL DECK B. PLACEMENT AND INSTALLATION OF STEEL HEADED STUD ANCHORS C. DOCUMENT ACCEPTANCE OR REJECTION OF STEEL ELEMENTS	PERFORM PERFORM PERFORM		

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SPECIAL INSPECTIONS

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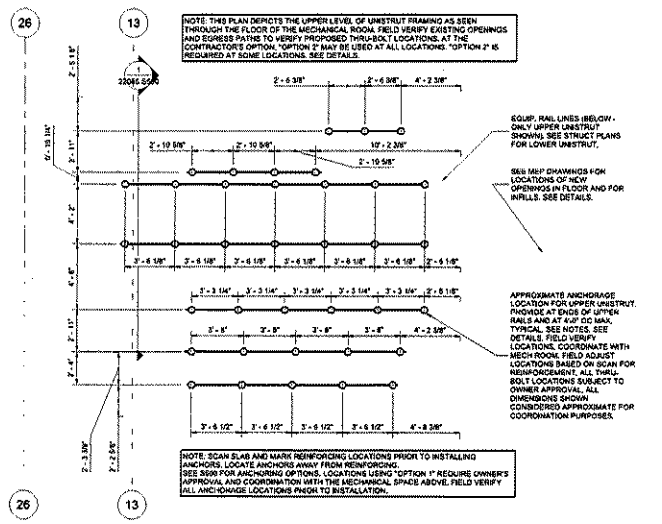
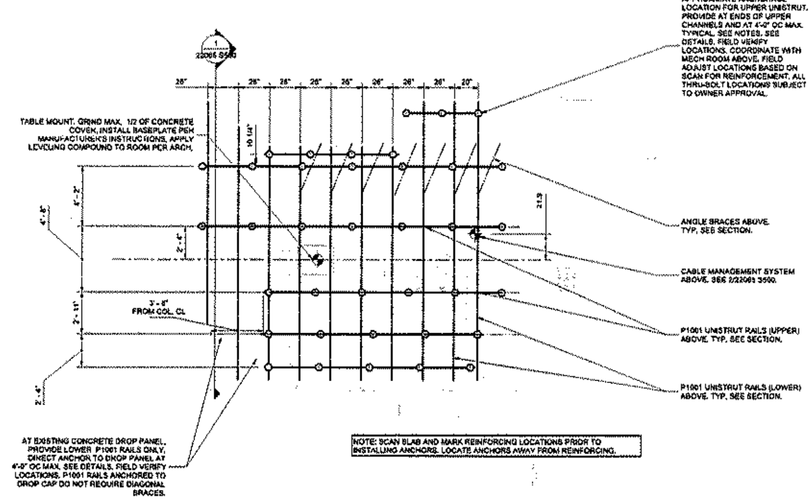


2 IR - MECH ROOM (LEVEL 2) PARTIAL PLAN
1/4" = 1'-0"



1 IR FACILITY - STRUCTURAL PLAN
1/4" = 1'-0"

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STRUCTURAL PLANS

22065 S100

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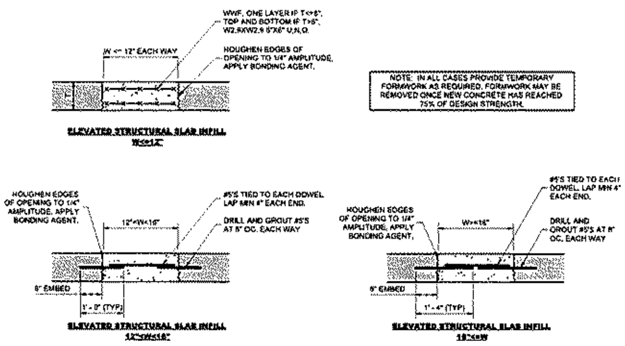
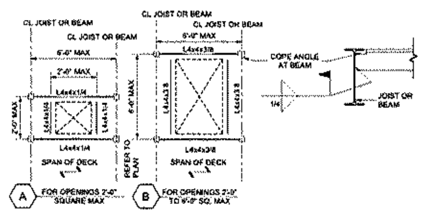


5 TWO-WAY STRUCTURAL SLAB INFILL

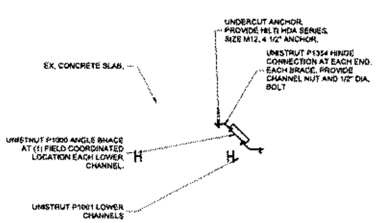
3/4" = 1'-0"



NOTES:
1. COORDINATE EXACT OPENING SIZE AND LOCATION WITH ACTUAL EQUIPMENT USED AND WITH ARCHITECTURAL AND MEP DWGS.
2. JOISTS SHOWN: BEAMS SIMILAR.
3. LOAD TRANSFER DETAILS SHALL BE COORDINATED WITH ACTUAL WEB MEMBERS PROVIDED BY JOIST MANUFACTURER.

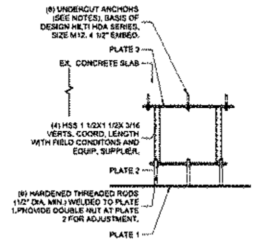
4 FRAMING AT ROOF OPENINGS

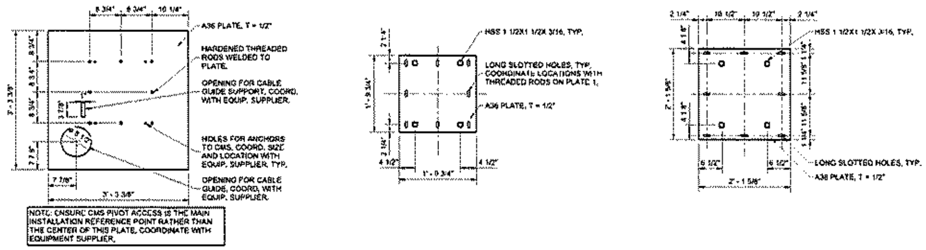
3/4" = 1'-0"



3 ANGLE BRACE DETAIL

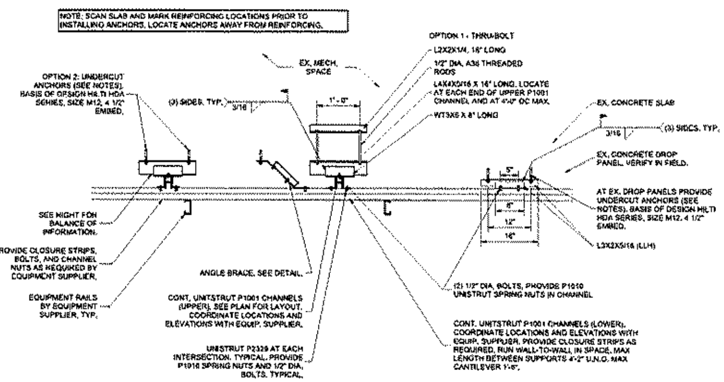
3/4" = 1'-0"





2 CMS SUPPORT PLATE DETAIL

3/4" = 1'-0"



1 IR SUPPORT RAIL SECTION

3/4" = 1'-0"

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STRUCTURAL DETAILS

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BUILDING INFORMATION

CONSTRUCTION CLASSIFICATION (MAIN HOSPITAL, GROUND FLOOR):		2020 BCNYS TYPE III NFPA 220 TYPE II (222)
PRIMARY OCCUPANCY CLASSIFICATION:		2020 NYSBC: I2 - INSTITUTIONAL 2015 NFPA 101 - NON-SLEEPING PATIENT CARE HEALTHCARE OCCUPANCY
BUILDING SPRINKLER PROTECTION:		PARTIALLY SPRINKLERED
PROJECT SPRINKLER PROTECTION:		FULLY SPRINKLERED
CLASSIFICATION OF WORK:		IEBC: LEVEL 2 ALTERATION
SEISMIC CLASSIFICATION:		GROUP III CATEGORY 'C'
BUILDING HEIGHT:	ACTUAL	43 FT., 4 STORIES
	ALLOWABLE	4 STORIES
RENOVATED BUILDING AREA	BUILDING FLOOR AREA	339,998 SF
	TOTAL RENOVATED AREA (GROSS):	3,160 GSF
EXTERIOR WALLS:	1. BEARING	3 HR
	2. NONBEARING	0 HR
INTERIOR WALLS:	1. BEARING	3 HR
	2. NONBEARING	0 HR
FLOOR CONSTRUCTION		2 HR
ROOF CONSTRUCTION		1 HR
FIRE WALLS/ HORIZONTAL EXITS		2 HR
SHAFT ENCLOSURES		2 HR
EXIT ENCLOSURES:	1. STAIRS	2 HR
	2. PASSAGEWAYS	2 HR
	3. CORRIDORS	1/2 HR SMOKE PARTITIONS
CORRIDOR WALLS (1020.1)		NO FIRE RATING REQUIRED
OPENING PROTECTIVES:	1. STAIR DOORS	90 MIN.
	2. CORRIDORS	20 MIN.
	3. HORIZONTAL EXITS	90 MIN.
	4. SMOKE BARRIERS	90 MIN.

	WALL RATING	DWG. ABBREV./ STENCILING	2020 BCNYC TABLE 714.1(2)	NFPA 101 (2012) (TABLE)	DOOR RATING PROVIDED
FIRE WALLS	2 HR	FW-2HR	90 MIN	2 HR	90 MIN
	3 HR	FW-3HR	180 MIN	3 HR	180 MIN
FIRE BARRIERS (EXIT ENCLOSURE, HORIZONTAL EXIT, INCIDENTAL USE/HAZARD OCCUPANCY SEPARATION)	1 HR (EXIT ENCLOSURE AND EXIT PASSAGEWAY WALLS)	FB- 1HR	60 MIN	60 MIN (8.3.4.2)	60 MIN
	1 HR (OTHER FIRE BARRIERS)	FB- 1HR	45 MIN	45 MIN (8.3.4.2)	45 MIN
	2 HR	FB-2HR	90 MIN	90 MIN (8.3.4.2)	90 MIN
SHAFT ENCLOSURES (FIRE BARRIER AT ELEVATOR, STAIR OR MECHANICAL SHAFT)	1 HR	SE-1HR	60 MIN	60 MIN (8.3.4.2)	60 MIN
	2 HR	SE-2HR	90 MIN	90 MIN (8.3.4.2)	90 MIN
FIRE PARTITION (ELEV LOBBY, CORRIDOR WALL, TENANT SEPARATION)	0.5 HR		20 MIN	20 MIN (19.3.6.3)	20 MIN
	1 HR	FP-1HR	20 MIN	20 MIN (19.3.6.3)	20 MIN
SMOKE BARRIERS	1 HR	SB-1HR	20 MIN	20 MIN (8.3.4.2 19.3.6.3)	20 MIN
FIRE BARRIER/ SMOKE BARRIERS (SMOKE BARRIER COINCIDING WITH FIRE BARRIER - INCIDENTAL USE, EXIT ENCLOSURE, ELEVATOR LOBBY, ETC)	1 HR (EXIT ENCLOSURE AND EXIT PASSAGEWAY WALLS)	FBSB-1HR	60 MIN	60 MIN	60 MIN
	1 HR (OTHER FIRE BARRIERS)	FBSB-1HR	45 MIN	45 MIN	45 MIN
	2 HR	FBSB-2HR	90 MIN	90 MIN	90 MIN
SHAFT ENCLOSURE/ SMOKE BARRIERS (SMOKE BARRIER COINCIDING WITH SHAFT ENCLOSURE)	1 HR	SESB-1HR	60 MIN	60 MIN	60 MIN
	2 HR	SESB-2HR	90 MIN	90 MIN	90 MIN
FIRE WALL/ SMOKE BARRIERS (SMOKE BARRIER COINCIDING WITH FIRE WALL)	1 HR	FWSB-1HR	60 MIN	60 MIN	60 MIN
	2 HR	FWSB-2HR	90 MIN	90 MIN	90 MIN
SMOKE PARTITIONS (SP) (UNRATED SMOKE RESISTANT CONSTRUCTION - CORRIDOR	0 HR	SP-0HR	0 MIN	0 HR	0 MIN
	1/2 HR	SP-1/2HR	0 MIN	20 MIN	20 MIN
HORIZONTAL ASSEMBLIES (HASRATED ENGINEERED CEILINGS)	1 HR	HA-1HR	NA	NA	NA
	2 HR	HA-2HR	NA	90 MIN	45 MIN
NON-RATED WALLS	NR	NR	0 MIN	0 HR	0 MIN
EXTERIOR WALLS	1 HR	EW-1HR	45 MIN	NA	45 MIN
	2 HR	EW-2HR	90 MIN	NA	90 MIN
	3 HR	EW-3HR	90 MIN	NA	90 MIN

PHASE 1 PROJECT INFORMATION

SUMMARY OF WORK: THE PROJECT AREA IS A LEVEL 2 ALTERATION RENOVATION OF EXISTING OUTPATIENT CARE SUITE TO ACCOMMODATE THE RELOCATION OF THE EXISTING BREAST IMAGING SERVICES. THIS PROJECT AREA IS LOCATED IN AN EXISTING FULLY-SPRINKLERED NON-SLEEPING PATIENT CARE SUITE THAT IS WITHIN A PARTIALLY SPRINKLERED SMOKE COMPARTMENT. MEP SYSTEMS TO BE EXTENDED AND RECONFIGURED AS NEEDED FOR THE PROPOSED PROGRAM.

BUILDING CODE OF NEW YORK STATE (BCNYS 2020)	I2 - INSTITUTIONAL	
NFPA 101 (2012 EDITION)	CHAPTER 18: NEW HEALTH CARE OCCUPANCIES	
	CHAPTER 19: EXISTING HEALTH CARE OCCUPANCIES	
CLASSIFICATION OF WORK:		ALTERATION LEVEL 2
OUTPATIENT TREATMENT, NON-SLEEPING SUITE:		
TOTAL SUITE AREA		1,630 GSF
RENOVATED AREA		1,630 GSF
PERCENT OF SUITE RENOVATED		100%
OCCUPANCY (UNSEPARATED ACCESSORY)		B-BUSINESS
NFPA TABLE 7.3.1.2 OCCUPANT LOAD		
AREA OF WORK, B-BUSINESS, OUTPATIENT TREATMENT NON-SLEEPING (GROSS AREA @ 100 GSF)		17 PERSONS
NUMBER OF EXITS:	REQUIRED	1
	PROVIDED	2
EXIT CAPACITIES (WIDTH IN INCHES, CAPACITY IN PERSONS)		
WIDTH (INCHES)	REQUIRED MINIMUM	36
	PROVIDED MINIMUM	44
CAPACITY (PERSONS)	REQUIRED MINIMUM	180
	PROVIDED MINIMUM	220
EXIT ACCESS TRAVEL DISTANCE (NFPA)	ALLOWED MAXIMUM	200'-0"
	ACTUAL MAXIMUM	56'-0"
COMMON PATH OF EGRESS (1006.2.1)	ALLOWED MAXIMUM	100'-0"
	ACTUAL MAXIMUM	35'-0"
CORRIDOR WIDTH (NFPA 38.2.3)	ALLOWED MINIMUM	3'-6"
	ACTUAL MINIMUM	5'-0"

PHASE 2 PROJECT INFORMATION

SUMMARY OF WORK: THE PHASE 2 PROJECT AREA WILL BE RENOVATED TO ACCOMMODATE THE NEW CLASS 3 INTERVENTIONAL RADIOLOGY IMAGING SERVICES. THIS PROJECT AREA IS LOCATED IN AN EXISTING NON-SPRINKLERED NON-SLEEPING PATIENT CARE SUITE WITHIN A PARTIALLY SPRINKLERED SMOKE COMPARTMENT. THE RENOVATION WILL CREATE A NEW FULLY SPRINKLERED, NON-SLEEPING PATIENT CARE SUITE.

BUILDING CODE OF NEW YORK STATE (BCNYS 2020)	I2 - INSTITUTIONAL	
NFPA 101 (2012 EDITION)	CHAPTER 18: NEW HEALTH CARE OCCUPANCIES	
	CHAPTER 19: EXISTING HEALTH CARE OCCUPANCIES	
CLASSIFICATION OF WORK:		ALTERATION LEVEL 2
INPATIENT TREATMENT, NON-SLEEPING SUITE:		
TOTAL SUITE AREA		7,191 GSF
RENOVATED AREA		1,844 GSF
PERCENT OF SUITE RENOVATED		26%
OCCUPANCY (INPATIENT TREATMENT NON-SLEEPING SUITE)		I2 - INSTITUTIONAL
NFPA TABLE 7.3.1.2 OCCUPANT LOAD		
AREA OF WORK, INPATIENT NON-SLEEPING (GROSS AREA @ 240 GSF)		8 PERSONS
NUMBER OF EXITS:	REQUIRED	1
	PROVIDED	2
EXIT CAPACITIES (WIDTH IN INCHES, CAPACITY IN PERSONS)		
WIDTH (INCHES)	REQUIRED MINIMUM	36
	PROVIDED MINIMUM	36
CAPACITY (PERSONS)	REQUIRED MINIMUM	180
	PROVIDED MINIMUM	190
EXIT ACCESS TRAVEL DISTANCE (NFPA)	ALLOWED MAXIMUM	200'-0"
	ACTUAL MAXIMUM	46'-0"
COMMON PATH OF EGRESS (1006.2.1)	ALLOWED MAXIMUM	100'-0"
	ACTUAL MAXIMUM	48'-0"
CORRIDOR WIDTH (NFPA 38.2.3)	ALLOWED MINIMUM	8'-0"
	ACTUAL MINIMUM	8'-0"

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REGISTERED ARCHITECT — NEW YORK STATE

REVISION SCHEDULE

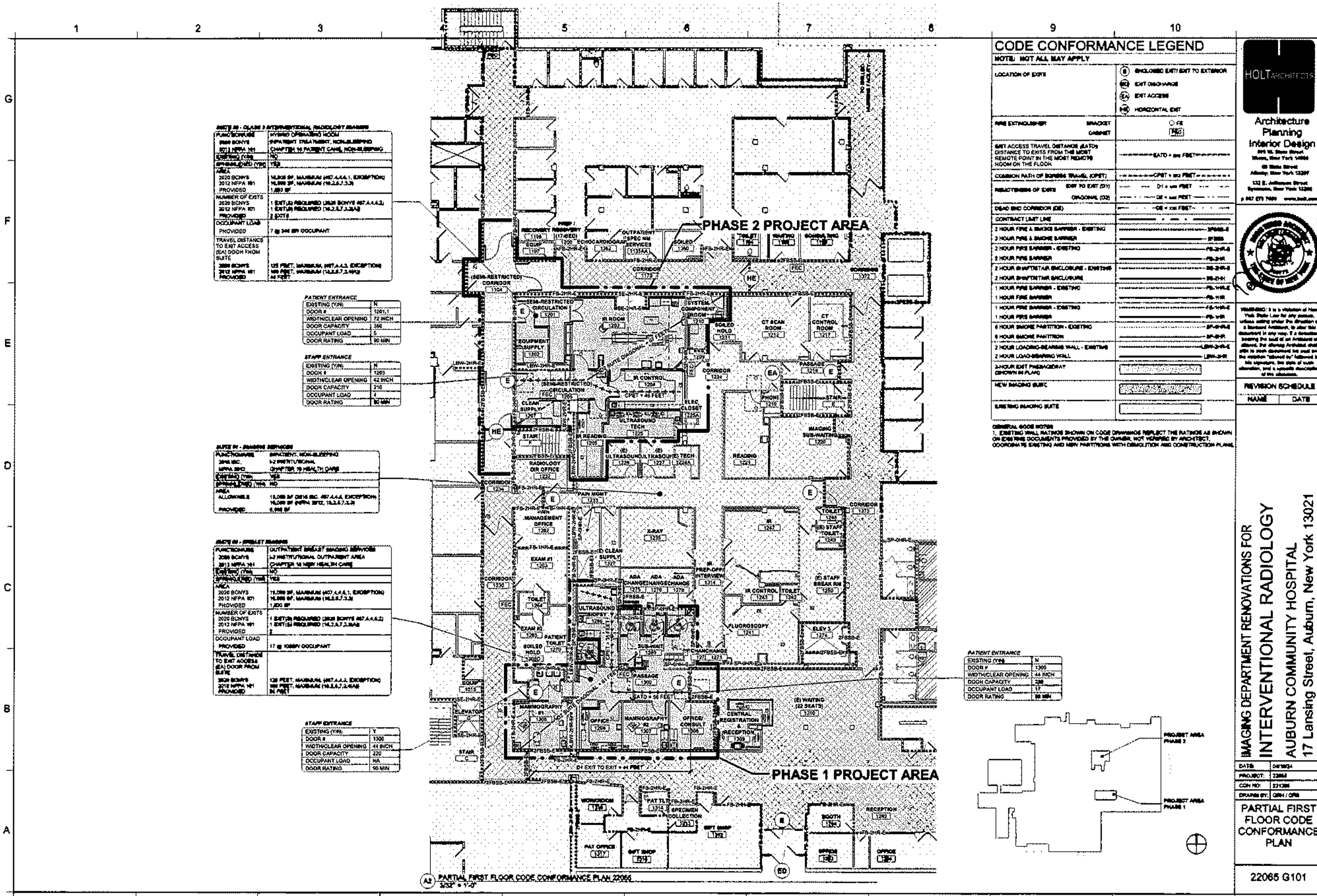
NAME	DATE

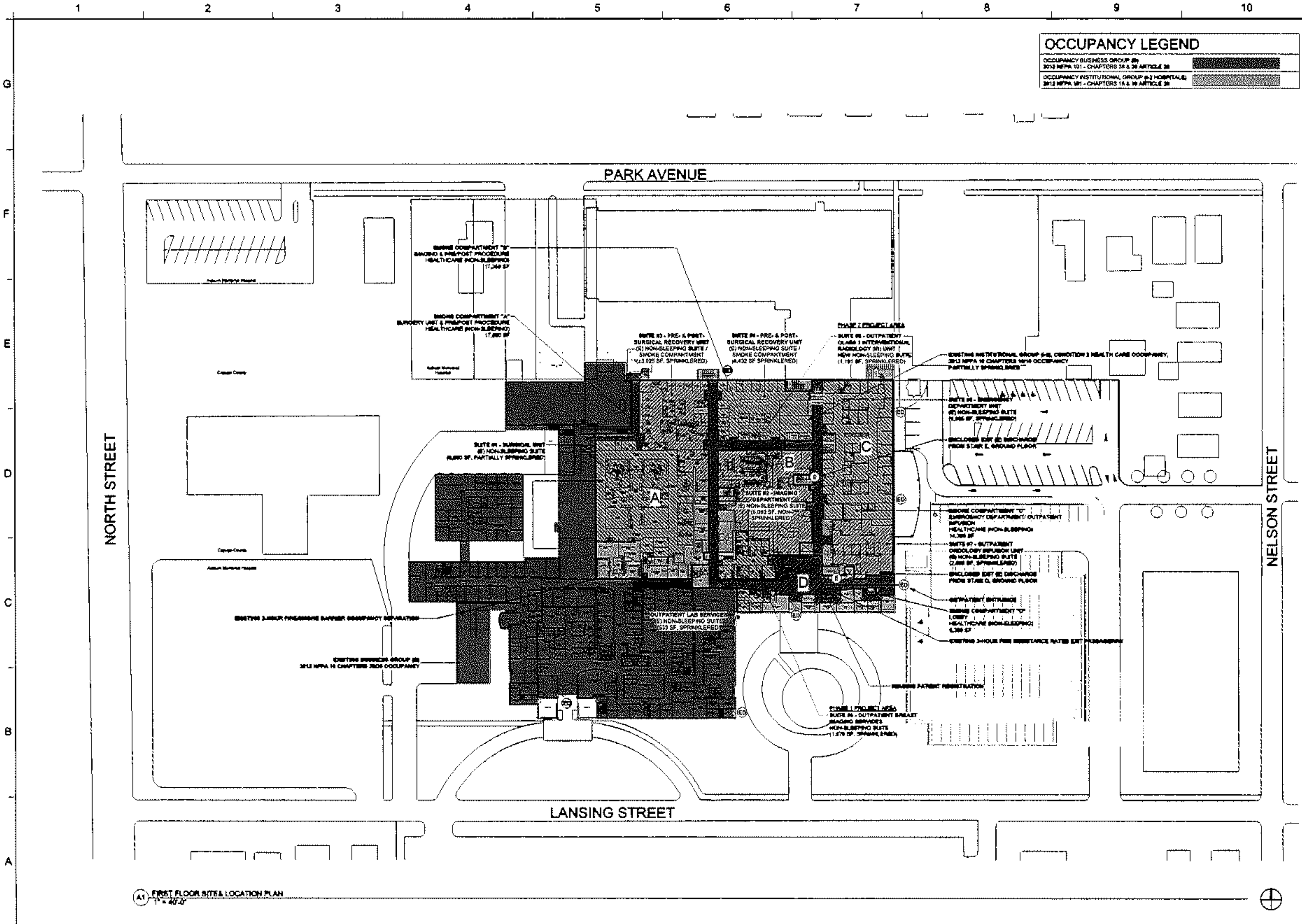
IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/24
PROJECT:	22065
CON NO:	231365
DRAWN BY:	LMB

CODE CHARTS

22065 G100


PHASE 2 PROJECT AREA
PHASE 1 PROJECT AREA
PARTIAL FIRST FLOOR CODE CONFORMANCE PLAN 22065
3/32" = 1'-0"
PATIENT ENTRANCE
STAFF ENTRANCE
PROJECT AREA PHASE 2
PROJECT AREA PHASE 1
CODE CONFORMANCE LEGEND
NOTE: NOT ALL MAY APPLY
LOCATION OF EXITS
FIRE EXTINGUISHER
EXIT ACCESS TRAVEL DISTANCE (EATD) DISTANCE TO EXITS FROM THE MOST REMOTE POINT IN THE MOST REMOTE ROOM ON THE FLOOR
COMMON PATH OF EGRESS TRAVEL (CPET)
DEAD END CORRIDOR (DE)
CONTRACT LIMIT LINE
REVISION SCHEDULE
NAME
DATE
HOLT ARCHITECTS
Architecture
Planning
Interior Design
IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021
PARTIAL FIRST FLOOR CODE CONFORMANCE PLAN
22065 G101



HOLT Architects

Architecture
Planning
Interior Design

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR

INTERVENTIONAL RADIOLOGY

AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

FIRST FLOOR & SITE LOCATION PLAN (PRINT IN COLOR)

22065 G102

KEYED RCP NOTES

1. EXISTING CEILING GRID TO REMAIN, PROVIDE NEW CEILING PANELS COMPLETE AND REPLACE GRID AS REQUIRED TO ACCOMMODATE THE WORK.
2. MODIFY EXISTING CEILING TO ACCOMMODATE THE WORK. PANELS WITHIN THE WORK AREA, REPLACE ALL BROKEN, CHIPPED OR STAINED CEILING PANELS TO MATCH EXISTING.
3. DECORATIVE WALL SCONCE, COORDINATE WITH ELECTRICAL DRAWINGS.

GENERAL RCP NOTES

1. ACOUSTIC PANEL CEILINGS ARE APC1 UNLESS OTHERWISE NOTED BY CEILING HEIGHT/MATERIAL TAG.
2. GYPSUM SOFFITS AND CEILINGS ARE 7'-2" ABOVE FINISHED FLOOR UNLESS OTHERWISE NOTED.
3. ALL GYPSUM BOARD CEILINGS TO BE PAINTED P4 UNLESS OTHERWISE NOTED.
4. PAINT CEILING ACCESS PANELS WHERE THEY OCCUR TO MATCH ADJACENT CEILING FINISH.
5. CENTER ACOUSTIC CEILING PANELS WITHIN FIELD, PARTIAL PANELS AT ROOM PERIMETER SHALL NOT BE LESS THAN 6".
6. THE EDGE OF ALL CUT TEGULAR PANELS SHALL BE FIELD SHAPED AND PAINTED TO MATCH FABRICATED TEGULAR EDGE. THE CUT EDGE OF ALL PANELS SHALL BE POSITIONED OUT OF VIEW.
7. MOUNT ALL FIXTURES AND DEVICES IN THE CENTER OF ACOUSTIC CEILING PANEL UNLESS OTHERWISE NOTED.
8. REFER TO MECHANICAL, ELECTRICAL, FIRE ALARM AND FIRE PROTECTION DRAWINGS FOR FIXTURES NOT SHOWN ON THIS SHEET. COORDINATE LOCATIONS OF FIXTURES NOT SHOWN WITH LAYOUT INDICATED ON THIS SHEET.
9. PROVIDE ACCESS PANELS IN ALL NON-ACCESSIBLE CEILINGS WHERE SERVICE OR ADJUSTMENT TO MECHANICAL, PLUMBING OR ELECTRICAL ITEMS MAY BE REQUIRED. ACCESS PANELS SHALL BE EQUAL TO THE RATING OF THE WALL OR CEILING IN WHICH THEY OCCUR, PROVIDE COORDINATED SHOP DRAWING OF ALL REQUIRED ACCESS PANELS FOR REVIEW.
10. PROVIDE COORDINATION DRAWINGS OF ALL EXPOSED MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION, AND AUDIO/VIDEO SYSTEMS FOR REVIEW.

RCP LEGEND

CEILING MATERIALS:

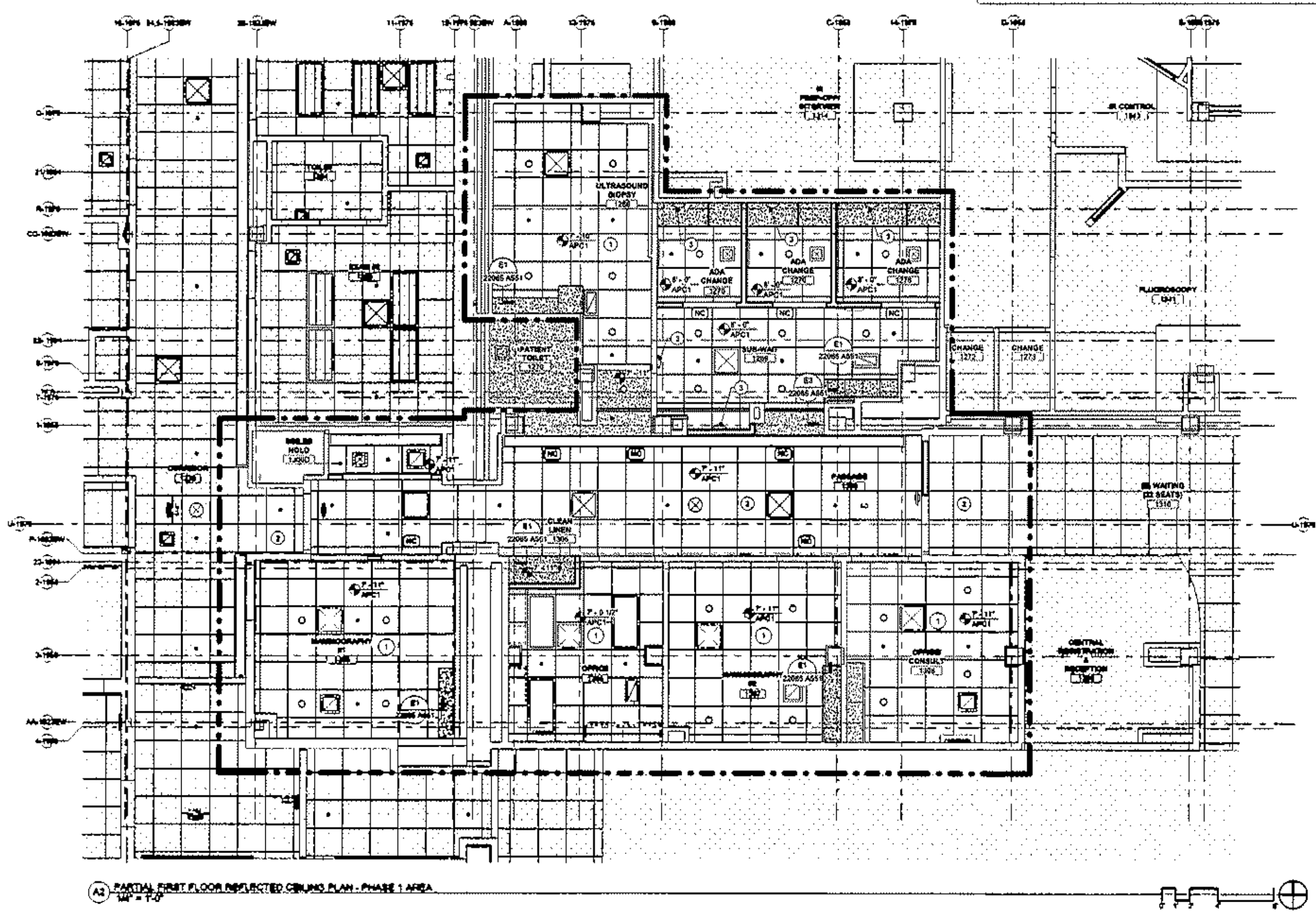
- GYPSUM BOARD CEILING
- MILLWORK
- RATED HORIZONTAL CEILING ASSEMBLY
- ACP1 - 2' X 2' ACOUSTICAL PANEL CEILING
- ACP2 - 2' X 2' SCRUBBABLE ACOUSTICAL PANEL CEILING
- ACP3 - MATCH EXISTING CEILING

OTHER:

- RETURN AIR GRILLE
- EXHAUST
- SUPPLY AIR GRILLE
- SPEAKER
- EXIT SIGN
- OCCUPANCY SENSOR
- SPRINKLER HEAD
- FIRE DETECTOR
- FIRE ALARM DEVICE
- NURSE CALL LIGHT DEVICE
- WIRELESS ACCESS POINT
- AREA OF MEP WORK
- CEILING ACCENT PAINT
- ACCESS PANEL

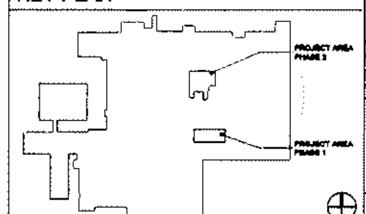
LIGHT FIXTURES:

- SURFACE MOUNTED LIGHT FIXTURES
- LAY-IN LIGHT FIXTURES
- RECESSED CAN LIGHT FIXTURE
- PENDANT LIGHT FIXTURE
- PERIMETER LINEAR RECESSED LIGHT
- NARROW LINEAR CONTINUOUS RECESSED LIGHT FIXTURE
- LARGE DIAMETER RECESSED LIGHT FIXTURE
- CUBICLE CURTAIN



A2 PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 1 AREA
1/4" = 1'-0"

KEY PLAN



HOLT ARCHITECTS
Architecture
Planning
Interior Design

REVISION SCHEDULE

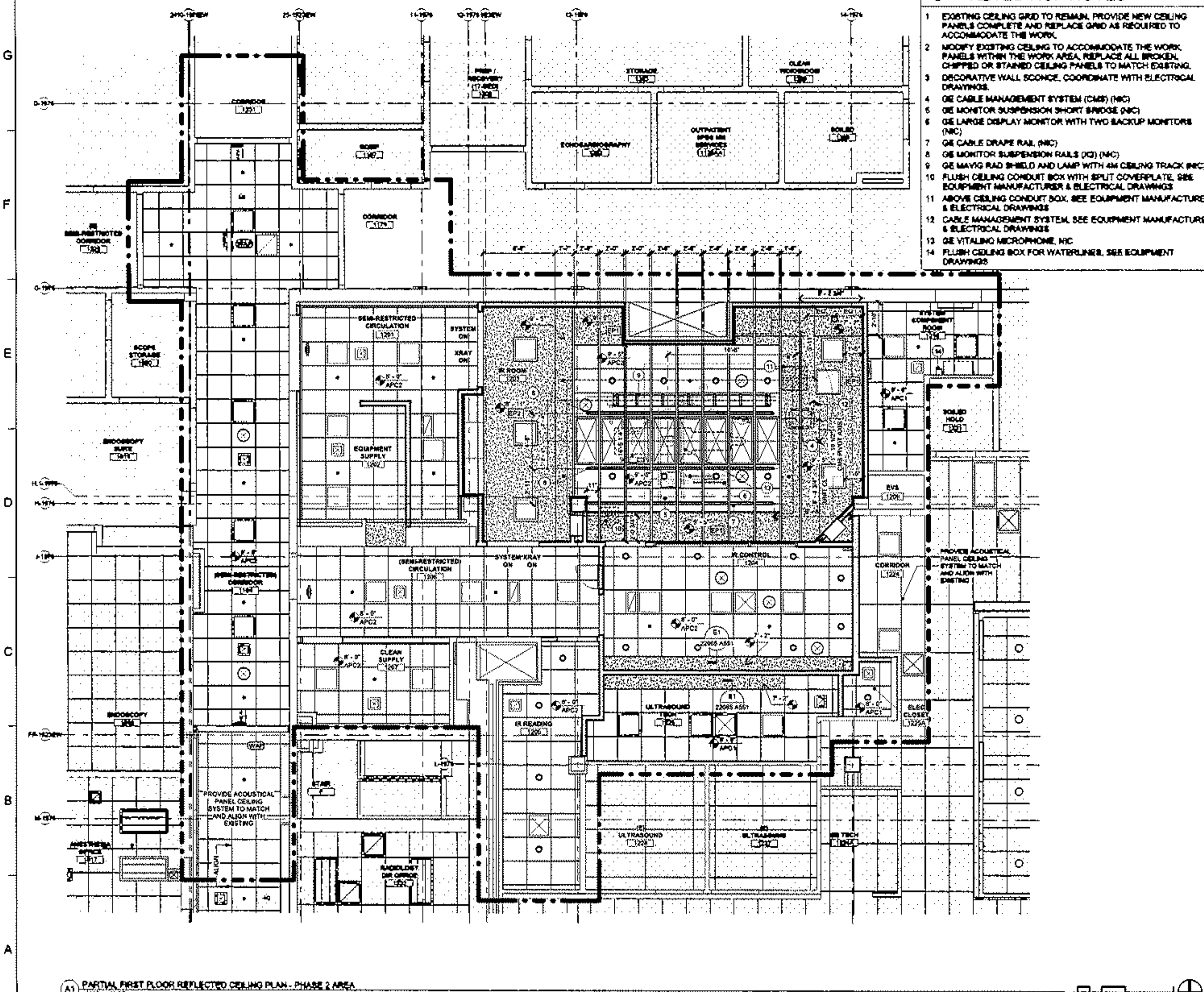
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

PROJECT: 22065

PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 1 AREA

22065 A151



A1 PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 2 AREA
1/4" = 1'-0"

KEYED RCP NOTES

1. EXISTING CEILING GRID TO REMAIN, PROVIDE NEW CEILING PANELS COMPLETE AND REPLACE GRID AS REQUIRED TO ACCOMMODATE THE WORK.
2. MODIFY EXISTING CEILING TO ACCOMMODATE THE WORK. PANELS WITHIN THE WORK AREA, REPLACE ALL BROKEN, CHIPPED OR STAINED CEILING PANELS TO MATCH EXISTING.
3. DECORATIVE WALL SCONCE, COORDINATE WITH ELECTRICAL DRAWINGS.
4. GE CABLE MANAGEMENT SYSTEM (CMS) (NIC)
5. GE MONITOR SUSPENSION SHORT BRIDGE (NIC)
6. GE LARGE DISPLAY MONITOR WITH TWO BACKUP MONITORS (NIC)
7. GE CABLE DRAPE RAIL (NIC)
8. GE MONITOR SUSPENSION RAILS (X2) (NIC)
9. GE MAVIG RAD SHIELD AND LAMP WITH 4M CEILING TRACK (NIC)
10. FLUSH CEILING CONDUIT BOX WITH SPLIT COVERPLATE, SEE EQUIPMENT MANUFACTURER & ELECTRICAL DRAWINGS
11. ABOVE CEILING CONDUIT BOX, SEE EQUIPMENT MANUFACTURER & ELECTRICAL DRAWINGS
12. CABLE MANAGEMENT SYSTEM, SEE EQUIPMENT MANUFACTURER & ELECTRICAL DRAWINGS
13. GE VITALINQ MICROPHONE, NIC
14. FLUSH CEILING BOX FOR WATERLINES, SEE EQUIPMENT DRAWINGS

GENERAL RCP NOTES

1. ACOUSTIC PANEL CEILINGS ARE APC1 UNLESS OTHERWISE NOTED BY CEILING HEIGHT/MATERIAL TAG.
2. GYPSUM SOFFITS AND CEILINGS ARE 7'-2" ABOVE FINISHED FLOOR UNLESS OTHERWISE NOTED.
3. ALL GYPSUM BOARD CEILINGS TO BE PAINTED P4 UNLESS OTHERWISE NOTED.
4. PAINT CEILING ACCESS PANELS WHERE THEY OCCUR TO MATCH ADJACENT CEILING FINISH.
5. CENTER ACOUSTIC CEILING PANELS WITHIN FIELD. PARTIAL PANELS AT ROOM PERIMETER SHALL NOT BE LESS THAN 6".
6. THE EDGE OF ALL CUT TEGULAR PANELS SHALL BE FIELD SHAPED AND PAINTED TO MATCH FABRICATED TEGULAR EDGE. THE CUT EDGE OF ALL PANELS SHALL BE POSITIONED OUT OF VIEW.
7. MOUNT ALL FIXTURES AND DEVICES IN THE CENTER OF ACOUSTIC CEILING PANEL UNLESS OTHERWISE NOTED.
8. REFER TO MECHANICAL, ELECTRICAL, FIRE ALARM AND FIRE PROTECTION DRAWINGS FOR FIXTURES NOT SHOWN ON THIS SHEET. COORDINATE LOCATIONS OF FIXTURES NOT SHOWN WITH LAYOUT INDICATED ON THIS SHEET.
9. PROVIDE ACCESS PANELS IN ALL NON-ACCESSIBLE CEILINGS WHERE SERVICE OR ADJUSTMENT TO MECHANICAL, PLUMBING OR ELECTRICAL ITEMS MAY BE REQUIRED. ACCESS PANELS SHALL BE EQUAL TO THE RATING OF THE WALL OR CEILING IN WHICH THEY OCCUR. PROVIDE COORDINATED SHOP DRAWING OF ALL REQUIRED ACCESS PANELS FOR REVIEW.
10. PROVIDE COORDINATION DRAWINGS OF ALL EXPOSED MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION, AND AUDIO/VIDEO SYSTEMS FOR REVIEW.

RCP LEGEND

CEILING MATERIALS:

- GYPSUM BOARD CEILING
- ACP1 - 2' X 2' ACOUSTICAL PANEL CEILING
- ACP3 - MATCH EXISTING CEILING
- MILLWORK
- ACP2 - 2' X 2' SCRUBBABLE ACOUSTICAL PANEL CEILING
- RATED HORIZONTAL CEILING ASSEMBLY

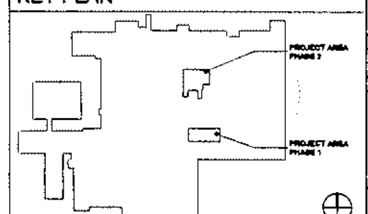
OTHER:

- RETURN AIR GRILLE
- EXHAUST
- SUPPLY AIR GRILLE
- SPEAKER
- EXIT SIGN
- OCCUPANCY SENSOR
- SPRINKLER HEAD
- FIRE DETECTOR
- FIRE ALARM DEVICE
- NURSE CALL LIGHT DEVICE
- WIRELESS ACCESS POINT
- AREA OF M&P WORK
- CEILING ACCENT PAINT
- ACCESS PANEL

LIGHT FIXTURES:

- SURFACE MOUNTED LIGHT FIXTURES
- LAY-IN LIGHT FIXTURES
- RECESSED CAN LIGHT FIXTURE
- PENDANT LIGHT FIXTURE
- PERIMETER LINEAR RECESSED LIGHT
- NARROW LINEAR CONTINUOUS RECESSED LIGHT FIXTURE
- LARGE DIAMETER RECESSED LIGHT FIXTURE
- CUBICLE CURTAIN

KEY PLAN



HOLT ARCHITECTS
Architecture
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Interior Design

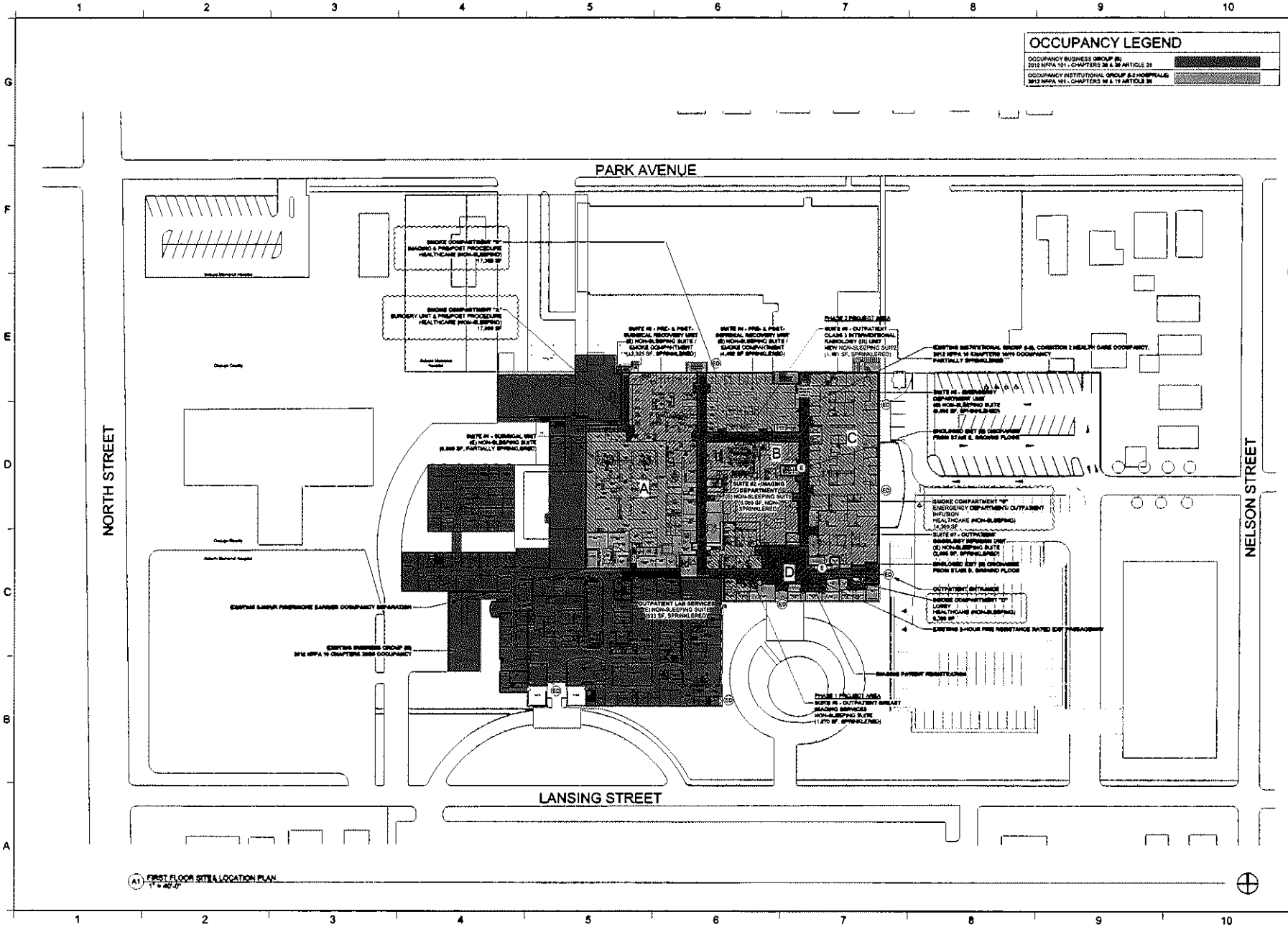
REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

PARTIAL FIRST FLOOR REFLECTED CEILING PLAN - PHASE 2 AREA

22065 A152



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930 W. State Street
Ithaca, New York 14850

80 State Street
Albany, New York 12207

116 E. Jefferson Street
Syracuse, New York 13202

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REGISTERED ARCHITECT
THE STATE OF NEW YORK

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REVISION SCHEDULE

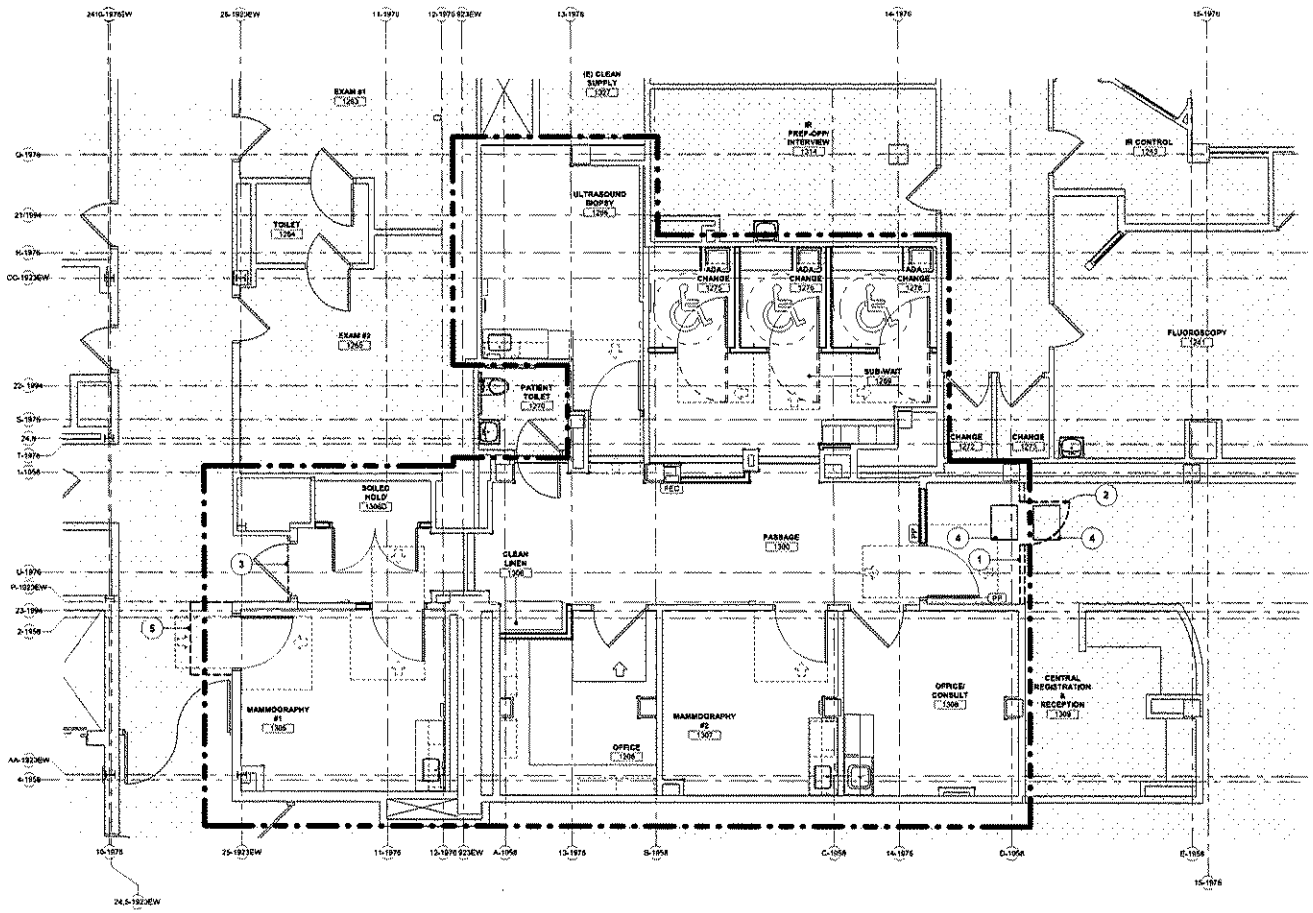
NAME	DATE
RFI-001	6/24/24

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/24
PROJECT:	22065
CON NO:	234384
DRAWN BY:	CRB

FIRST FLOOR & SITE LOCATION PLAN (PRINT IN COLOR)

22065 G102



A1 PARTIAL FIRST FLOOR ICRA PLAN PHASE 1 AREA
1/4" = 1'-0"

ICRA GENERAL NOTES

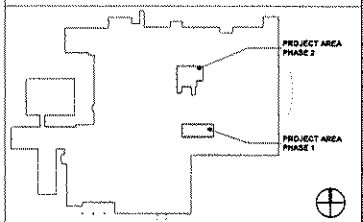
1. REFER TO DEMOLITION PLANS FOR MORE INFORMATION
2. PROVIDE OWNER WITH TWO (2) WEEKS ADVANCED NOTICE PRIOR TO ANY SHORT DURATION WORK AND ANY MECHANICAL, ELECTRICAL, PLUMBING OR FIRE PROTECTION SHUTDOWNS.
3. ALL MATERIAL DELIVERIES TO BE DELIVERED BETWEEN 6:00PM - 6:00AM.
4. ALL WASTE TO BE REMOVED FROM PROJECT AREAS BETWEEN 6:00PM - 6:00AM.
5. ALL GROUND FLOOR WORK IMPACTING EGRESS CORRIDORS AS WELL AS ADJACENT OCCUPIED SPACES TO BE DONE DURING EVENING HOURS 6:00 PM-6:00 AM. ALL WORK TO BE STAGED SO THAT ALL WORK IS COMPLETE AND SPACE IS AVAILABLE FOR HOSPITAL USE THE NEXT BUSINESS DAY. WORK TO INCLUDE REMOVALS, CONSTRUCTION, ERECTION, TEAR-DOWN OF TEMPORARY PARTITIONS AND CLEANING/ ICRA PROTOCOLS.
6. ALL FIRST FLOOR WORK TO BE DONE DURING EVENING HOURS 6:00 PM-6:00 AM. ALL WORK TO BE STAGED SO THAT ALL WORK IS COMPLETE AND SPACE IS AVAILABLE FOR HOSPITAL USE THE NEXT BUSINESS DAY. WORK TO INCLUDE REMOVALS, CONSTRUCTION, ERECTION, TEAR-DOWN OF TEMPORARY PARTITIONS AND CLEANING/ ICRA PROTOCOLS.

(#) ICRA KEYED NOTES

1. PROVIDE TEMPORARY 1 HOUR RATED PARTITION DURING CONSTRUCTION PHASE. CONSTRUCT TO UNDERSIDE OF STRUCTURE OR APPROVED HORIZONTAL UL ASSEMBLY. TEMPORARY WALL TO BE METAL STUD CONSTRUCTION WITH MAGNEHELIC GAUGE ON CORRIDOR SIDE OF CONSTRUCTION BARRIER.
2. 3'-0" WIDE TEMPORARY DOOR AND FRAME TO BE RATED 45 MINUTES, SELF CLOSING, SELF LATCHING WITH STEEL HINGES.
3. SEAL OFF DOORS WITH PLASTIC IN ACTIVE WORK AREA
4. WALK-OFF MAT
5. TYPE-2 FIRE RETARDANT POLY FOR SHORT DURATIONS

CONTRACT LIMIT LINE
ZIP WALL BARRIER
TEMPORARY PARTITIONS

KEY PLAN



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REVISION SCHEDULE

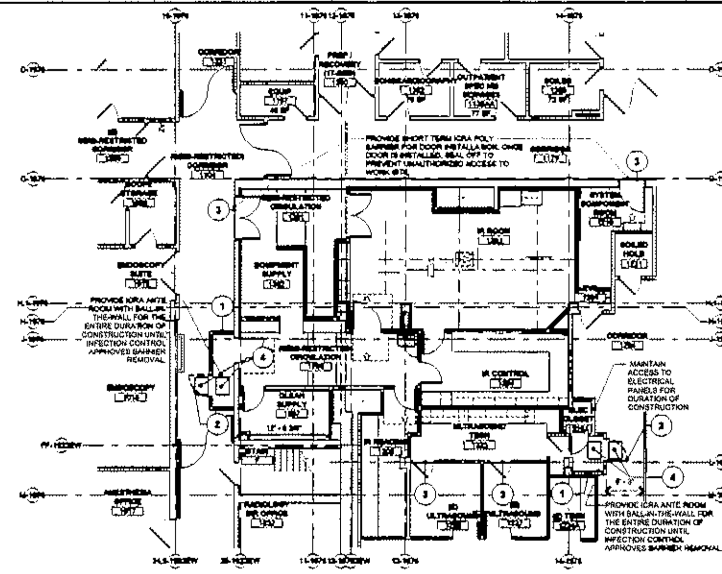
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

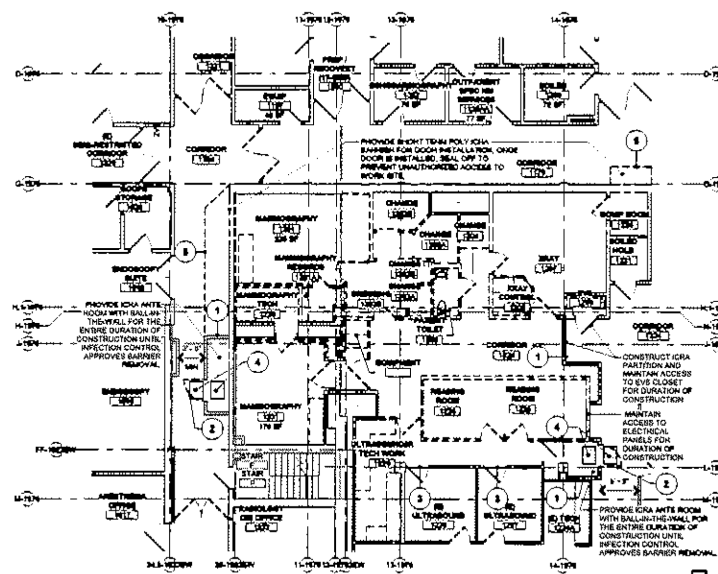
DATE:	12/30/2023
PROJECT:	22065
CON NO:	231365
DRAWN BY:	GRS

PARTIAL FIRST FLOOR ICRA PLAN - PHASE 1

22065 G201



(D4) PARTIAL FIRST FLOOR ICRA PLAN CONSTRUCTION PHASE 2
1/8" = 1'-0"



(A4) PARTIAL FIRST FLOOR ICRA PLAN DEMOLITION PHASE 2
1/8" = 1'-0"

ICRA GENERAL NOTES

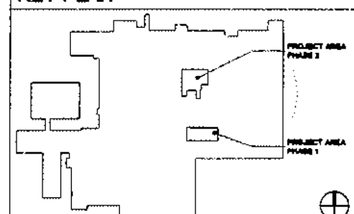
1. REFER TO DEMOLITION PLANS FOR MORE INFORMATION
2. PROVIDE OWNER WITH TWO (2) WEEKS ADVANCED NOTICE PRIOR TO ANY SHORT DURATION WORK AND ANY MECHANICAL, ELECTRICAL, PLUMBING OR FIRE PROTECTION SHUTDOWNS.
3. ALL MATERIAL DELIVERIES TO BE DELIVERED BETWEEN [illegible].
4. ALL WASTE TO BE REMOVED FROM PROJECT AREAS BETWEEN [illegible].
5. ALL GROUND FLOOR WORK IMPACTING EGRESS CORRIDORS AS WELL AS ADJACENT OCCUPIED SPACES TO BE DONE DURING EVENING HOURS [illegible] AM. ALL WORK TO BE STAGED SO THAT ALL WORK IS COMPLETE AND SPACE IS AVAILABLE FOR HOSPITAL USE THE NEXT BUSINESS DAY. WORK TO INCLUDE REMOVALS, CONSTRUCTION, ERECTION, TEAR-DOWN OF TEMPORARY PARTITIONS AND CLEANING/ ICRA PROTOCOLS.
6. ALL WORK WITHIN THE JOB SITE TO BE DONE DURING BUSINESS HOURS [illegible] PM.
7. ALL WORK OUTSIDE THE JOB SITE IN OCCUPIED SPACES TO BE DONE DURING EVENING HOURS 6PM AM- 6 AM. ALL WORK TO BE STAGED SO THAT ALL WORK IS COMPLETE AND SPACE IS AVAILABLE FOR HOSPITAL USE THE NEXT BUSINESS DAY. WORK TO INCLUDE REMOVALS, CONSTRUCTION, ERECTION, TEAR-DOWN OF TEMPORARY PARTITIONS AND CLEANING/ ICRA PROTOCOLS.

(#) ICRA KEYED NOTES

1. PROVIDE TEMPORARY 1 HOUR RATED PARTITION DURING CONSTRUCTION PHASE. CONSTRUCT TO UNDERSIDE OF STRUCTURE OR APPROVED HORIZONTAL UL ASSEMBLY. TEMPORARY WALL TO BE METAL STUD CONSTRUCTION WITH [illegible] GAUGE ON CORRIDOR SIDE OF CONSTRUCTION BARRIER.
2. 3'-0" WIDE TEMPORARY DOOR AND FRAME TO BE RATED 45 MINUTES, SELF CLOSING, SELF LATCHING WITH STEEL HINGES.
3. SEAL OFF DOORS WITH PLASTIC IN ACTIVE WORK AREA
4. WALK-OFF MAT
5. TYPE-2 FIRE RETARDANT POLY FOR SHORT DURATIONS

— · · — · · —	CONTRACT LIMIT LINE
- - - - - - - -	ZIP WALL BARRIER
————————	TEMPORARY PARTITIONS

KEY PLAN



HOLT ARCHITECTS
Architecture
Planning
Interior Design

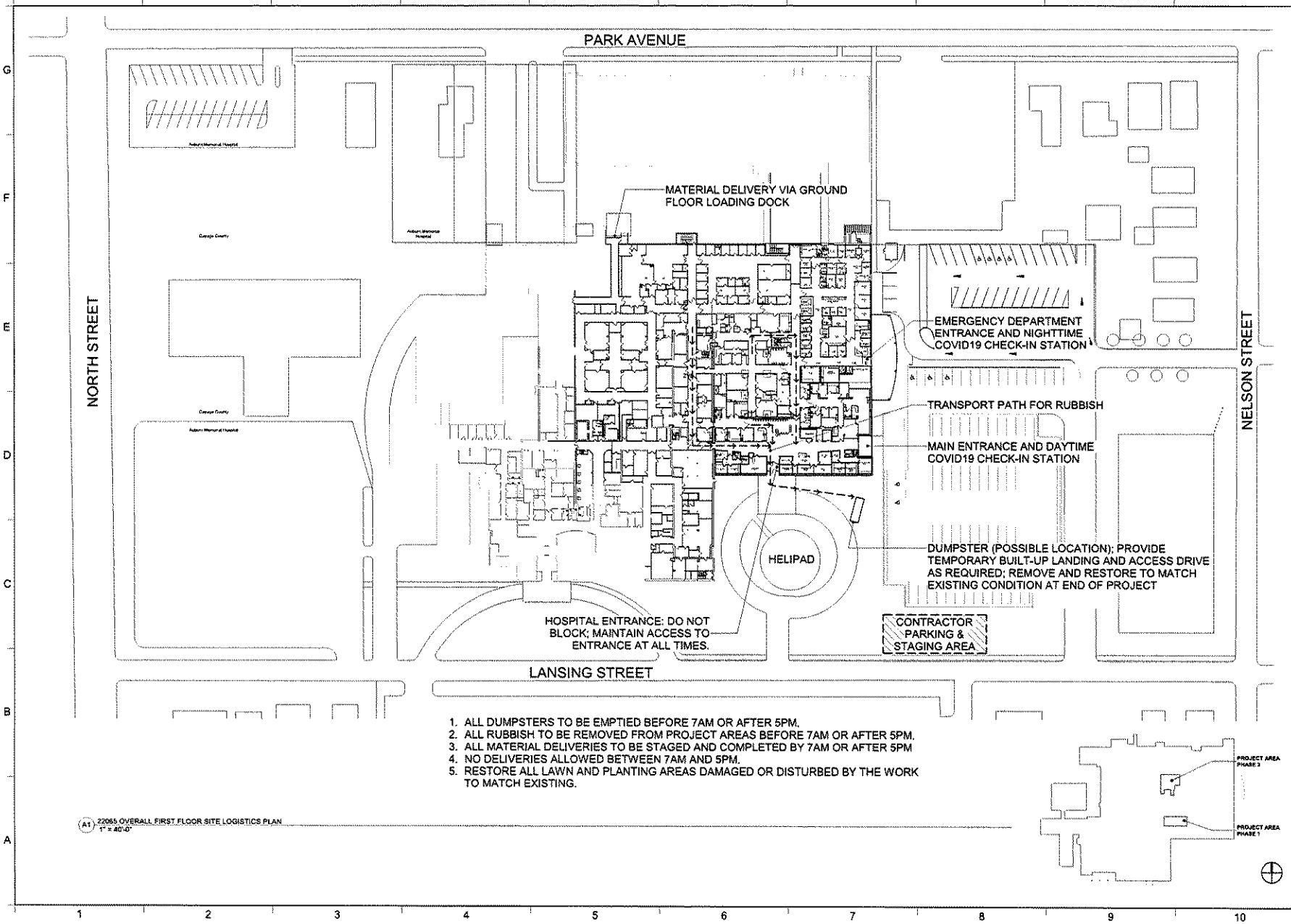
REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

PARTIAL FIRST FLOOR ICRA PLAN - PHASE 2

22065 G202



1. ALL DUMPSTERS TO BE EMPTIED BEFORE 7AM OR AFTER 5PM.
2. ALL RUBBISH TO BE REMOVED FROM PROJECT AREAS BEFORE 7AM OR AFTER 5PM.
3. ALL MATERIAL DELIVERIES TO BE STAGED AND COMPLETED BY 7AM OR AFTER 5PM
4. NO DELIVERIES ALLOWED BETWEEN 7AM AND 5PM.
5. RESTORE ALL LAWN AND PLANTING AREAS DAMAGED OR DISTURBED BY THE WORK TO MATCH EXISTING.

A1 22065 OVERALL FIRST FLOOR SITE LOGISTICS PLAN
1" = 40'-0"

HOLT ARCHITECTS
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Ithaca, New York 14850
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Albany, New York 12207
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Syracuse, New York 13202
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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/24
PROJECT:	22065
CON NO:	231205
DRAWN BY:	Author

SITE LOGISTICS PLAN

22065 G301

April 10, 2026

NYS Department of Health/Office of Health Systems Management
Division of Health Facility Planning
Bureau of Architectural and Engineering Facility Planning
ESP, Corning Tower, 18th Floor
Albany, New York 12237

RE: CON 261018 Add EP Services to IR/ Cath Lab

Auburn Community Hospital (Cayuga County)
17 Lansing Street
Auburn, NY 13021

Auburn Community Hospital (ACH) would like to add Electrophysiology (EP) services to the newly completed IR/ Cath Lab (CON#231365/ MOD#110625. The IR/ Cath Lab is designed and constructed to be Class 3 Imaging room and therefore exceeds the FGI requirements for a Class 2 Imaging room.

The IR/ Cath Lab was completed in 2025 and ACH would like to add EP services to their operating certificate. EP procedures need to take place in a Class 2 Imaging room. The IR/ Cath Lab is a Class 3 Imaging room and exceeds Code requirements for EP. This room is used part of the day for IR (Imaging Department) and part of the day for Cath Lab (Cardiac Department). The EP services will be performed by the Cardiac Department.

Based on documentation of the original construction documents; to the best of my knowledge:

1. The above-referenced construction project has been constructed in full compliance with the accessibility requirements set forth by the Americans with Disabilities Act (ADA) of 1990, as amended, and the applicable building codes and regulations.
2. Throughout design and construction phases, all necessary ADA standards were adhered to. Additionally, all design and construction practices followed the latest ADA standards, including the 2010 ADA Standards for Accessible Design and any applicable state and local accessibility codes.

Sincerely,
HOLT Architects, P.C.

Paul Levesque II
Principal
NYS License #030772

HOLT ARCHITECTS

Architecture
Planning
Interior Design

HOLT Architects PC

Ithaca Office
619 W State /MLK Street
Ithaca, NY 14850

Syracuse Office
132 E Jefferson St
Syracuse. NY 13202

607.273.7600
HOLT.com

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GENERAL SYMBOLS

SYMBOL	DESCRIPTION
(X)	KEYNOTE
[X]	DEMOLITION KEYNOTE
	HEAVY LINE-WEIGHT INDICATES TO PROVIDE DEVICE / EQUIPMENT AS NEW
	DASHED HEAVY LINE-WEIGHT INDICATES DEVICES / EQUIPMENT AND CIRCUITRY TO BE REMOVED
(E)	'(E)' NEXT TO LIGHT LINE-WEIGHT INDICATES DEVICES / EQUIPMENT EXISTING TO REMAIN
(ER)	'(ER)' NEXT TO DASHED HEAVY LINE-WEIGHT INDICATES EXISTING DEVICES / EQUIPMENT TO BE REMOVED AND RELOCATED. REFER TO DEFINITIONS FOR INFORMATION.
(R)	'(R)' NEXT TO DASHED HEAVY LINE-WEIGHT INDICATES EXISTING DEVICES / EQUIPMENT TO BE REMOVED. EXISTING CIRCUITRY REMAINS FOR RECONNECTION. REFER TO DEFINITIONS FOR INFORMATION
(RE)	'(RE)' NEXT TO HEAVY LINE-WEIGHT INDICATES EXISTING DEVICES / EQUIPMENT TO BE REINSTALLED. REFER TO DEFINITIONS FOR INFORMATION

ELECTRICAL

SYMBOL	DESCRIPTION
	DUPLEX RECEPTACLE - ALL RECEPTACLES SHALL BE HOSPITAL GRADE AC - MOUNT 6" ABOVE COUNTER WP - PROVIDE WHILE IN USE WEATHERPROOF ENCLOSURE USB - COMBINATION USB / RECEPTACLE
	QUAD RECEPTACLE
	DUPLEX RECEPTACLE ON CRITICAL BRANCH
	QUAD RECEPTACLE ON CRITICAL BRANCH
	SPECIAL RECEPTACLE (NEMA CONFIGURATION AS INDICATED)
JB	JUNCTION BOX
E	EMERGENCY POWER OFF STATION
	120/208 VOLT PANELBOARD (SURFACE)
	120/208 VOLT PANELBOARD (RECESSED)
	277/480 VOLT PANELBOARD (SURFACE)
	277/480 VOLT PANELBOARD (RECESSED)
	DISTRIBUTION PANELBOARD
T-#	TRANSFORMER, REFER TO ONE LINE DIAGRAM AND TRANSFORMER SCHEDULE FOR SIZE AND TYPE
M	COMPLETE MOTOR CONNECTION (REFER TO ELECTRICAL EQUIPMENT AND CONTROL SCHEDULE)
	DISCONNECT SWITCH (NON-FUSED)
	SINGLE POINT CONNECTION TO EQUIPMENT
	CONNECTION TO EXISTING
	LIMIT OF REMOVAL

ONE LINE DIAGRAM

SYMBOL	DESCRIPTION
	CIRCUIT BREAKER
	FUSED DISCONNECT SWITCH
	MEDIUM VOLTAGE FUSED LOAD INTERRUPTER SWITCH
	GROUND
	TRANSFORMER
G	GENERATOR SET
	TRANSFER SWITCH, RATING AS INDICATED. ATS = AUTOMATIC MTS = MANUAL
NAME	PANELBOARD

LIGHTING

SYMBOL	DESCRIPTION
	LIGHT FIXTURE CONNECTED TO CRITICAL BRANCH CIRCUIT
	LIGHT FIXTURE CONNECTED TO NORMAL BRANCH CIRCUIT
	LIGHT FIXTURE CONNECTED TO LIFE SAFETY BRANCH CIRCUIT
	CEILING MOUNTED LIGHT FIXTURE
	WALL MOUNTED LIGHT FIXTURE
	LIGHT FIXTURE STRIP
	DUAL HEAD WALL MOUNTED EMERGENCY BATTERY PACK LUMINAIRE
	CEILING MOUNTED EXIT LUMINAIRE
	WALL MOUNTED EXIT LUMINAIRE

LIGHTING CONTROL

SYMBOL	DESCRIPTION
S	LIGHT SWITCH WB - VACANCY / OCCUPANCY SENSOR-TYPE SWITCH (REFER TO OCCUPANCY SENSOR SCHEDULE) a,b,c - INDICATES SWITCH LEG 3 - INDICATES 3-WAY SWITCH D - INDICATES ANALOG DIMMER SWITCH M - MOMENTARY CONTACT SWITCH DM - DIGITAL DIMMER SWITCH
OS	CEILING MOUNTED OCCUPANCY SENSOR (REFER TO OCCUPANCY SENSOR / CONTROL SCHEDULE)
VS	CEILING MOUNTED VACANCY SENSOR (REFER TO OCCUPANCY SENSOR / CONTROL SCHEDULE)

ACCESS CONTROL

SYMBOL	DESCRIPTION
ACP	ACCESS CONTROL PANEL/DOOR CONTROLLER
CR	CARD READER
DC	DOOR CONTACT
DS	ELECTRIC DOOR STRIKE
DO	DOOR OPERATOR STATION - BY OWNER'S VENDOR, PROVIDE RECESSED BACK-BOX AT LOCATION WITH 3/4" CONDUIT TO DOOR OPERATOR. WIRING AND DEVICES BY OWNER'S VENDOR.
ICM	VIDEO INTERCOM MASTER STATION
IC	VIDEO INTERCOM ENTRY STATION
KS	DOOR OPERATOR KEY SWITCH (DEVICES BY G.C.)
REX	REQUEST TO EXIT DEVICE
ML	MAGNETIC LOCK

FIRE ALARM

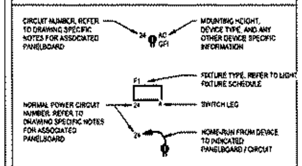
SYMBOL	DESCRIPTION
FACP	FIRE ALARM CONTROL PANEL
NAC	FIRE ALARM NAC PANEL/POWER SUPPLY
S	SMOKE DETECTOR
H	HEAT DETECTOR
DSD	DUCT SMOKE DETECTOR
CO	CARBON MONOXIDE DETECTOR
CO	CARBON MONOXIDE NOTIFICATION DEVICE (AMBER STROBE)
F	AUDIOVISUAL (HORN/STROBE) SIGNALING DEVICE
F	VISUAL SIGNALING DEVICE
H	AUDIO (HORN) SIGNALING DEVICE
FSD	FAN SHUT DOWN RELAY
DH	MAGNETIC DOOR HOLDER
SFD	SMOKE FIRE DAMPER CONNECTION
IM	ADDRESSABLE INTERFACE MODULE

STANDARD MOUNTING HEIGHTS

(UNLESS NOTE OTHERWISE, WALL MOUNT; HEIGHTS ARE A.F.F. TO CENTER OF DEVICE)

RECEPTACLES:	18"
DATA OUTLET	18"
TELEPHONE OUTLET (WALL PHONE):	48"
COMBINATION DATA & TELEPHONE OUTLET:	18"
LIGHT SWITCH:	46"
PANELBOARD (MAX TO TOP OF BACKBOX):	72"
STARTER/DISCONNECT SWITCH:	48"
SYSTEMS CABINETS (MAX TO TOP):	72"
ABOVE COUNTER DEVICES:	6" ABOVE BACKSPLASH
SYSTEMS CONTROL PANELS (MAX TO TOP):	72"
PUSH-BUTTON:	46"
CARD READER:	46"
FIRE ALARM PULL STATION:	46"
FIRE ALARM NOTIFICATION DEVICE:	80" (TO BOTTOM)
FIRE ALARM MAGNETIC DOOR HOLDER:	80"
EXIT LIGHT (WALL):	CENTERED ABOVE DOORWAY

BRANCH CIRCUIT / DEVICE IDENTIFICATION



GENERAL CIRCUITRY NOTES:

A. PROVIDE QUANTITIES OF CONDUCTORS AND RACEWAYS REQUIRED, FOR EQUIPMENT SHOWN ON PLANS. MINIMUM TRADE SIZE CONDUCTOR SHALL BE #12 AWG. MINIMUM TRADE SIZE RACEWAY SHALL BE 3/4". THE USE OF SHARED NEUTRALS IN LIGHTING AND RECEPTACLE BRANCH CIRCUITS IS PROHIBITED, PROVIDE SEPARATE NEUTRAL AND GROUND FOR EVERY CIRCUIT.

B. BRANCH CIRCUITS IN PATIENT CARE AREAS SHALL BE TYPE MC HCF (HEALTH CARE FACILITY) MULTI-CONDUCTOR CABLE.

LIGHTING CIRCUITRY NOTES:

A. UNO, PROVIDE (2)#12, (1)#12G, 3/4"C FOR LIGHTING CIRCUITRY. PROVIDE (2)#10, (1)#10G, 3/4"C FOR LIGHTING CIRCUITS GREATER THAN 100' IN LENGTH TO PANELBOARD. PROVIDE ADDITIONAL CONDUCTOR IN SAME RACEWAY AS OTHER CONDUCTORS FOR 0-10V LED DIMMING.

B. UNO, IN ROOMS/AREAS WHERE MULTIPLE LIGHT SWITCHES/SENSORS ARE SHOWN, PROVIDE LIGHTING CONTROL CIRCUITRY FROM SWITCHES/SENSORS TO LIGHT FIXTURES WITH SAME SWITCH LEG DESIGNATIONS.

C. UNO, IN ROOMS/AREAS WHERE ONE LIGHT SWITCH/SENSOR IS SHOWN, CIRCUIT SWITCH/SENSOR IN SUCH A MANNER THAT SWITCH/SENSOR OPERATES ALL LIGHT FIXTURES WITHIN SAME ROOM/AREA.

RECEPTACLE CIRCUITRY NOTES:

A. UNO, PROVIDE (2)#12, #12G, 3/4"C FOR GENERAL PURPOSE 120V RECEPTACLE CIRCUITS. PROVIDE (2)#12, #10 G, 3/4"C FOR RECEPTACLE CIRCUITS GREATER THAN 100' IN LENGTH TO PANELBOARD.

DATA AND COMMUNICATION

SYMBOL	DESCRIPTION
	COMBINATION DATA / PHONE OUTLET
WT	WALL MOUNTED TELEPHONE OUTLET
WAP	WIRELESS ACCESS POINT (DEVICE FURNISHED BY OWNER)

NURSE CALL SYSTEM

SYMBOL	DESCRIPTION
	NURSE CALL DEVICE CB - CODE BLUE / EMERGENCY CALL STATION PC - PULL CORD AT TOILET, SHOWER OR TUB NM - NURSE CALL MASTER STATION DS - DUTY STATION SA - STAFF ASSIST
CL	WALL MOUNTED NURSE CALL CORRIDOR DOME LIGHT
CL	CEILING MOUNTED NURSE CALL CORRIDOR DOME LIGHT

ELECTRICAL ABBREVIATIONS

A	AMPERE	MC	METAL CLAD CABLE
AIC	AMPERE INTERRUPTING CURRENT	MCB	MAIN CIRCUIT BREAKER
AC	ABOVE COUNTER	MLO	MAIN LUG ONLY
AFF	ABOVE FINISHED FLOOR	NA	NOT APPLICABLE
ATS	AUTOMATIC TRANSFER SWITCH	NC	NORMALLY CLOSED
AV	AUDIOVISUAL	NEC	NATIONAL ELECTRICAL CODE
AWG	AMERICAN WIRE GAUGE	NIC	NOT IN CONTRACT
C	CONDUIT	NL	NIGHT LIGHT
CATV	CABLE TELEVISION	NO	NORMALLY OPEN
CB	CIRCUIT BREAKER	NTS	NOT TO SCALE
CLG	CEILING	PNL	PANEL
CU	COPPER	PH	PHASE
EA	EACH	PC	PLUMBING CONTRACTOR
EC	ELECTRICAL CONTRACTOR	P	POLE
EG	EQUIPMENT GROUND	PB	PULL BOX
ELEC	ELECTRIC	PT	POTENTIAL TRANSFORMER
EM	EMERGENCY	REF	REFRIGERATOR
EMT	ELECTRICAL METALLIC TUBING	RMC	RIGID METAL CONDUIT
EWC	ELECTRIC WATER COOLER	SPD	SURGE PROTECTIVE DEVICE
FA	FIRE ALARM	SPEC	SPECIFICATION
FACP	FIRE ALARM CONTROL PANEL	STP	SHIELDED TWISTED PAIR
GC	GENERAL CONTRACTOR	TV	TELEVISION
GFI	GROUND FAULT CIRCUIT INTERRUPTER	TYP	TYPICAL
GRND	GROUND	UC	MOUNTED UNDER COUNTER HEIGHT
HP	HORSEPOWER	UG	UNDERGROUND
HVAC	HEATING, VENTILATING, AIR CONDITIONING	UL	UNDERWRITER'S LABORATORY
JB	JUNCTION BOX	UNO	UNLESS NOTED OTHERWISE
KV	KILOVOLT	UPS	UNINTERRUPTIBLE POWER SUPPLY
KVA	KILOVOLT AMPERE	UTP	UNSHIELDED TWISTED PAIR
KW	KILOWATT	V	VOLT
LED	LIGHT EMITTING DIODE	W	WATTS
LTG	LIGHTING	WP	WEATHERPROOF

DEFINITIONS:

(R) =
UNLESS NOTED OTHERWISE, (R) INCLUDES THE FOLLOWING WORK:

A. DEMOLITION: DISCONNECT AND REMOVE EXISTING EQUIPMENT. EXISTING ASSOCIATED CIRCUITRY REMAINS FOR RECONNECTION. PREPARE EXISTING CIRCUITRY FOR RECONNECTION TO NEW EQUIPMENT.

B. RENOVATION: PROVIDE NEW EQUIPMENT AT INDICATED LOCATION. RECONNECT EXISTING CIRCUITRY.

(ER) =
UNLESS NOTED OTHERWISE, (ER) INCLUDES THE FOLLOWING WORK: DISCONNECT AND REMOVE EXISTING EQUIPMENT. RETAIN EXISTING EQUIPMENT FOR REINSTALLATION. EXISTING ASSOCIATED CIRCUITRY REMAINS FOR RECONNECTION. PREPARE EXISTING CIRCUITRY FOR RECONNECTION TO RELOCATED EQUIPMENT.

(RE) =
UNLESS NOTED OTHERWISE, (RE) INCLUDES THE FOLLOWING WORK: REINSTALL EXISTING EQUIPMENT AT INDICATED LOCATION. RECONNECT EXISTING CIRCUITRY.

RECONNECT EXISTING CIRCUITRY =
MODIFY AND EXTEND EXISTING WIRING AND CONDUITS AS REQUIRED TO RECONNECT CIRCUITRY TO ELECTRICAL DEVICE. PROVIDE NECESSARY JUNCTION BOXES, EXTENSION BOXES, SPLICES, RACEWAYS, WIRING, CONNECTORS, ETC. AS REQUIRED.

CIRCUITRY =
UNLESS NOTED OTHERWISE, CIRCUITRY INCLUDES, BUT IS NOT LIMITED TO, WIRING, OUTLET BOXES, JUNCTION BOXES, RELAYS, WIREMOLD, SURFACE MOUNTED RACEWAY, CONDUITS, CONTROL DEVICES, ETC.

AUDIO AND CLOCK SYSTEMS

SYMBOL	DESCRIPTION
S	CEILING MOUNTED PAGING SPEAKER - BOGEN S86 WITH 13" STEEL GRILLE, BACKBOX AND MOUNTING BRACKET
V	PAGING SYSTEM VOLUME CONTROL - BOGEN AT10A WITH STAINLESS STEEL FACEPLATE
S	WALL MOUNTED SPEAKER (EXISTING)
	SINGLE FACE CLOCK (EXISTING)

VIEW CALLOUTS

SYMBOL	DESCRIPTION
X / E-XXX	DETAIL OR PLAN VIEW NUMBER REFFERENCED SHEET NUMBER

ELECTRICAL DRAWING INDEX

Sheet Number	Sheet Name
22065 E001	GENERAL INFORMATION
22065 E002	GENERAL DRAWING NOTES
22065 E003	SCHEDULES
22065 ED101	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA DEMOLITION
22065 ED102	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA DEMOLITION
22065 ED103	MECHANICAL ROOM DEMOLITION PLAN - ELECTRICAL
22065 E101	FIRST FLOOR OVERALL PLAN & PANEL LOCATIONS
22065 E201	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA POWER & SYSTEMS
22065 E202	PARTIAL FLOOR PLANS - PHASE 2 AREA POWER & SYSTEMS
22065 E203	PARTIAL FLOOR PLANS - MECHANICAL ROOM AND PATHWAYS
22065 E301	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA LIGHTING
22065 E302	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA LIGHTING
22065 E401	ELECTRICAL DETAILS
22065 E402	ELECTRICAL DETAILS
22065 E501	ELECTRICAL SINGLE LINE DIAGRAM
22065 MEP601	MECHANICAL EQUIPMENT AND CONTROL SCHEDULE

HOLT ARCHITECTS
Architecture
Planning
Interior Design
619 W. State Street
Ithaca, New York 14850
69 State Street
Albany, New York 12207
132 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7600 www.holt.com

IPD
BUFFALO
ROCHESTER
SYRACUSE
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IPDENGINEERING.COM

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231365
DRAWN BY:	SAS

GENERAL INFORMATION

22065 E001

4/27/2024 7:16:46 PM

GENERAL NOTES:

A. EXISTING SYSTEMS SHOWN ON DRAWINGS ARE BASED ON AVAILABLE RECORD DRAWINGS. THIS INFORMATION IS ONLY PARTIALLY VERIFIED. THE CONTRACTOR IS RESPONSIBLE TO FIELD VERIFY AND INVESTIGATE ALL CONDITIONS THAT AFFECT THE WORK PRIOR TO SUBMITTING THE BID.

B. CONTRACTOR IS RESPONSIBLE FOR COORDINATION OF ALL WORK. REFER TO ARCHITECTURAL DRAWINGS FOR EXACT LOCATIONS OF BUILDING STRUCTURAL ELEMENTS. COORDINATE ALL EQUIPMENT LOCATIONS, CONCEALMENT AND SURFACE FINISH TREATMENTS CAREFULLY WITH WORK OF ALL TRADES. IN ANY CASE OF DISCREPANCY BETWEEN THE PLANS OR IN ANY CASE WHERE SUCH ISSUES REQUIRE CLARIFICATION, NOTIFY ENGINEER.

C. DRAWINGS ARE DIAGRAMMATIC AND INDICATE GENERAL ARRANGEMENT OF SYSTEMS AND WORK INCLUDED IN THE CONTRACT. IT IS NOT INTENDED TO SPECIFY OR SHOW EVERY OFFSET, FITTING OR COMPONENT; HOWEVER, CONTRACT DOCUMENTS REQUIRE COMPONENTS AND MATERIALS WHETHER OR NOT INDICATED OR SPECIFICALLY SPECIFIED TO MAKE THE SYSTEMS BEING INSTALLED COMPLETE, CODE COMPLIANT, TESTED AND OPERATIONAL.

D. DO NOT SCALE DRAWINGS. CONTRACTOR SHALL FIELD VERIFY ALL LOCATIONS, DIMENSIONS AND ELEVATIONS PRIOR TO CONSTRUCTION.

E. ALL MATERIALS, EQUIPMENT, METHODS OF INSTALLATION, REMOVALS AND DISPOSAL SHALL BE IN ACCORDANCE WITH THE STANDARDS, REGULATIONS, CODES, ORDINANCES, AND LAWS OF LOCAL, STATE, AND FEDERAL GOVERNMENTS, AND OTHER AUTHORITIES THAT HAVE LAWFUL JURISDICTION

F. PERFORM WORK, PROVIDE MATERIALS AND EQUIPMENT FOR SYSTEMS SHOWN, SPECIFIED AND DESCRIBED ON DRAWINGS. COMPLETELY COORDINATE ALL TRADES OF THIS CONTRACT AND PROVIDE COMPLETE AND FULLY FUNCTIONAL INSTALLATION. ALL WORK IN THIS SET TO BE COMPLETED UNDER THIS CONTRACT, UNLESS OTHERWISE INDICATED.

G. MATERIALS AND INSTALLATION SHALL COMPLY WITH THE 2017 NATIONAL ELECTRIC CODE AND THE 2020 BUILDING OF NEW YORK STATE.

H. WORK SHALL BE EXECUTED IN A WORKMANLIKE MANNER AND SHALL PRESENT NEAT, RECTILINEAR APPEARANCE WHEN COMPLETED. MAINTAIN MAXIMUM HEAD ROOM AT ALL TIMES. DO NOT RUN CONDUITS AND CABLE TRAY EXPOSED UNLESS SHOWN AND NOTED TO BE EXPOSED ON DRAWINGS.

I. FIXTURES, EQUIPMENT, MATERIALS AND LABOR REQUIRED BY THESE CONTRACT DRAWINGS SHALL BE GUARANTEED TO BE FREE FROM DEFECTIVE MATERIALS OR WORKMANSHIP FOR ONE YEAR AFTER FINAL ACCEPTANCE OF THE PROJECT UNLESS SPECIFIED OTHERWISE. DEFECTIVE MATERIALS OR WORKMANSHIP OCCURRING DURING THIS PERIOD SHALL BE CORRECTED AT NO ADDITIONAL COST.

J. SCHEDULE NEW CONSTRUCTION WORK WITH THE OWNER'S REPRESENTATIVE A MINIMUM OF ONE WEEK IN ADVANCE. CONSTRUCTION WORK AND DEMOLITION SHALL BE PERFORMED AT SUCH TIMES AND UNDER SUCH CONDITIONS AS SUITS THE OWNER, AT NO ADDITIONAL COST FOR PREMIUM TIME.

K. ALL FINISHES AND SURFACES TO REMAIN WHICH ARE DAMAGED DURING CONSTRUCTION WORK SHALL BE REPAIRED OR REPLACED, FINISHES TO MATCH EXISTING, TO SATISFACTION OF THE OWNER, AT NO ADDITIONAL COST.

L. COORDINATE ELECTRICAL WORK, PHASING, AND POWER OUTAGES WITH OWNER AND OTHER TRADES PRIOR TO THE START OF CONSTRUCTION. NO POWER OUTAGES SHALL OCCUR WITHOUT OWNER'S PRIOR KNOWLEDGE.

M. REFER TO ARCHITECTURAL, STRUCTURAL, HVAC, FIRE PROTECTION AND PLUMBING DRAWINGS FOR COORDINATING ALL INSTALLED MATERIALS.

N. ALL EQUIPMENT PIPING, WIRING, INSULATION ETC. INSTALLED IN HVAC AIR PLENUM SPACES SHALL MEET CODE REQUIREMENTS FOR SMOKE AND COMBUSTIBILITY.

O. MAINTAIN SERVICE CLEARANCES OF ALL EQUIPMENT, PER NEC ARTICLE 110.

P. MINIMUM CONDUIT SIZE SHALL BE 1" FOR TELECOMMUNICATIONS AND 3/4" FOR ALL OTHER CIRCUITS. PROVIDE NYLON PULL STRING IN ALL EMPTY SPARE CONDUITS.

Q. ALL NEW DEVICES TO BE INSTALLED IN SURFACE RACEWAY AND BOXES ON EXISTING NON-FISHABLE CONSTRUCTION, AND TO BE RECESSED IN NEW OR FISHABLE EXISTING CONSTRUCTION.

R. WHEREVER POSSIBLE REUSE EXISTING CONDUIT, RACEWAY, AND BACK BOXES IF IN GOOD CONDITION. EXTEND / INSTALL NEW CONDUIT / RACEWAY AS REQUIRED FOR PROPER MOUNTING OF DEVICES. CONCEAL ABOVE CEILING OR WITHIN WALL WHERE POSSIBLE.

S. IN EXISTING CONSTRUCTION ROUTE SURFACE RACEWAY AS FOLLOWS: LOCATE VERTICAL RUNS IN CORNERS OR ALONG MOLDINGS. (RUN TO ABOVE CEILING WHERE NEW CEILING IS BEING INSTALLED.) HORIZONTAL RUNS SHALL NOT EXCEED 20'-0" IN LENGTH WHENEVER POSSIBLE.

T. IN AREAS RECEIVING NEW CEILINGS, ALL CEILING MOUNTED ITEMS (DETECTORS, SPEAKERS, ETC.) ARE TO BE CENTERED WITHIN THE PATTERN OF THE CEILING PANEL. A 2'X4' PANEL SCORED TO SIMULATE A 2'X2' PATTERN SHALL HAVE ITEMS CENTERED IN THE 2'X2' PORTION.

U. WHERE RELOCATING EXISTING COMPONENTS, PROVIDE MATCHING BRANCH CIRCUITRY TO RELOCATE EQUIPMENT, DEVICES, ETC. MAINTAIN FEED-THROUGH WIRING AND SYSTEMS SCHEDULED TO REMAIN.

V. ALL CIRCUIT BREAKERS INSTALLED IN EXISTING POWER PANEL SHALL BE LISTED / LABELED FOR USE WITHIN EXISTING PANEL, AND SHALL MATCH EXISTING PANEL CHARACTERISTICS AND KAIC RATINGS.

W. ALL EQUIPMENT OR MATERIALS SHALL BE NEW AND FOR ANY GIVEN SYSTEM BE A PRODUCT OF THE SAME MANUFACTURER, UNLESS NOTED OTHERWISE.

X. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS PRIOR TO COMMENCEMENT OF WORK OR SHOP FABRICATION. REPORT ALL DISCREPANCIES TO ENGINEER IN WRITING.

Y. COORDINATE THE WORK OF THIS CONTRACT WITH THE WORK OF OTHER CONTRACTS. COORDINATE SHUTDOWN OF EXISTING SYSTEMS WITH OWNER AND ALL TRADES.

Z. CONTRACTOR TO PROVIDE ALL DUAL COMPARTMENT SURFACE RACEWAY, POWER DEVICES, POWER CIRCUITRY, COMMUNICATION DEVICE MOUNTING BRACKETS.

AA. COORDINATE EXACT JUNCTION AND WALL BOX LOCATIONS AND CONFIGURATIONS WITH THE ARCHITECTURAL DRAWINGS AND THE OWNER'S REPRESENTATIVE PRIOR TO INSTALLATION. A SEPARATE CONTRACTOR SHALL PROVIDE VOICE OR DATA CABLING, DEVICES, AND TERMINATIONS OF THOSE DEVICES.

BB. CONTRACTOR SHALL TEMPORARILY DISMANTLE AND REMOVE EXISTING CEILINGS AS REQUIRED FOR THE INSTALLATION OF ELECTRICAL WORK. PROPERLY STORE CEILING COMPONENTS FOR REINSTALLATION. REINSTALL CEILINGS UPON COMPLETION OF WORK.

CC. CONTRACTOR TO PATCH TO MATCH EXISTING CONDITIONS ALL DAMAGED SURFACES RESULTING FROM WORK PERFORMED UNDER THE CONTRACT. PATCH / REFINISH SURFACE TO MATCH EXISTING WHERE DEVICES / FIXTURES.

DD. PAINT ALL EXPOSED CONDUITS IN FINISHED SPACES TO MATCH SURROUNDING FINISH CONDITIONS, UNLESS NOTED OTHERWISE.

EE. REFER TO SPECIFICATIONS SECTION FOR BASIC ELECTRICAL REQUIREMENTS.

FF. PRIOR TO START OF WORK, ELECTRICAL CONTRACTOR TO TEST ALL ELECTRICAL SYSTEMS TO BE MODIFIED THIS PROJECT TO ESTABLISH BASE LINE OPERATING CONDITIONS.

GG. COORDINATE CEILING MOUNTED FIRE ALARM DEVICES WITH APPROPRIATE CLEARANCES FROM REGISTERS AND DIFFUSERS

GENERAL DEMOLITION NOTES:

A. SURVEY EXISTING CONDITIONS AND CORRELATE WITH REQUIREMENTS INDICATED TO DETERMINE EXTENT OF SELECTIVE DEMOLITION REQUIRED.

B. DEMOLITION DRAWINGS SHOW IN GENERAL MAJOR EQUIPMENT, ELECTRICAL DEVICE AND POWER / CONTROL REMOVALS. THE INTENT IS NOT TO IDENTIFY ALL MISCELLANEOUS WIRING, WIRING ACCESSORIES, SUPPORTS, CONTROLS, CONTROL WIRING CONTROL ACCESSORIES AND CONDUIT TO BE DISCONNECTED AND REMOVED BUT IS THE REQUIREMENT UNDER THIS CONTRACT. NO WIRING, CONDUIT OR DEVICES SHALL BE ABANDONED IN PLACE UNLESS OTHERWISE NOTED ON THE DRAWINGS.

C. DISCONNECT SERVICES TO EQUIPMENT / FIXTURES TO BE REMOVED. REMOVE FIXTURE ROUGHINS, CONDUIT, HANGERS AND ACCESSORIES BACK TO SOURCE.

D. REMOVE THE INDICATED LIGHTING FIXTURES AS SHOWN ON THE PLANS. THIS INCLUDES ALL HANGERS, CONTROLS, AND RELATED MATERIALS. AS DIRECTED THIS MATERIAL SHALL BE REMOVED FROM THE SITE OR TURNED OVER TO THE OWNER (AS DIRECTED BY THE OWNER).

E. PATCH AND MATCH OPENINGS IN WALLS TO MAINTAIN THE INTEGRITY OF THE WALL IN THE LOCATIONS WHERE CONDUITS, CABLE TRAY, ETC. HAVE BEEN REMOVED. (MAINTAIN THE EXISTING RATINGS).

F. ALL DEMOLITION WORK SHALL COMPLY WITH NFPA 241 AND REQUIREMENTS OF THE OWNER / FACILITY.

G. THE CONTRACTOR SHALL SURVEY ALL EXISTING ELECTRICAL SYSTEMS. THE CONTRACTOR SHALL TAKE PARTICULAR CARE TO AVOID CREATING HAZARD OR CAUSING DISRUPTION OF SERVICES IN ADJOINING AREAS. NOT ALL DEVICES TERMINATIONS, JUNCTION BOXES, AND WIRING HAVE BEEN SHOWN FOR DRAWING CLARITY.

H. ALL ELECTRICAL DEVICES INTERFERING WITH DEMOLITION WORK SHALL BE DISCONNECTED AND REMOVED, UNLESS OTHERWISE NOTED. EXISTING CIRCUIT WIRING SHALL BE REMOVED BACK TO SOURCE AND PANEL DIRECTORIES UPDATED ACCORDINGLY.

I. ANY DEVICE INTERFERING WITH DEMOLITION WORK NOT SHOWN ON THESE DRAWINGS SHALL NOT BE REMOVED WITHOUT WRITTEN AUTHORIZATION FROM THE OWNER'S REPRESENTATIVE OR THE ELECTRICAL ENGINEER.

J. CONTRACTOR IS RESPONSIBLE FOR THE SAFE HANDLING AND DISPOSAL OF ALL LIGHT FIXTURES AND BALLASTS THAT MAY CONTAIN P.C.B. (POLYCHLORINATED BI-PHENYLS) TO MEET ALL OSHA, FEDERAL, STATE, AND LOCAL CODES AND LAWS.

K. CONTRACTOR IS SOLELY RESPONSIBLE FOR THE SAFE HANDLING AND DISPOSAL OF ALL REMOVED FLUORESCENT LIGHT TUBES THAT MAY CONTAIN MERCURY, IN ACCORDANCE WITH ALL APPLICABLE EPA, OSHA, FEDERAL, STATE, AND LOCAL CODES AND LAWS.

L. CONTRACTOR TO PROTECT ALL FIRE ALARM DETECTION DEVICES IN THE PROXIMITY OF ON-GOING CONSTRUCTION ACTIVITIES. REMOVE MASKING UPON COMPLETION OF SCHEDULED WORK. CLEAN DETECTION DEVICES UPON SUBSTANTIAL COMPLETION.

M. EXISTING FIRE ALARM SYSTEM SHALL BE KEPT OPERATIONAL DURING CONSTRUCTION. CONTRACTORS SHALL OBTAIN WRITTEN AUTHORIZATION FROM FIRE DEPT. AUTHORITY FOR SYSTEM SHUTDOWNS.

N. CONTRACTOR TO MAINTAIN, RELOCATE AND RESTORE, IF INTERRUPTED BY REMOVALS OR IN PATH OF NEW CONSTRUCTION, ANY AND ALL CIRCUITS, CONDUITS OR FEEDERS PASSING THROUGH AND SERVING UNDISTURBED AREAS (SHOWN OR NOT SHOWN).

O. IN ANY AREA REQUIRING THE PERFORMANCE OF ANY TRADE'S WORK, THE CONTRACTOR SHALL CAREFULLY REMOVE AND STORE ANY OR ALL ELECTRICAL ITEMS IN PATH OR WORK. REINSTALL AND RECONNECT SAME AS REQUIRED, IN ACCORDANCE WITH THE PLANS AND/OR AS DIRECTED AFTER COMPLETION OF OTHER TRADE'S WORK IN THAT AREA.

P. REMOVE THE INDICATED HVAC ITEMS AS SHOWN ON THE PLANS. THIS INCLUDES ALL FIXTURES, WIRING, CONDUIT, CONTROLS, HANGERS, AND RELATED MATERIALS. AS DIRECTED THIS MATERIAL SHALL BE REMOVED FROM THE SITE OR TURNED OVER TO THE OWNER (AS DIRECTED BY THE OWNER).

Q. ALL ELECTRICAL WORK INDICATED TO REMAIN SHALL BE SUITABLY PROTECTED TO PREVENT DAMAGE DURING CONSTRUCTION OPERATIONS.

R. WHERE DEVICES AND EQUIPMENT ARE TO BE REMOVED, REMOVE CIRCUITS BACK TO THEIR ORIGIN UNLESS OTHERWISE REQUIRED TO MAINTAIN EXISTING EQUIPMENT SCHEDULED TO REMAIN. OPERATION AND CIRCUITING OF EQUIPMENT TO REMAIN SHALL NOT BE ALTERED DUE TO THE REMOVALS.

INFECTION CONTROL MEASURE NOTES:

A. CONTRACTOR SHALL OBTAIN FROM THE OWNER A COPY OF THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PREPARED FOR THIS PROJECT. CONTRACTOR SHALL REVIEW THE REQUIREMENTS IN THE REPORT AND PERFORM ALL WORK IN ACCORDANCE WITH THOSE REQUIREMENTS. CONTRACTOR SHALL STRICTLY ADHERE TO THE LIMITS OF THE CONSTRUCTION AREA, AND WHERE PHASING APPLIES SHALL ADHERE TO PHASING PLAN. ANY WORK OUTSIDE THE CONSTRUCTION AREA SHALL BE COORDINATED WITH THE OWNER AND PERFORMED IN ACCORDANCE WITH THE ICRA REPORT, UNDER SUPERVISION OF THE OWNER REPRESENTATIVE OR OTHER DESIGNATED ICRA COMMITTEE OFFICER.

B. CONTRACTOR SHALL PROVIDE POWER FOR EQUIPMENT FURNISHED BY OTHERS TO MEET THE NEGATIVE AIR PRESSURE REQUIREMENTS OF THE OWNER.

PAGING SYSTEM NOTES:

A. PROVIDE NEW RECESSED CEILING PAGING SPEAKERS AND WALL MOUNTED VOLUME CONTROLS AS INDICATED ON FLOOR PLANS.

B. NEW SPEAKERS SHALL BE AN EXTENSION OF THE HOSPITAL'S EXISTING GENERAL PAGING CIRCUIT SERVING THE WORK AREA.

C. PROVIDE NEW SPEAKER WIRING AS RECOMMENDED BY MANUFACTURER. REVIEW EXISTING CABLING STANDARDS WITH THE HOSPITAL'S I.T. REPRESENTATIVE.

D. PROVIDE TESTING OF THE EXISTING PAGING SYSTEM WITHIN THE WORK AREA PRIOR TO AND AFTER COMPLETION OF WORK. COORDINATE AND SCHEDULE TESTING OF SYSTEM IN ADVANCE WITH THE OWNER'S I.T. REPRESENTATIVE.

EMERGENCY LIGHT FIXTURES LABELING NOTE:

A. EMERGENCY LIGHT FIXTURES DESIGNATED BY THE ABBREVIATION EM AND/OR USING THE EMERGENCY LIGHT FIXTURE SYMBOL SHALL BE EQUIPPED WITH A NON-REMOVABLE IDENTIFICATION LABEL WHICH CLEARLY IDENTIFIES THESE DESIGNATED LIGHT FIXTURES AS EMERGENCY LIGHT FIXTURES. COORDINATE LABELING REQUIREMENTS WITH OWNER'S REPRESENTATIVE.

PHASING NOTES:

A. PHASING OF THE WORK IS REQUIRED TO ALLOW CONTINUED USE AND OCCUPANCY OF PORTIONS OF THE HOSPITAL, INCLUDING THE AREAS ADJACENT TO THE CONSTRUCTION WORK ZONE.

B. REFER TO THE ARCHITECTURAL DRAWINGS FOR ADDITIONAL PHASING PLANS AND GENERAL INFORMATION.

C. CONTRACTOR SHALL MAINTAIN EXISTING SERVICES TO THE AREAS OUTSIDE OF EACH INDIVIDUAL PHASE.

D. DEMOLITION AND NEW CONSTRUCTION NOTES ARE TO DEFINE INTENT. WORK SHALL INCLUDE ALL WORK INDICATED ON THE PLANS AS WELL AS ALL OTHER ITEMS REQUIRED TO MAINTAIN EXISTING SERVICES AND HOSPITAL OPERATIONS THROUGHOUT EACH PHASE.

E. CONTRACTOR SHALL PROVIDE NEW AND TEMPORARY EQUIPMENT INCLUDING WIRING, CONDUIT AND ASSOCIATED CIRCUITS AS REQUIRED IN ORDER TO COMPLY WITH THE PHASING REQUIREMENTS INDICATED ON THE ARCHITECTURAL DRAWINGS AND GENERAL CONDITIONS, IN ORDER TO MAINTAIN HOSPITAL OPERATIONS OUTSIDE THE CONSTRUCTION WORK ZONE FOR EACH PHASE. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE FOR ALL TEMPORARY POWER AND LIGHTING REQUIREMENTS.

F. TEMPORARY SERVICES TO FACILITY PHASING REQUIREMENTS WITHOUT INTERRUPTION OF THE ELECTRICAL SYSTEMS, UNLESS NOTED OTHERWISE.

G. COORDINATE ALL WORK OCCURRING OUTSIDE OF CONSTRUCTION PHASE LINES. SCHEDULE ALL SHUTDOWNS OR INTERRUPTION IN SERVICES WELL IN ADVANCE. WORK MAY NEED TO OCCUR OUTSIDE OF NORMAL WORK HOURS. PROVIDE ADDITIONAL VALVES IN EXISTING MAINS TO MINIMIZE THE NUMBER OF SHUTDOWNS FOR THE OWNER.

H. OVERLAPPING OF WORK AT EACH OF THE PHASED CONSTRUCTION AREAS AND TEMPORARY CONNECTIONS MAY BE REQUIRED TO ENSURE THAT THE OCCUPIED AREAS ARE CONTINUALLY OPERATIONAL AND FUNCTIONAL WITHOUT DISRUPTIONS.

I. PROVIDE DEDICATED POWER CIRCUIT(S) FOR USE BY ABATEMENT CONTRACTOR AND ASSOCIATED EQUIPMENT AND SERVICES NEEDED DURING HAZARDOUS MATERIAL REMOVAL PHASE.

PENETRATION FIRESTOPPING:

A. EACH TRADE SHALL BE RESPONSIBLE TO PROVIDE FIRESTOPPING AT ALL PENETRATIONS THROUGH FIRE-RESISTANCE-RATED WALLS, THROUGH HORIZONTAL ASSEMBLIES AND PENETRATIONS IN SMOKE BARRIERS.

B. PROVIDE SUBMITTALS INCLUDING LISTED SYSTEMS, INSTALLER CERTIFICATES AND PRODUCT SCHEDULE.

C. PRODUCT: METACAULK, NO SUBSTITUTES.
   a. UL LISTED UL 1479, ASTM G2713 AND ASTM E814 ACOMPLIANT
   b. METACAULK 1000 FIRESTOP SEALANT
   c. METACAULK 835+ ELASTOMERIC, SILICONE FIRESTOP SEALANT
   d. METACAULK 950 INTERIOR, WATER-BASED SEALANT
   e. METACAULK ACCESSORIES INCLUDING PACKING MATERIALS, FILL/CAVITY MATERIALS, ETC.

D. INSTALL PENETRATION FIRESTOPPING SYSTEMS TO COMPLY WITH MANUFACTURER'S WRITTEN INSTALLATION INSTRUCTIONS AND PUBLISHED DRAWINGS FOR PRODUCTS AND APPLICATIONS.

E. INSTALL FORMING MATERIALS AND OTHER ACCESSORIES OF TYPES REQUIRED TO SUPPORT FILL MATERIALS DURING THEIR APPLICATION AND IN THE POSITION NEEDED TO PRODUCE CROSS-SECTIONAL SHAPES AND DEPTHS REQUIRED TO ACHIEVE FIRE RATINGS.

F. FILL VOIDS AND CAVITIES FORMED BY OPENINGS, FORMING MATERIALS, ACCESSORIES AND PENETRATING ITEMS TO ACHIEVE REQUIRED FIRE-RESISTANCE RATINGS. APPLY MATERIALS SO THEY CONTACT AND ADHERE TO SUBSTRATES FORMED BY OPENINGS AND PENETRATING ITEM

CODE SUMMARY / STANDARDS:

A. THE 2020 EDITION OF THE BUILDING CODE OF NEW YORK STATE.

B. THE 2020 EDITION OF THE FIRE CODE OF NEW YORK STATE.

C. THE 2020 EDITION OF THE ENERGY CONSERVATION CODE OF NEW YORK STATE.

D. THE 2011 EDITION OF NFPA 70 NATIONAL ELECTRIC CODE.

E. THE 2010 EDITION OF NFPA 72 NATIONAL FIRE ALARM CODE.

F. THE 2012 EDITION OF NFPA 90A.

G. THE 2012 EDITION OF NFPA 99.

H. THE 2012 EDITION OF NFPA 101.

I. THE 2010 EDITION OF NFPA 110 STANDARDS FOR EMERGENCY AND STANDBY POWER SYSTEMS.

J. THE 2018 EDITION OF "GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS" (FACILITY GUIDELINES INSTITUTE).

K. ICC/ANSI A117.1: ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES.

LIGHTING FUNCTIONAL TESTING NOTES:

A. CODE COMPLIANCE:

   A. PROVIDE LIGHTING SYSTEM FUNCTIONAL TESTING IN COMPLIANCE WITH C408 SYSTEM COMMISSIONING OF 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE. THE PROCESS DOES NOT TAKE AWAY FROM OR REDUCE THE RESPONSIBILITY OF INSTALLING CONTRACTORS TO PROVIDE A FINISHED AND FULLY FUNCTIONING PRODUCT OR SYSTEM.

B. SYSTEMS:

   THE FOLLOWING CONTROLS FOR AUTOMATIC LIGHTING SYSTEMS SHALL BE TESTED WITHIN THE SCOPE OF THIS PROJECT:

   1. VACANCY SENSOR CONTROLS
   2. OCCUPANCY SENSOR CONTROLS
   3. DIGITAL CONTROLS

HOLT ARCHITECTS
Architecture
Planning
Interior Design
619 W. State Street, Ithaca, New York 14850
69 State Street, Albany, New York 12207
132 E. Jefferson Street, Syracuse, New York 13202
p 607 273 7600 www.holt.com

IPD
BUFFALO
ROCHESTER
SYRACUSE
UTICA
IPDENGINEERING.COM

REVISION SCHEDULE	
NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231386
DRAWN BY:	SAS

GENERAL DRAWING NOTES

22065 E002

OCCUPANCY SENSOR / CONTROL SCHEDULE

TYPE	DESCRIPTION	MOUNTING	DESIGN BASIS	ACCEPT. MFR'S	REMARKS
S W1	WALL SWITCH SENSOR; PIR AND ULTRASONIC TECHNOLOGY	WALL MOUNT AT 46" A.F.F.	WATTSTOPPER DSW-301	STEINEL, LEVITON, ACUITY	PROGRAM FOR MANUAL ON / AUTOMATIC OFF OPERATION (VACANCY SENSING). PROVIDE WIRING TO FIXTURES PER MANUFACTURER.
VS	CEILING MOUNT VACANCY SENSOR. PIR & ULTRASONIC TECHNOLOGY	CEILING MOUNT	WATTSTOPPER DT-305	STEINEL, LEVITON, ACUITY	PROGRAM FOR MANUAL ON / AUTOMATIC OFF, CONTROLLED BY LOW VOLTAGE WALL SWITCH OR DIMMER. PROVIDE POWER PACKS AND WIRING AS REQUIRED.
OS	CEILING MOUNT OCCUPANCY SENSOR; PIR & ULTRASONIC TECHNOLOGY	CEILING MOUNT	WATTSTOPPER DT-305	STEINEL, LEVITON, ACUITY	PROGRAM FOR AUTOMATIC ON / AUTOMATIC OFF, CONTROLLED BY LOW VOLTAGE WALL SWITCH OR DIMMER. PROVIDE POWER PACKS AND WIRING AS REQUIRED.
S M	LOW VOLTAGE MOMENTARY DECORATOR SWITCH FOR ON/OFF CONTROL OF LIGHTING WITH VACANCY SENSORS	WALL MOUNT AT 46" A.F.F.	WATTSTOPPER DCC2	STEINEL, LEVITON, ACUITY	PROVIDE LOW VOLTAGE WIRING IN CONDUIT BETWEEN POWER PACKS, SENSORS AND FIXTURES. FOR MANUAL ON/OFF CONTROL OF LIGHTING PER MANUFACTURER
S DM	LOW VOLTAGE MOMENTARY DIMMER SWITCH FOR ON/OFF AND 0-10V DIMMING CONTROL OF LIGHTING WITH VACANCY SENSORS	WALL MOUNT AT 46" A.F.F.	WATTSTOPPER DCLV2	STEINEL, LEVITON, ACUITY	PROVIDE LOW VOLTAGE WIRING IN CONDUIT, INCLUDING 0-10V DIMMING CONTROL BETWEEN POWER PACKS, SENSORS AND FIXTURES. FOR MANUAL ON/OFF AND DIMMING CONTROL OF LIGHTING PER MANUFACTURER
S D	LINE VOLTAGE 0-10V DIMMER SWITCH FOR MANUAL DIMMING CONTROL OF LIGHTING (WITHOUT VACANCY SENSORS)	WALL MOUNT AT 46" A.F.F.	LEGRAND RHMFBL3PTC	STEINEL, LEVITON, ACUITY, LUTRON	PROVIDE WIRING TO FIXTURES, INCLUDING 0-10V DIMMING CONTROL WIRING PER MANUFACTURER. PROVIDE WITH SINGLE POLE AND 3-WAY CAPABILITY.

GENERAL NOTES (FOR OCCUPANCY SENSOR/ CONTROL SCHEDULE ONLY):

A. PROVIDE ALL REQUIRED LOW-VOLTAGE POWER PACKS AND WIRING, INCLUDING 0-10V DIMMING CONTROL WIRING FOR A COMPLETE AND OPERABLE SYSTEM.
B. REFER TO MANUFACTURER'S WIRING DIAGRAMS FOR SPECIFIC WIRING REQUIREMENTS.

NURSE CALL DEVICE SCHEDULE

TYPE	DESCRIPTION	MOUNTING	MANUFACTURER/ MODEL	REMARKS
CB	CODE BLUE / EMERGENCY CALL STATION	WALL MOUNT	CRITICAL ALERT CBS-5000	
SA	STAFF ASSIST CALL STATION	WALL MOUNT	CRITICAL ALERT SAS-5000	
PC	PATIENT TOILET STATION PULL CORD	WALL MOUNT	CRITICAL ALERT EPS-5601	
CL	6-COLOR LED CORRIDOR DOME LIGHT	WALL OR CEILING MOUNT PER DRAWINGS.	CRITICAL ALERT CDL-5000	
NM	NURSE MASTER STATION TERMINAL - ALL-IN-ONE COMPUTER WITH TOUCH SCREEN, KEYBOARD/MOUSE, AND NURSE CALL PHONE HANDSET	WALL/DESK MOUNT PROVIDE WALL MOUTING HARDWARE FOR MONITORS	CRITICAL ALERT NT-AIO-NCP	

GENERAL NOTES (FOR OCCUPANCY SENSOR/ CONTROL SCHEDULE ONLY):

A. PROVIDE ALL SYSTEM WIRING, DEVICES, TERMINATIONS, TESTING AND PROGRAMMING FOR A COMPLETE OPERATING SYSTEM.
B. REFER TO TYPICAL NURSE CALL DETAILS ON DRAWING E502.
C. REFER TO MANUFACTURER'S WIRING DIAGRAMS FOR SPECIFIC WIRING AND INSTALLATION REQUIREMENTS.
D. REFER TO SPECIFICATIONS FOR ADDITIONAL INFORMATION.
E. COORDINATE ALL DEVICE MOUNTING HEIGHTS WITH NURSE CALL SYSTEM PROVIDER, AND WITH OWNER PRIOR TO ROUGH-IN.

PANELBOARD SCHEDULE

PANEL	LOCATION	MOUNTING	VOLTAGE PHASE, WIRE	MAINS MCB / MLO	BREAKERS (IN USE)			SPARE CAPACITY		KAIC RATING	POLES	NOTES
					1-POLE	2-POLE	3-POLE	BREAKERS	SPACES			
LS1-1	CORRIDOR 1224	RECESSED	208/120V 3PH, 4W	100A MLO	4-20A	--	--	8-20A	18	--	30	--
EQHA2-1	SECOND FLOOR MECHANICAL ROOM	SURFACE	480/277V 3PH, 4W	225A MCB	--	--	1-70A, 1-30A, 1-100A	1 70A-3P	--	--		--
EQA2-1	SECOND FLOOR MECHANICAL ROOM	SURFACE	208/120V 3PH, 4W	175A MCB	36-20A	3-30A, 1-15A	--	11 20A-1P	--	--	54	--
CRA1-1	CORRIDOR 1224	RECESSED	208/120V 3PH, 4W	200A MLO	1-20A	--	--	33 20A-1P	--	--	42	--
CRB1-1	CORRIDOR 1224	RECESSED	208/120V 3PH, 4W	200A MLO	9-20A	--	--	33 20A-1P	--	--	42	--

THIS PANELBOARD SCHEDULE IS FOR REFERENCE ONLY. THESE PANELS SHALL BE PROVIDED UNDER A SEPARATE CONTRACT AND INSTALLED BY THIS CONTRACTOR. THIS CONTRACTOR SHALL SET ALL ADJUSTABLE BREAKERS IN ACCORDANCE WITH EXISTING COORDINATION STUDY.

LIGHT FIXTURE SCHEDULE - MAMMOGRAPHY

TYPE	DESCRIPTION	LAMPS	LUMENS	WATTS	VOLTAGE / DRIVER	MOUNTING	DESIGN BASIS	ENGINEER APPROVED EQUAL	REMARKS
L1	6" RECESSED LED DOWNLIGHT WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	1860 LM	24W	UNV ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	KENALL: MDL6-R-DCFW-22C-37K6-W-FW-RIG6-DV-DIM1	ENGINEER APPROVED EQUAL	3
L2	DECORATIVE ADA WALL SCONCE	3500K LED	1900 LM	14W	UNV ELECTRONIC <20% THD 0-10V DIMMING	WALL MOUNT PER ARCHITECTURAL ELEVATIONS	VISA LIGHTING: CB1620-L35K-MVOLT-OLIN	ENGINEER APPROVED EQUAL	
L3	4' LONG LED LINEAR-DIRECT WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	2880 LM	27W	120V ELECTRONIC <20% THD 0-10V DIMMING	RECESSED/ LAY-IN	FINELITE: HP-4-R-D-4'-0"-H-837-SMIC-F-96LG-120V-SC-FC-10%-**-FE	ENGINEER APPROVED EQUAL	2
L4	2X2 LED TROFFER WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	2921 LM	27W	120V ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	FINELITE: HPR LED-A-2X2-S-837-SMIC-120V-SC-FC-10%-**-96LG	ENGINEER APPROVED EQUAL	2
L5	8" RECESSED LED DOWNLIGHT WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	2981 LM	45W	UNV ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	KENALL: MDL8-R-DCFW-38C-37K8-W-FW-RIG8-DV-DIM1	ENGINEER APPROVED EQUAL	
L6	48" UNDER-CABINET LIGHTING WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	1197 LM	14W	120V ELECTRONIC <20% THD	UNDER CABINET	KENALL: MAUCLED-4-MW-25C37K-48-120-SW	ENGINEER APPROVED EQUAL	1
L7	2X4 LED TROFFER WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	4658 LM	38.1W	120V ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	FINELITE: HPR LED-A-2X4-H-837-SMIC-120V-SC-FC-1%-**-96LG	ENGINEER APPROVED EQUAL	2
	LED EXIT SIGN WITH BATTERY BACKUP	RED LED	-	5W	120/277V	UNIVERSAL	EXITRONIX VEX-U-BP-WB-WH	ENGINEER APPROVED EQUAL	

GENERAL NOTES (FOR LIGHT FIXTURE SCHEDULE ONLY):

A. MOUNTING HEIGHTS ARE BOTTOM OF FIXTURE.
B. PROVIDE LIGHT FIXTURES WITH NECESSARY MOUNTING COMPONENTS AS REQUIRED TO INSTALL FIXTURES @ LOCATIONS/ELEVATIONS AS SHOWN ON DRAWINGS. MOUNTING COMPONENTS INCLUDE, BUT NOT LIMITED TO, INTERMEDIATE STEEL, CHAIN, AIR CRAFT CABLE, BOXES, HANGERS, ETC
C. APPROVED EQUAL MANUFACTURERS: HUBBEL, COOPER, ACUITY, HE WILLIAMS, & PHILIPS.

REMARKS:

1. PROVIDE AND INSTALL ROCKER SWITCH WITH UNDER-CABINET LIGHT.
2. VERIFY CEILING TYPE WITH ARCHITECT.
3. FIXTURE SHALL DIM TO 1%.

LIGHT FIXTURE SCHEDULE - IR/CATH LAB

TYPE	DESCRIPTION	LAMPS	LUMENS	WATTS	VOLTAGE / DRIVER	MOUNTING	DESIGN BASIS	ENGINEER APPROVED EQUAL	REMARKS
L1	2X2 LED FLAT PANEL	3500K LED	3681 LM	30.2W	UNV ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	METALUX 22CGTS-L3C3	ENGINEER APPROVED EQUAL	2
L2	6" RECESSED LED DOWNLIGHT	3500K LED	2000 LM	21W	UNV ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	HALO COMMERCIAL PR620OLV-PR6M12MD8FSMW	ENGINEER APPROVED EQUAL	2
L3	24" UNDER-CABINET LIGHTING WITH ROCKER SWITCH AND ANTI-MICROBIAL FINISH	3500K LED	1317 LM	18W	120V ELECTRONIC <20% THD 0-10V DIMMING	UNDER CABINET	KENALL MAUCLED-4-MW-16L35K-24-120-SW	ENGINEER APPROVED EQUAL	1,2
L4	2X2 LED TROFFER (IR ROOM)	4000K LED	4200 LM	38.8W	120V ELECTRONIC <20% THD 0-10V DIMMING	RECESSED	COOPER LIGHTING FAIL SAFE FSP-22-42-40-CA08	ENGINEER APPROVED EQUAL	2
L5	8" RECESSED MEDICAL-GRADE LED DOWNLIGHT WITH 'INDIGO CLEAN' TECHNOLOGY	3700K LED	3000 LM	40W	120V ELECTRONIC <20% THD	RECESSED	KENALL: MDL6-R-DCFW-38C-37K6-W-FW-RIG6-DV-DIM1	ENGINEER APPROVED EQUAL	2
L6	WALL MOUNTED EMERGENCY BATTERY FIXTURE	(2) LED LAMP HEADS	-	1.5W, 3.6V	120/277V	WALL	SURE LITES AP2SQLED30	ENGINEER APPROVED EQUAL	
	LED EXIT SIGN WITH BATTERY BACKUP	RED LED	-	6W	120/277V	UNIVERSAL	EVENLITE TLX-EM-RU-W	ENGINEER APPROVED EQUAL	
X1	LED 'ROOM IN USE' SIGN WITH BATTERY BACKUP	RED LED	-	5W	120V	UNIVERSAL	EVENLITE TLX-DCG-EM-1-WW-CN-13-RD-W	ENGINEER APPROVED EQUAL	
X2	LED 'X-RAY IN USE' SIGN WITH BATTERY BACKUP	RED LED	-	5W	120V	UNIVERSAL	EVENLITE TLX-DCG-EM-1-WW-CN-13-RD-W	ENGINEER APPROVED EQUAL	

GENERAL NOTES (FOR LIGHT FIXTURE SCHEDULE ONLY):

A. MOUNTING HEIGHTS ARE BOTTOM OF FIXTURE.
B. PROVIDE LIGHT FIXTURES WITH NECESSARY MOUNTING COMPONENTS AS REQUIRED TO INSTALL FIXTURES @ LOCATIONS/ELEVATIONS AS SHOWN ON DRAWINGS. MOUNTING COMPONENTS INCLUDE, BUT NOT LIMITED TO, INTERMEDIATE STEEL, CHAIN, AIR CRAFT CABLE, BOXES, HANGERS, ETC
C. APPROVED EQUAL MANUFACTURERS: HUBBEL, COOPER, ACUITY, HE WILLIAMS, & PHILIPS.
D. CONTRACTOR TO VERIFY ALL CEILING TYPES AND DIMENSIONS WITH ARCHITECT.
E. CONTRACTOR TO VERIFY ALL FIXTURE COLOR/FINISH OPTIONS WITH ARCHITECT.

REMARKS:

1. PROVIDE AND INSTALL ROCKER SWITCH WITH UNDER-CABINET LIGHT.
2. FIXTURE SHALL DIM TO 1%.

HOLT ARCHITECTS
Architecture
Planning
Interior Design
619 W. State Street
Ithaca, New York 14850
69 State Street
Albany, New York 12207
132 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7600 www.holt.com

IPD
BUFFALO
ROCHESTER
SYRACUSE
UTICA
IPDENGINEERING.COM

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/18/2024
PROJECT:	22065
CON NO:	231365
DRAWN BY:	REB

SCHEDULES

22065 E003

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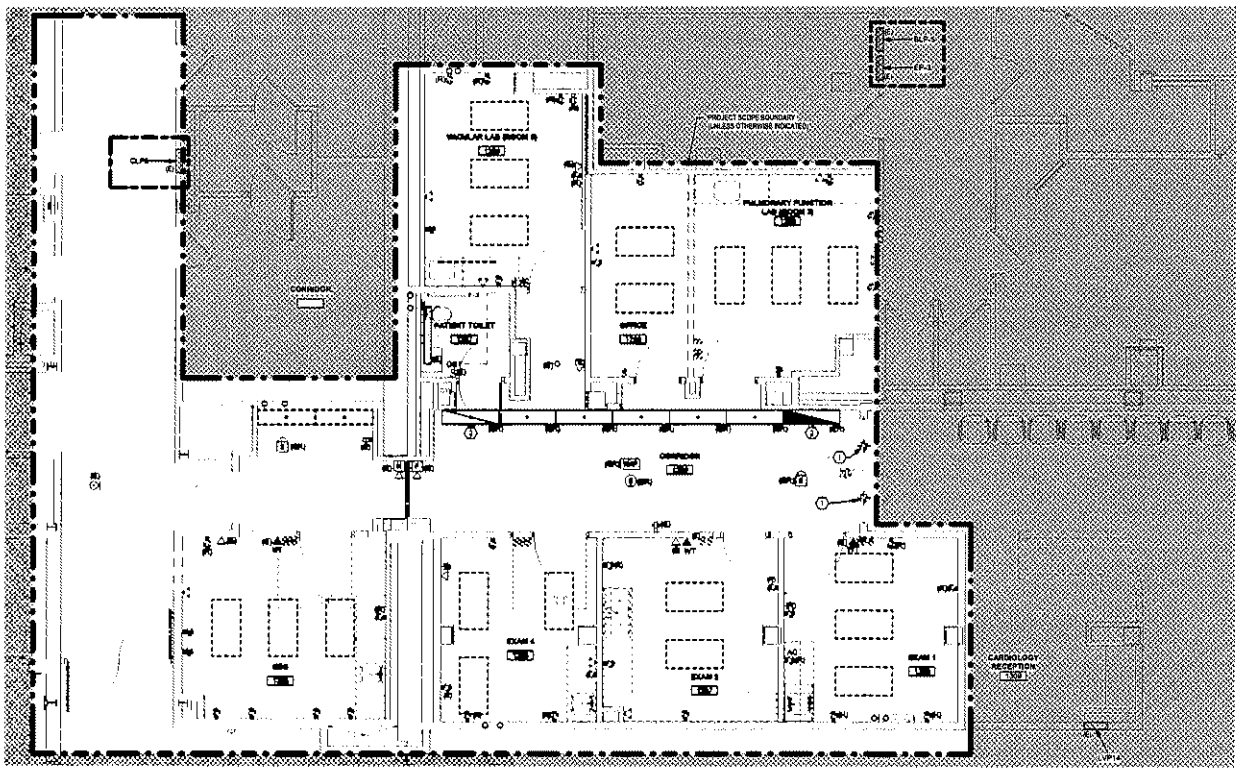


1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA DEMOLITION

GENERAL NOTES

A. UNLESS OTHERWISE NOTED, DISCONNECT AND REMOVE DAMED SIGNAGE AND DEVICES ON WALLS SLATED FOR REMOVAL, INCLUDING ASSOCIATED CONDUIT, WIRING, AND ACCESSORIES BACK TO SOURCE. TRACE AND FIELD VERIFY SOURCE.

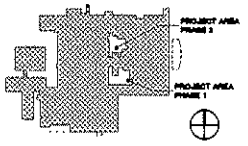
B. UNLESS OTHERWISE NOTED, DISCONNECT AND REMOVE ALL WALL/CEILING INTERIOR LIGHTING AND SIGNAGE (INCLUDING EXIT SIGNS AND EMERGENCY LIGHTING UNITS). REMOVE ASSOCIATED CONDUIT, WIRING, AND ACCESSORIES BACK TO SOURCE. TRACE AND FIELD VERIFY SOURCE.

C. REWORK AND EXTEND CONDUIT AND WIRING AS REQUIRED TO MAINTAIN CONTINUITY TO DOWNSTREAM EQUIPMENT DEVICES, AND FIXTURES NOT SLATED FOR REMOVAL.

KEYED NOTES

1. E.C SHALL DISCONNECT AND REMOVE CIRCUITRY ASSOCIATED WITH AUTOMATIC DOOR OPERATOR BACK TO SOURCE. TRACE AND FIELD VERIFY SOURCE. AUTOMATIC DOOR OPERATOR SHALL BE REMOVED BY G.C.

2. DISCONNECT THE INDICATED FIXTURES FROM EXISTING NORMAL LIGHTING CIRCUIT AND CONNECT TO LIFE SAFETY CIRCUIT AS SHOWN ON NEW WORK PLAN. IF EXISTING FIXTURES ARE FOUND TO BE ON LIFE SAFETY CIRCUIT CURRENTLY, LIFE SAFETY CIRCUIT SHALL REMAIN AND BE RECONNECTED TO LIGHT FIXTURES WHEN THEY ARE REINSTALLED.



KEY PLAN

HOLT Architects
Architecture
Planning
Interior Design
Albany, New York 12205
Syracuse, New York 13202
IPD
BUFFALO
ROCHESTER
SYRACUSE
ERIE
IPDENGINEERING.COM

REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/26/2024
PROJECT:	22065
DOH NO:	ED1266
DRAWN BY:	MB

PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA DEMOLITION

22065 ED101

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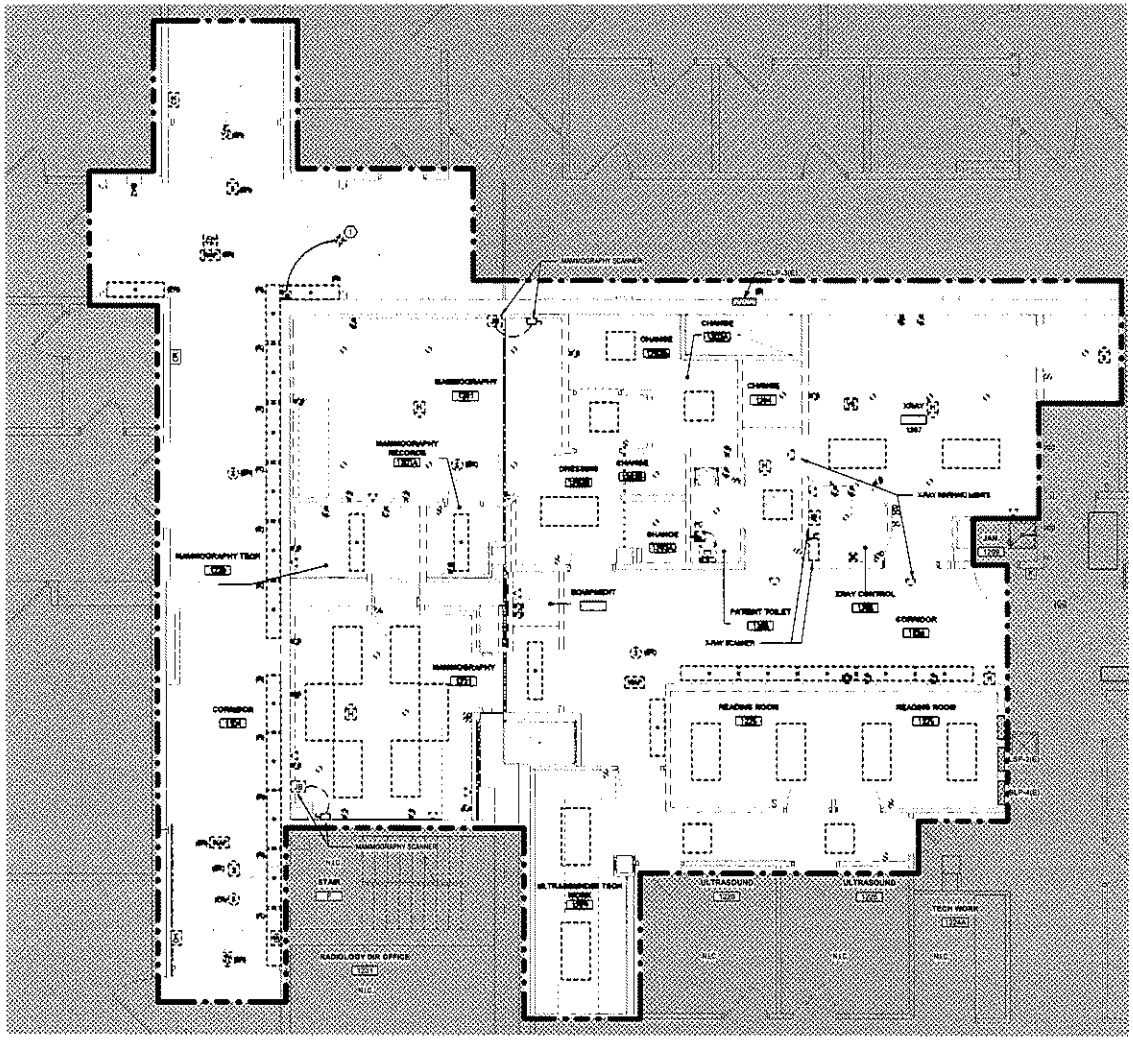


1 PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA DEMOLITION

GENERAL NOTES:

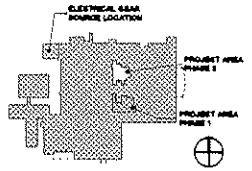
A. UNLESS OTHERWISE NOTED, DISCONNECT AND REMOVE DASHED EQUIPMENT AND DEVICES, REMOVE ASSOCIATED CONDUIT, WIRING, AND ACCESSORIES BACK TO SOURCE. TRACE AND FIELD VERIFY SOURCE.

B. UNLESS OTHERWISE NOTED, DISCONNECT AND REMOVE ALL HATCHED INTERIOR LIGHTING AND SWITCHING SHOWN INCLUDING EXIT SIGNS AND EMERGENCY LIGHTING UNITS. REMOVE ASSOCIATED CONDUIT, WIRING, AND ACCESSORIES BACK TO SOURCE. TRACE AND FIELD VERIFY SOURCE.

C. REWORK AND EXTEND CONDUIT AND WIRING AS REQUIRED TO MAINTAIN CONTINUITY TO DOWNSTREAM EQUIPMENT DEVICES, AND FIXTURES NOT SLATED FOR REMOVAL.

KEYED NOTES (X)

1. E.C. SHALL DISCONNECT AND REMOVE CABLE/ETRY ASSOCIATED WITH AUTOMATIC DOOR OPERATOR BACK TO SOURCE. TRACE AND FIELD VERIFY SOURCE. AUTOMATIC DOOR OPERATOR SHALL BE REMOVED BY E.C.



KEY PLAN

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NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/18/2024
PROJECT:	22065
CON NO:	22065
DRAWN BY:	RBB

PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA DEMOLITION

22065 ED102

4/27/2024 7:17:18 PM

GENERAL NOTES:

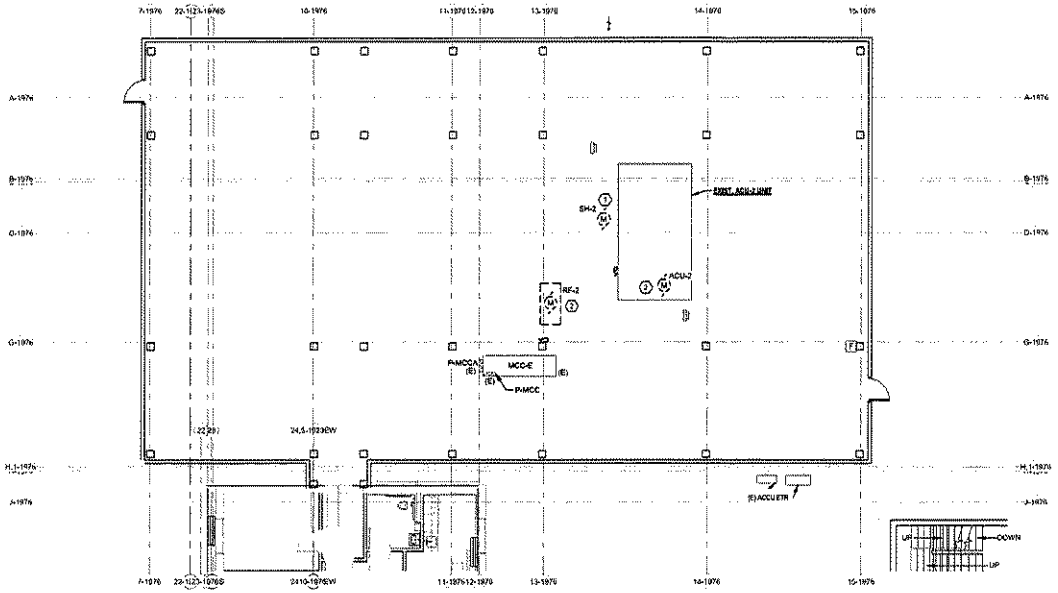
A. UNLESS OTHERWISE NOTED, DISCONNECT AND REMOVE DASHED EQUIPMENT AND DEVICES. REMOVE ASSOCIATED CONDUIT, WIRING, AND ACCESSORIES BACK TO SOURCE, TRACE AND FIELD VERIFY SOURCE.

B. UNLESS OTHERWISE NOTED, DISCONNECT AND REMOVE ALL MATCHED INTERIOR LIGHTING AND SWITCHING SHOWN INCLUDING EXIT SIGNS AND EMERGENCY LIGHTING UNITS. REMOVE ASSOCIATED CONDUIT, WIRING, AND ACCESSORIES BACK TO SOURCE, TRACE AND FIELD VERIFY SOURCE.

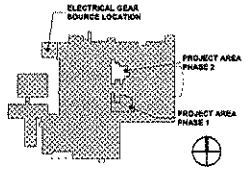
C. RE-ROUTE AND EXTEND CONDUIT AND WIRING AS REQUIRED TO MAINTAIN CONTINUITY TO DOWNSTREAM EQUIPMENT DEVICES, AND FIXTURES NOT SLATED FOR REMOVAL.

KEYED NOTES: (X)

1. E.C SHALL DISCONNECT AND REMOVE CIRCUITRY ASSOCIATED WITH INDICATED EQUIPMENT BACK TO SOURCE, TRACE AND FIELD VERIFY SOURCE, MARK ASSOCIATED CIRCUIT BREAKER AS SPARE.
2. E.C SHALL DISCONNECT AND REMOVE CIRCUITRY ASSOCIATED WITH INDICATED EQUIPMENT BACK TO MCC-E, TRACE AND FIELD VERIFY SOURCE, MARK ASSOCIATED CIRCUIT BREAKER AS SPARE.



1 SECOND FLOOR MECHANICAL ROOM DEMOLITION PLAN - ELECTRICAL
1/8" = 1'-0"



KEY PLAN

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MECHANICAL ROOM DEMOLITION PLAN - ELECTRICAL

22065 ED103

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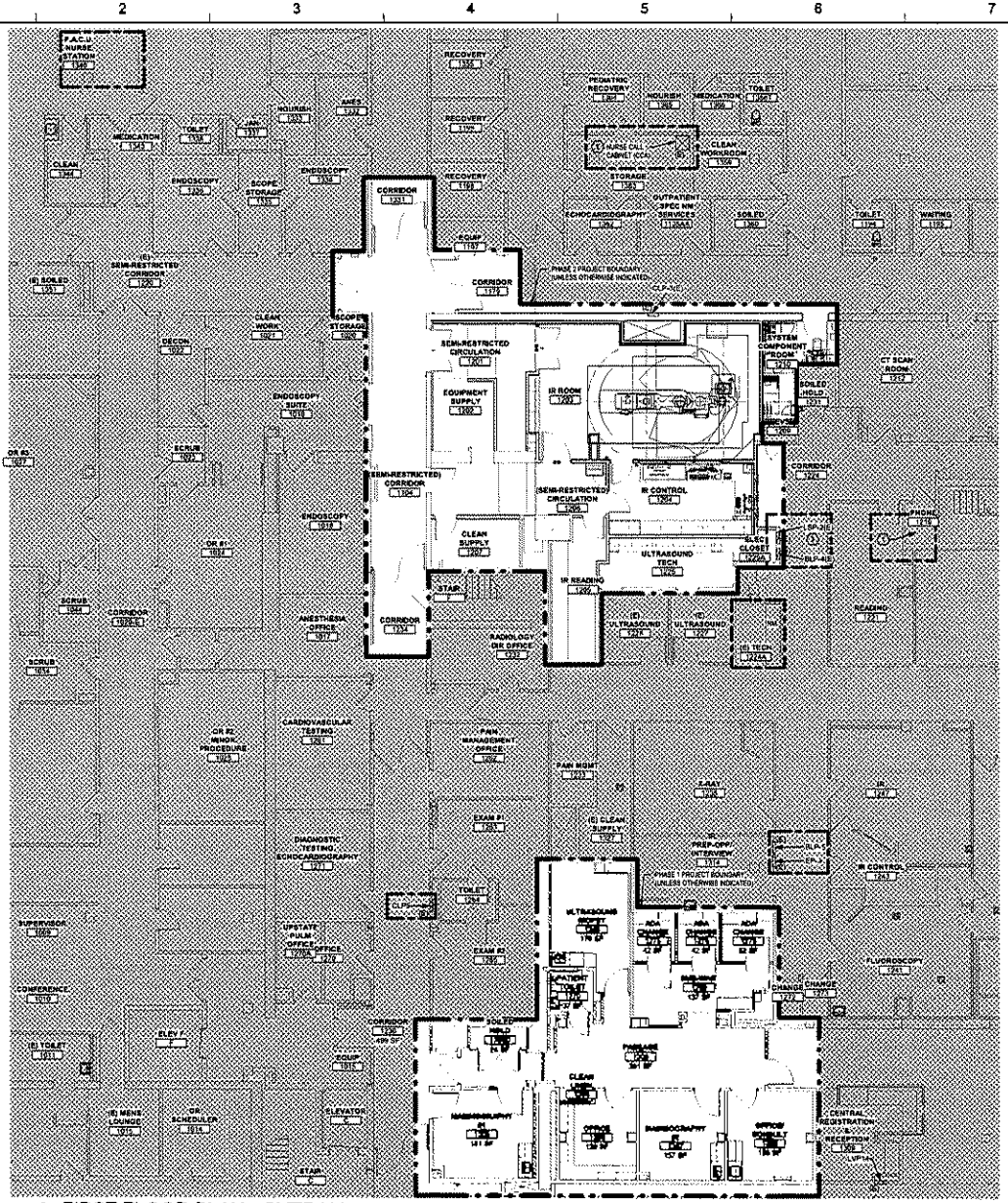
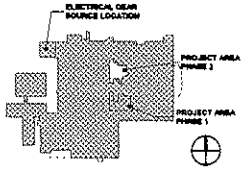


1 FIRST FLOOR PLAN - OVERALL



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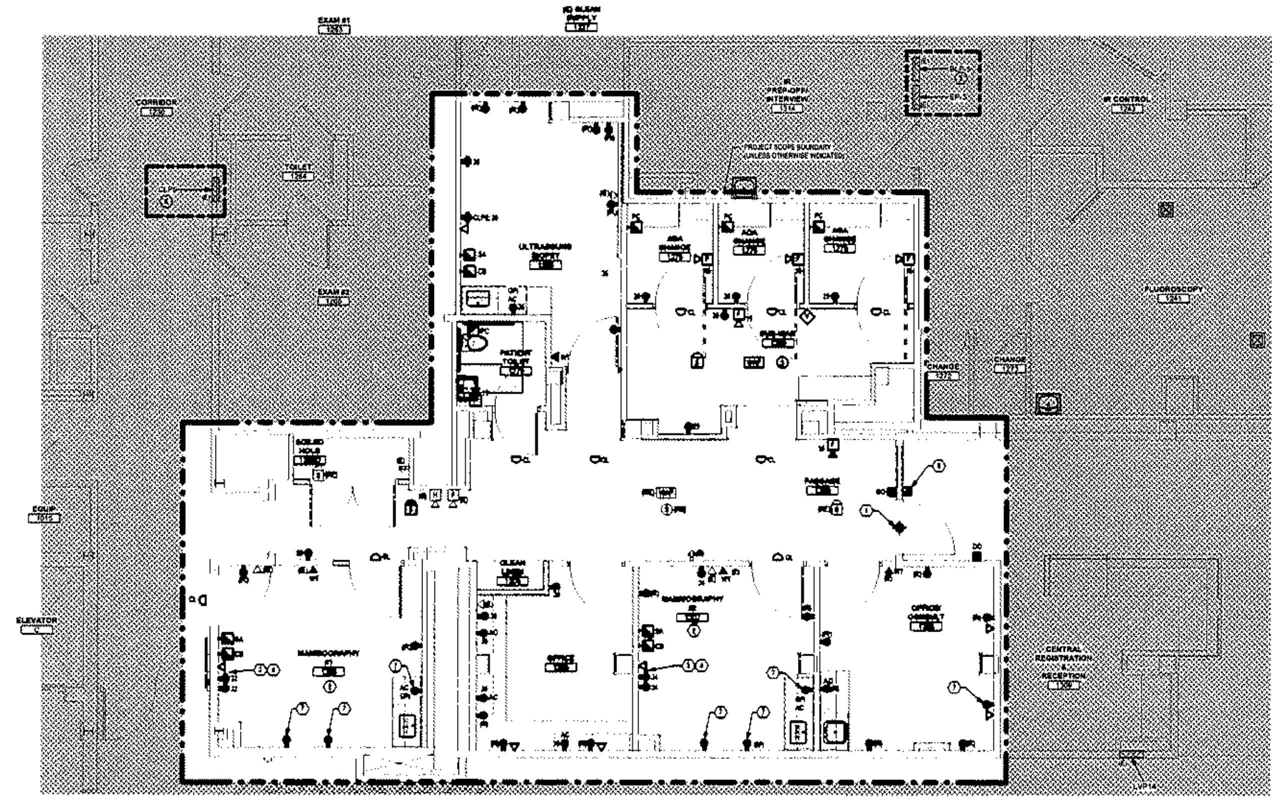
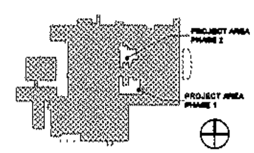
FIRST FLOOR OVERALL PLAN & PANEL LOCATIONS

22065 E101



1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - POWER & SYSTEMS



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PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA POWER & SYSTEMS

22065 E201

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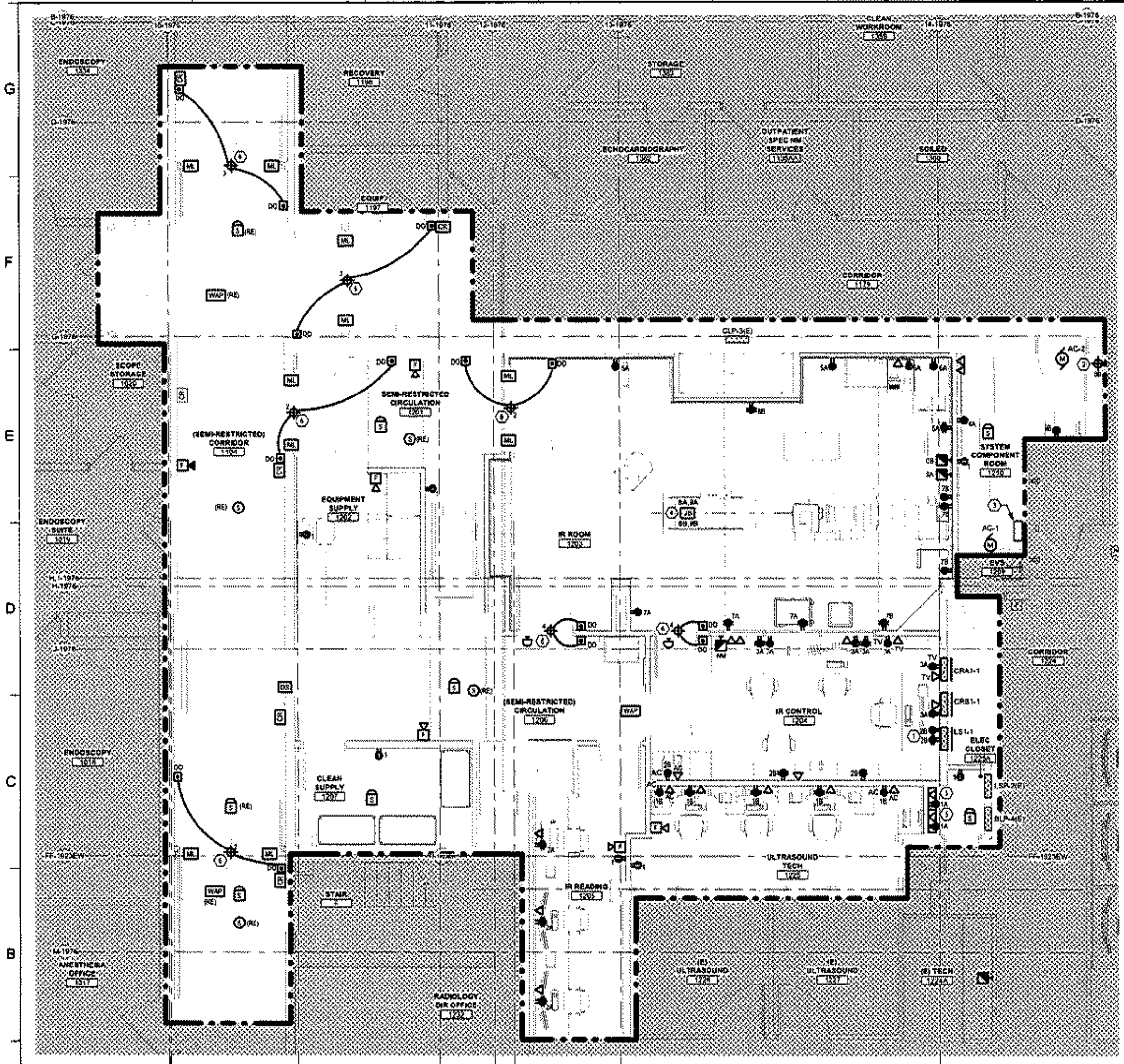


① PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - POWER & SYSTEMS

GENERAL NOTES:

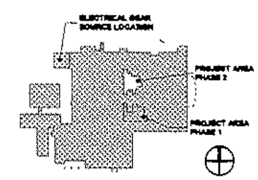
A. [illegible]
B. [illegible]
C. [illegible]
D. [illegible]
E. ALL POWER OPERATED DOORS SHALL BE CIRCUITED TO PANEL BOARD 'LS1-1'. REFER TO FLOOR PLANS FOR CIRCUITING INFORMATION.
F. [illegible]

NURSE CALL SYSTEM NOTES:

A. [illegible]
B. [illegible]

KEYED NOTES:

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]



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DRAWN BY:	[illegible]

PARTIAL FLOOR PLANS - PHASE 2 AREA POWER & SYSTEMS

22065 E202

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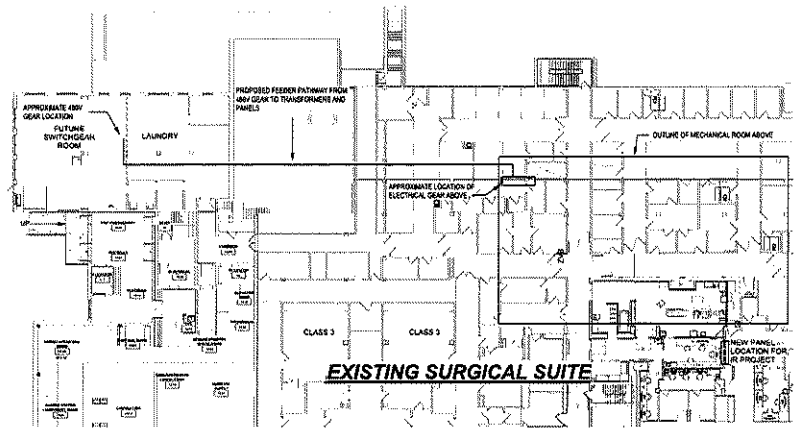
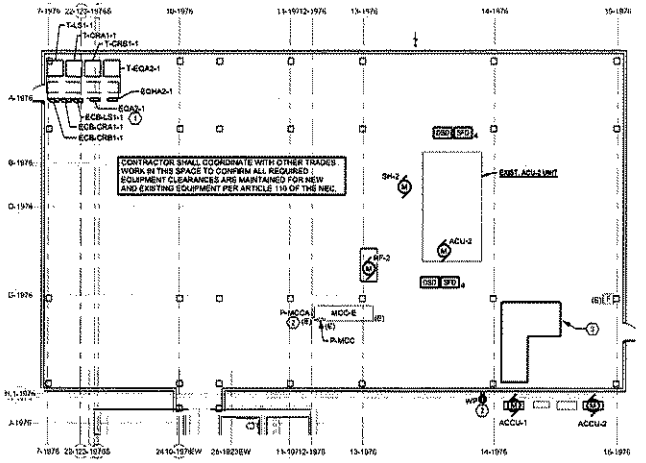
KEYED NOTES: (#)

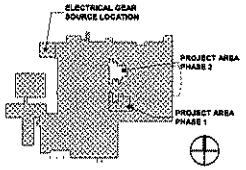
1. PROVIDE KINDORFF TO MOUNT THE PANEL BOARDS AND ENCLOSED CIRCUIT BREAKERS. PROVIDE 15" OF CLEAR SPACE BETWEEN THE PANEL BOARDS AND AND ENCLOSED CIRCUIT BREAKERS, AS WELL AS BETWEEN EACH PANEL BOARD.
2. EXTEND AND REWORK EXISTING CIRCUIT NUMBER 12 FROM PANEL P-MCCA TO POWER NEW EXTERIOR ROOFTOP RECEPTACLE. CIRCUIT INDICATED TO FEED OTHER EXISTING ROOFTOP RECEPTACLES, CONTRACTOR SHALL CONFIRM THIS CIRCUIT FEEDS INDICATED LOADS.
3. OUTLINE OF IR SYSTEM COMPONENT ROOM BELOW. ROUTE FEEDERS FOR PANEL BOARDS CRA1-1, CRB1-1 AND LS1-1 THROUGH MECHANICAL ROOM TO THIS LOCATION. COORDINATE PENETRATION LOCATION WITH OTHER TRADES IN BOTH MECHANICAL ROOM AND EQUIPMENT ROOM BELOW.



1 PARTIAL FIRST FLOOR PLAN - PROPOSED FEEDER PATHWAY



2 SECOND FLOOR MECHANICAL PENTHOUSE PLAN - ELECTRICAL



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PARTIAL FLOOR PLANS - MECHANICAL ROOM AND PATHWAYS

22065 E203

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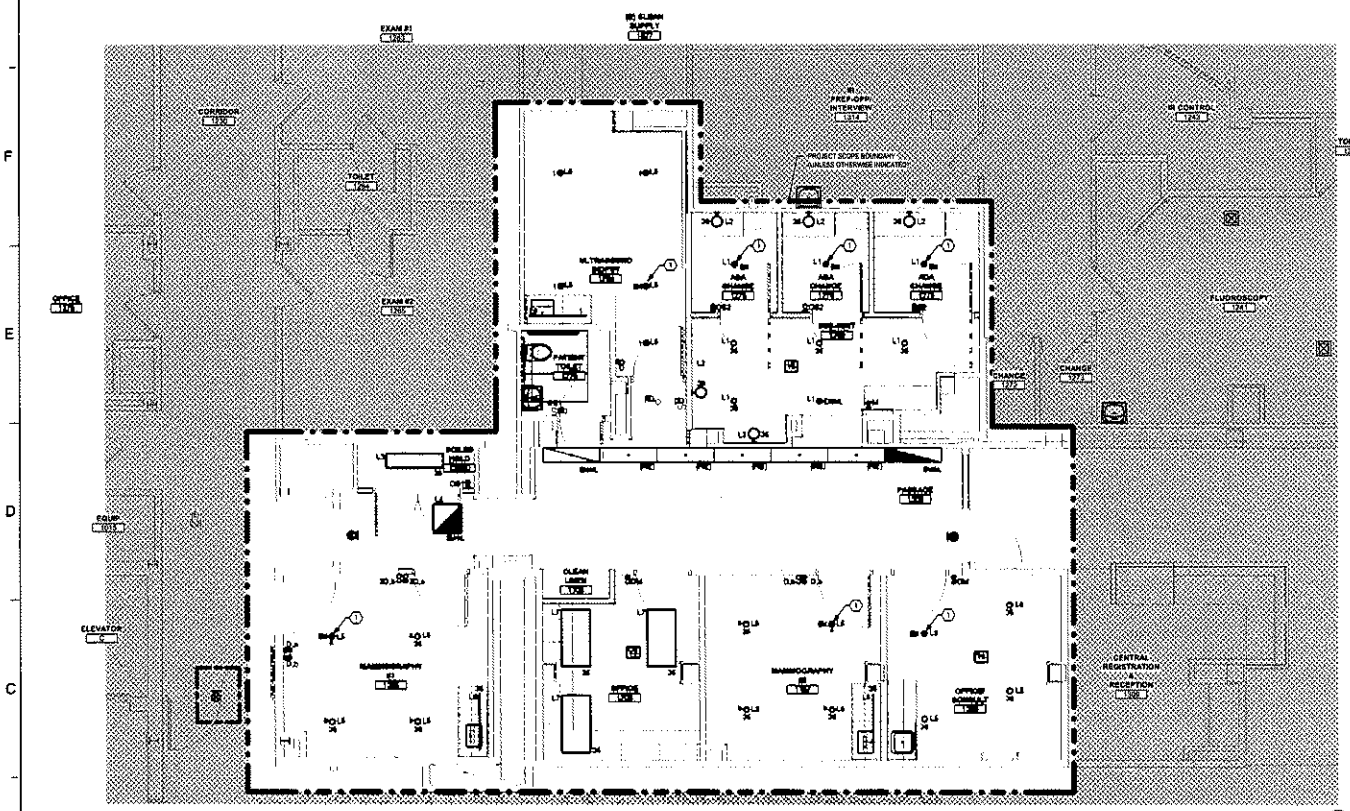
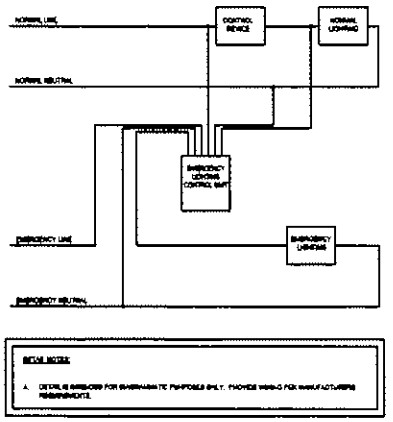
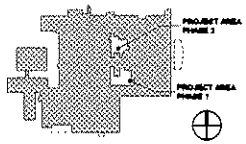


1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - LIGHTING



2 EMERGENCY LIGHTING RELAY CONTROL DEVICE DIAGRAM



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PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA LIGHTING

22065 E301

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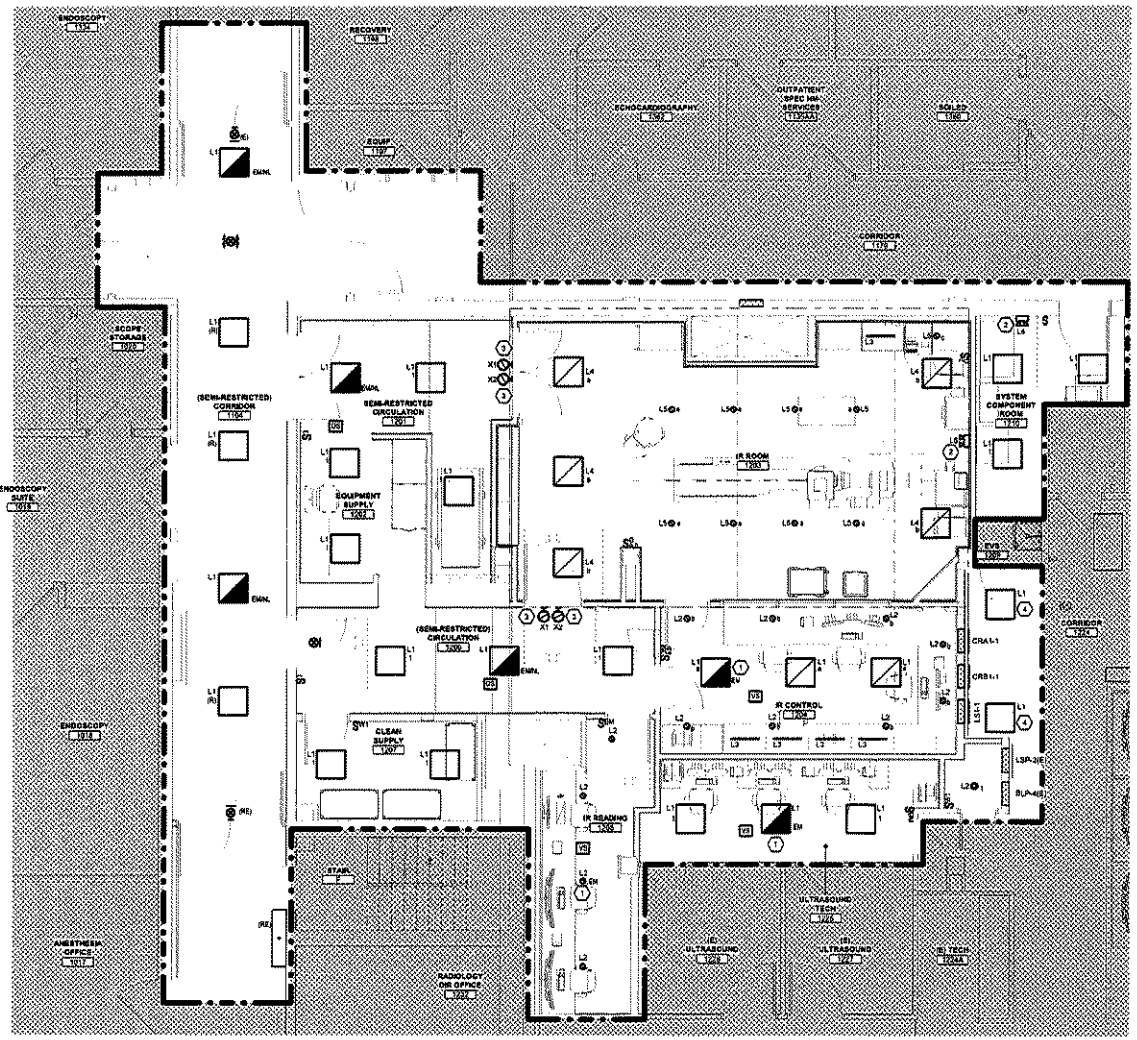
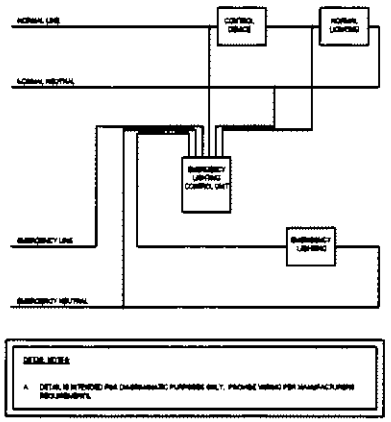
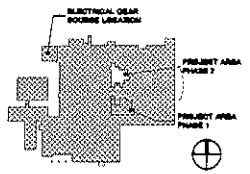


1 PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - LIGHTING



2 EMERGENCY LIGHTING RELAY CONTROL DEVICE DIAGRAM



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PROJECT:	22065
CONTRACT:	221355
DRAWN BY:	MB

PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA LIGHTING

22065 E302

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LEGEND (FOR THIS DETAIL ONLY):

---- (6) CAT 6 ---- TYPICAL - PROVIDE PLENUM RATED CATEGORY 6A CABLING.(#) INDICATES QUANTITIES OF ETHERNET CABLES PER SYMBOL.

GENERAL NOTES (THIS DETAIL ONLY):

A. UNLESS NOTED OTHERWISE, PROVIDE ALL EQUIPMENT, CABLING, TERMINATIONS, ETC. AS SHOWN ON DIAGRAM. COORDINATE ALL WORK WITH OWNER'S I.T. REPRESENTATIVE.

B. RISER DIAGRAM IS DIAGRAMMATIC ONLY AND INTENDED TO ILLUSTRATE SCOPE OF WORK. REFER TO FLOOR PLANS FOR EXACT QUANTITIES OF OUTLETS, CABLE RUN LENGTHS, AND ADDITIONAL INFORMATION.

C. EQUIPMENT SHOWN IN DATA RACKS IS SHOWN FOR REFERENCE ONLY, AND DOES NOT NECESSARILY REFLECT EXACT QUANTITY/ARRANGEMENT OF EQUIPMENT.

D. ALL RACEWAYS MUST HAVE LONG SWEEPING BENDS. ALL CONDUIT ENDS MUST CONTAIN PLASTIC BUSHING.

(4) KEYED NOTES (THIS DETAIL ONLY):

1. (TYP. UNO) 9' CABLE SERVICE LOOP WITH RJ-45 TERMINATION AT EACH WIRELESS ACCESS POINT LOCATION (WAP). COIL CABLE ABOVE CEILING AND LABEL "FOR WIRELESS ACCESS POINT". WIRELESS ACCESS DEVICE TO BE PROVIDED BY OWNER.
2. (TYP. UNO) CATEGORY 6 PATCH CABLE(S) FROM PATCH PANEL(ES) TO POE SWITCH(ES). PROVIDE QUANTITIES OF PATCH CABLES AS REQUIRED TO FULFILL PROJECT REQUIREMENTS.
3. (TYP. UNO) POE SWITCH(ES) PROVIDED BY OWNER.
4. (TYP. UNO) PROVIDE LOADED 48-PORT COPPER PATCH PANEL(S) IN EXISTING DATA RACK. PROVIDE PATCH PANEL(S) TO MATCH EXISTING DATA RACK CONSTRUCTION. PROVIDE QUANTITIES OF PATCH PANELS TO ACCOMMODATE NUMBER OF DEVICES SHOWN ON FLOOR PLANS PLUS 30% SPARE CAPACITY.

GENERAL NOTES:

A. EXPAND EXISTING FIRE ALARM SYSTEM (GAMEWELL-FCI) TO INCLUDE ADDITIONAL DEVICES SHOWN ON DRAWINGS.

B. THE FIRE ALARM RISER DENOTES THE GENERAL ARRANGEMENT OF THE SYSTEM WITH TYPICAL DEVICES AND MINIMUM QUANTITIES OF TERMINAL CABINETS. POWER BOOSTERS, PROVIDE ADDITIONAL TERMINAL CABINETS, BOOSTERS, BATTERIES, BATTERY CABINETS, ETC. AS REQUIRED TO PROVIDE A COMPLETE AND OPERATIONAL SYSTEM.

C. DEVICES ARE SHOWN DIAGRAMMATICALLY ONLY. FOR EXACT LOCATIONS AND QUANTITIES SEE FLOOR PLANS.

D. WIRING INDICATED ON THE RISER DIAGRAM IS DIAGRAMMATIC ONLY. IT IS NOT INTENDED TO INDICATE ROUTING OR QUANTITY OF WIRES REQUIRED. PROVIDE WIRING FOR A COMPLETE SYSTEM AS REQUIRED BY SYSTEM MANUFACTURER. ALL FIRE ALARM SYSTEM COMPONENTS SHOWN SHALL BE CONNECTED TO THE EXISTING BUILDING HEAD-END FIRE ALARM PANEL AND PROGRAMMED COMPLETE.

E. THE ELECTRICAL INTEGRITY OF ALL EXISTING FIRE ALARM CIRCUITS SHALL BE MAINTAINED DURING RENOVATION WORK. PROVIDE ALL WIRING, CONDUIT AND HARDWARE REQUIRED TO MAINTAIN CONTINUITY OF FIRE ALARM SYSTEM EQUIPMENT AND DEVICES REMAINING ON EXISTING CIRCUITS OUTSIDE THE WORK AREA. PRIOR TO BEGINNING WORK, SCHEDULE FIRE ALARM SYSTEM OUTAGES WITH OWNER AND LOCAL FIRE AUTHORITIES.

F. MAINTAIN DETECTION COVERAGE OF ALL AREAS DURING DEMOLITION AND RENOVATION ACTIVITIES. CONTRACTOR SHALL PROVIDE A FIRE WATCH DURING DEMOLITION AND RENOVATION WORK ASSOCIATED WITH FIRE ALARM SYSTEM.

G. NOTIFICATION APPLIANCE PANELS SHALL BE MOUNTED WITH CLEARANCES FOR OBSERVATION AND TESTING. ALL OTHER FIRE ALARM JUNCTION BOXES SHALL BE MARKED FOR IDENTIFICATION.

H. PROVIDE 120V, 20A DEDICATED LIFE SAFETY BRANCH EM CIRCUITS TO CONTROL PANELS, TERMINAL CABINETS, ETC. AS REQUIRED. THE CIRCUIT BREAKER SHALL BE CLEARLY MARKED "FIRE ALARM CIRCUIT CONTROL" IN THE PANELBOARD DIRECTORY. PROVIDE 20A-1P CIRCUIT BREAKERS IN PANELBOARDS AS REQUIRED. PANEL SOURCE FOR GROUND FLOOR 120V CIRCUITS SHALL BE LIFE SAFETY BRANCH EM PANELBOARD LSP-2.

I. WHETHER OR NOT SHOWN ON THE FLOOR PLANS, PROVIDE SMOKE DETECTORS WITHIN 5' OF NEW FIRE ALARM CONTROL PANELS AND POWER EXTENDER PANELS.

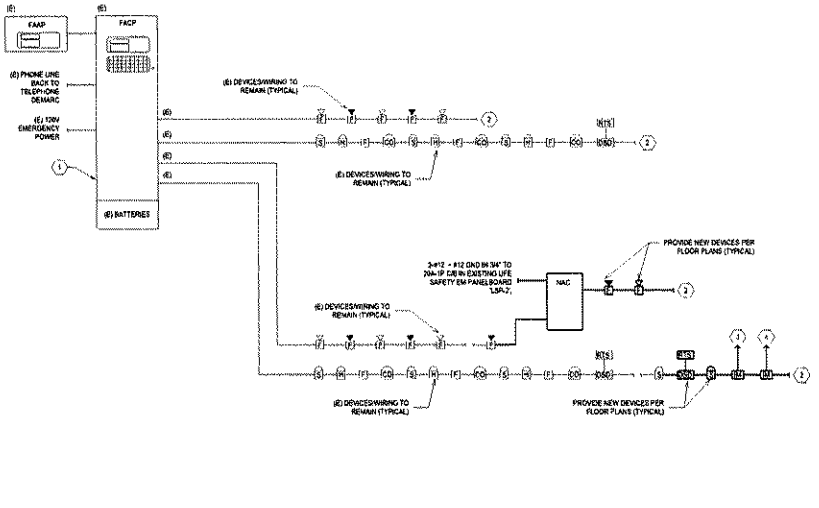
J. DUCT SMOKE DETECTOR REMOTE TEST STATIONS HAVE NOT BEEN SHOWN ON FLOOR PLANS. PROVIDE REMOTE TEST STATIONS AS REQUIRED FOR DUCT DETECTORS. INSTALL TEST STATIONS IN UTILITY CLOSETS, OR OTHER LOCATIONS AS DIRECTED BY OWNER.

K. ALL NEW INITIATING AND NOTIFICATION CIRCUITS SHALL MATCH THE EXISTING SYSTEM WIRING SCHEME (CLASS "A" OR CLASS "B" - FIELD VERIFY).

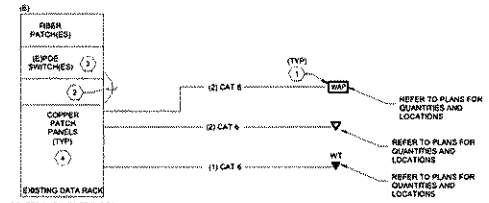
L. PROVIDE BACKBOXES FOR FIRE ALARM EQUIPMENT PER MANUFACTURER'S REQUIREMENTS.

(4) KEYED NOTES:

1. EXISTING ADDRESSABLE FIRE ALARM CONTROL PANEL (FACP). REFER TO THE SPECIFICATIONS FOR FURTHER REQUIREMENTS.
2. WIRING TO NEXT DEVICE OR END-OF-LINE (EOL) RESISTOR.
3. PROVIDE ALL REQUIRED WIRING, CONNECTIONS, INTERFACE MODULES/RELAYS AND PROGRAMMING AS REQUIRED TO INTERFACE FIRE ALARM SYSTEM WITH ACCESS CONTROL SYSTEM. COORDINATE ALL REQUIREMENTS WITH MANUFACTURER'S SPECIFICATIONS.
4. PROVIDE ALL REQUIRED WIRING, CONNECTIONS, INTERFACE MODULES/RELAYS AND PROGRAMMING AS REQUIRED TO INTERFACE FIRE ALARM SYSTEM WITH AUTOMATIC DOOR OPERATORS (TYPICAL). ALL DOOR HOLD-OPEN DEVICES SHALL RELEASE UPON ACTIVATION OF THE FIRE ALARM SYSTEM. COORDINATE ALL REQUIREMENTS WITH MANUFACTURER'S SPECIFICATIONS.

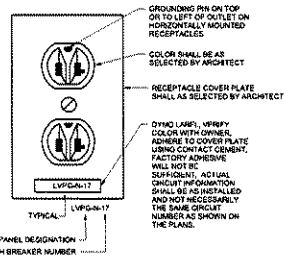


1 FIRE ALARM RISER DIAGRAM



LOCATED IN EX. FIRST FLOOR IT ROOM SHOWN ON PLANS

4 COMMUNICATION SYSTEM DETAIL

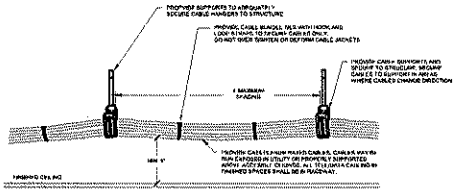


DETAIL NOTES:

A. PROVIDE HOSPITAL GRADE LISTED RECEPTACLES IN THE FOLLOWING PHASE 1 ROOMS: 1296, 1306, 1307, AND 1308. PROVIDE HOSPITAL GRADE LISTED RECEPTACLES IN ALL PHASE 2 ROOMS.

B. DO NOT INSTALL RECEPTACLES, COMPUTER OR TELEPHONE OUTLETS BACK TO BACK. INSTALL IN ADJACENT STUD CAVITIES, TO REDUCE SOUND TRANSMISSION.

5 TYPICAL RECEPTACLE IDENTIFICATION DETAIL
SCALE: NTS



GENERAL NOTES (FOR TYPICAL J-HOOK INSTALLATION DETAIL ONLY):

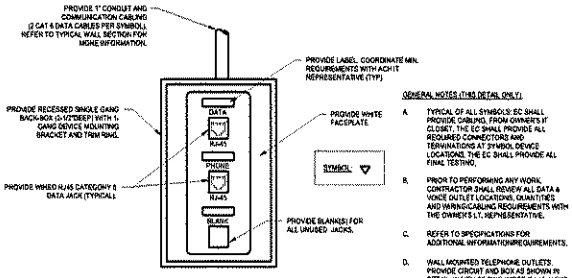
A. LOCATE CABLE BUNDLES A MINIMUM OF 6" ABOVE REMOVABLE CEILINGS TO MAINTAIN CLEARANCE ALONG WALLS WHERE POSSIBLE. LOCATE IN AREAS THAT ARE ACCESSIBLE.

B. USE 2 OR MORE CABLE HANGERS AT ALL TURNS TO MAINTAIN MANUFACTURER'S BEND RADIUS REQUIREMENTS.

C. REFER TO SPECIFICATIONS FOR ADDITIONAL CABLE INSTALLATION REQUIREMENTS.

D. J-HOOKS SHALL BE INSTALLED ON THE WALLS, ABOVE ACCESSIBLE CEILING AS REQUIRED.

3 TYPICAL J-HOOK INSTALLATION



FRONT VIEW

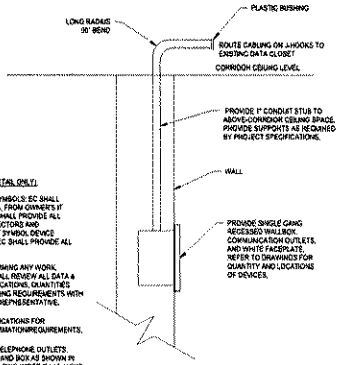
GENERAL NOTES (THIS DETAIL ONLY):

A. TYPICAL OF ALL SYMBOLS: EC SHALL PROVIDE CABLING FROM OWNER'S IT CLOSET. THE EC SHALL PROVIDE ALL REQUIRED CONNECTORS AND TERMINATIONS AT SYMBOL DEVICE LOCATIONS. THE EC SHALL PROVIDE ALL FINAL TESTING.

B. PRIOR TO PERFORMING ANY WORK, CONTRACTOR SHALL REVIEW ALL DATA & VOICE OUTLET LOCATIONS, QUANTITIES AND WIRING/CABLING REQUIREMENTS WITH THE OWNER'S I.T. REPRESENTATIVE.

C. REFER TO SPECIFICATIONS FOR ADDITIONAL INFORMATION/REQUIREMENTS.

D. WALL MOUNTED TELEPHONE OUTLETS PROVIDE CIRCUIT AND BOX AS SHOWN IN DETAIL. IN LIEU OF TWO WIRED RJ-45 JACKS AND BLANK, PROVIDE ONE WIRED RJ-45 JACK (NO BLANK). PROVIDE COVER PLATE WITH HOOK FOR WALL MOUNTING TELEPHONE.



WALL SECTION

2 TYPICAL TELECOMMUNICATIONS OUTLET

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231365
DRAWN BY:	REB

ELECTRICAL DETAILS

22065 E401

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NURSE CALL SYSTEM NOTES:

CONTRACTOR MUST EMPLOY SPECIAL CARE SYSTEMS TO PROVIDE THE FOLLOWING WORK (NO SUBSTITUTIONS):

- FURNISH AND INSTALL NURSE CALL SYSTEM COMPONENTS FOR VARIOUS PATIENT CARE SPACES ASSOCIATED WITH PROJECT AREA. NURSE CALL SYSTEM COMPONENTS INCLUDE, BUT ARE NOT LIMITED TO: EMERGENCY CALL/CODE BLUE DEVICE, STAFF ASSIST STATIONS, DOME LIGHTS, CABLING, SOFTWARE, PROGRAMMING ETC.

CONTRACTOR IS RESPONSIBLE FOR PROVIDING THE FOLLOWING WORK:

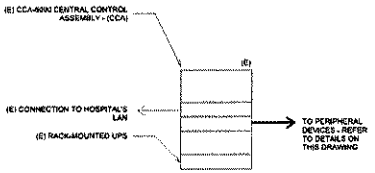
- PROVIDE ALL WIRING, RACEWAYS, BOXES, TERMINAL CONNECTIONS, ETC., FOR NURSE CALL SYSTEM COMPONENTS PER SYSTEM MANUFACTURERS' WRITTEN RECOMMENDATIONS. 120V CIRCUITS ASSOCIATED WITH NURSE CALL SYSTEM COMPONENTS SHALL BE CIRCUITED TO NEAREST 208Y/120V CRITICAL POWER PANELBOARDS PER MANUFACTURERS' WRITTEN RECOMMENDATIONS. PROVIDE CIRCUIT BREAKERS IN PANELBOARD(S) AS REQUIRED.

- ALL WIRING, RACEWAYS, BOXES, TERMINAL CONNECTION, ETC., SHALL BE PROVIDED BY EC UNDER THE DIRECT SUPERVISION OF A FACTORY-AUTHORIZED SYSTEM REPRESENTATIVE.

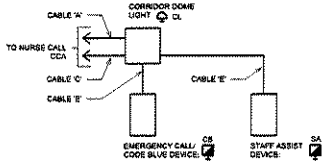
PROVIDE NURSE CALL SYSTEM COMPLETE INCLUDING ALL COMPONENTS IN ACCORDANCE WITH MANUFACTURERS WRITTEN INSTALLATION INSTRUCTIONS. PROVIDE ALL NECESSARY COMPONENTS COMPLETE FOR A FULLY INTEGRATED AND OPERABLE SYSTEM.

WIRING DIAGRAMS ARE TYPICAL, AND ARE FOR DIAGRAMMING GENERAL INTENT OF WIRING BETWEEN DEVICES. CONTRACTOR SHALL OBTAIN NURSE CALL SYSTEM MANUFACTURER'S WIRING DIAGRAMS AND SHOP DRAWINGS FOR EXACT WIRING AND INSTALLATION REQUIREMENTS.

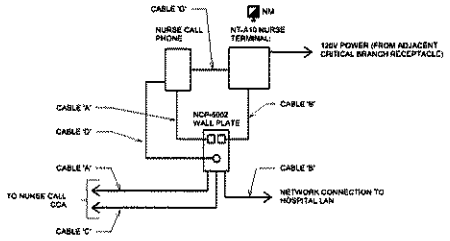
NURSE CALL CABLING LEGEND:	
A	(1) CAT 6a, GREEN JACKET
B	(1) CAT 6a, YELLOW JACKET
C	(2) CONDUCTOR, #18 AWG
D	NCP-5002 POWER CABLE
E	(3) CONDUCTOR, #22 AWG
F	(6) CONDUCTOR, #22 AWG
G	MOLDED DB9 M/F CABLE



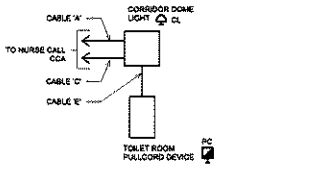
CENTRAL CONTROL ASSEMBLY (CCA)



TYPICAL PROCEDURE ROOM



NURSE MASTER STATION



TYPICAL PATIENT TOILET ROOM

GENERAL NOTES (THIS SHEET DETAIL #1 ONLY):

A. INTENT OF DIAGRAM IS FOR SCOPE OF WORK AT DOOR. DOOR CONFIGURATION IS FOR DEMONSTRATION PURPOSE ONLY AND INCLUDES COMPONENTS WHICH MAY OR MAY NOT BE NEEDED AT EACH DOOR. PROVIDE ALL ACCESS CONTROL COMPONENTS IN ACCORDANCE WITH SYSTEM MANUFACTURER'S INSTRUCTIONS. PROVIDE A COMPLETE AND OPERABLE SYSTEM AND SUBMIT SUITABLE TEST REPORTS TO ENGINEER.

B. CARD READERS: PROVIDED BY ELECTRICAL CONTRACTOR, INSTALL AT LOCATION AS INDICATED ON FLOOR PLAN.

C. DOOR HARDWARE POWERED OPENERS: PROVIDED BY GENERAL CONTRACTOR, PROVIDE ALL ELECTRICAL CONNECTIONS, WIRING AND CONDUIT AT EACH LOCATION AS INDICATED ON PLANS.

D. PROVIDE ALL WIRING, MOUNTING EQUIPMENT, ACCESSORIES, AND CONNECTIONS REQUIRED PER MANUFACTURERS REQUIREMENTS AND RECOMMENDATIONS FOR A COMPLETE OPERATING SYSTEM.

E. ACCESS CONTROL SYSTEM RELATED WORK, ASSOCIATED WITH THIS PROJECT, SHALL BE PROVIDED IN STRICT ACCORDANCE WITH EQUIPMENT MANUFACTURER'S WRITTEN INSTALLATION INSTRUCTIONS. PRIOR TO COMMENCING WORK, THE CONTRACTOR IS REQUIRED TO MEET JOINTLY WITH THE EQUIPMENT MANUFACTURER REPRESENTATIVE, OWNER AND DIVISION 08 CONTRACTOR TO EXCHANGE INFORMATION, COORDINATE PROJECT REQUIREMENTS, AND AGREE ON DETAILS OF EQUIPMENT ARRANGEMENTS AND INSTALLATION INTERFACES.

ACCESS CONTROL SYSTEM NOTES:

CONTRACTOR MUST EMPLOY FRIENDLY SERVICE LOCK AND ALARM TO PROVIDE THE FOLLOWING WORK (NO SUBSTITUTIONS):

- FURNISH AND INSTALL ACCESS CONTROL SYSTEM COMPONENTS FOR VARIOUS SECURITY DOORS ASSOCIATED WITH PROJECT AREA. ACCESS CONTROL SYSTEM COMPONENTS INCLUDE, BUT ARE NOT LIMITED TO, DOOR ACCESS CONTROL PANEL DOOR CONTROLLER, PROXIMITY (CARD) READERS, REQUEST-TO-EXIT DEVICES, SOFTWARE, PROGRAMMING ETC.

CONTRACTOR IS RESPONSIBLE FOR PROVIDING THE FOLLOWING WORK:

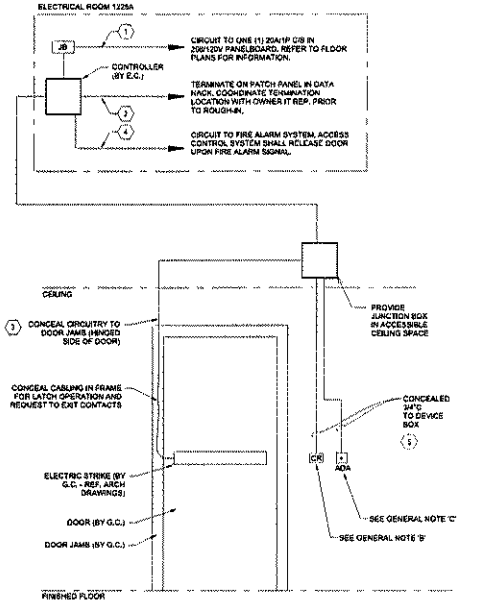
- PROVIDE ALL WIRING, RACEWAYS, BOXES, TERMINAL CONNECTIONS, ETC., FOR ACCESS CONTROL SYSTEM COMPONENTS PER ACCESSCONTROL SYSTEM MANUFACTURERS' WRITTEN RECOMMENDATIONS. 120V CIRCUITS ASSOCIATED WITH ACCESS CONTROL SYSTEM COMPONENTS SHALL BE CIRCUITED TO NEAREST 208Y/120V PANELBOARDS PER ACCESS CONTROL SYSTEM MANUFACTURERS' WRITTEN RECOMMENDATIONS. PROVIDE CIRCUIT BREAKERS IN PANELBOARD(S) AS REQUIRED.

- ALL WIRING, RACEWAYS, BOXES, TERMINAL CONNECTION, ETC., SHALL BE PROVIDED BY EC UNDER THE DIRECT SUPERVISION OF A FACTORY-AUTHORIZED SYSTEM REPRESENTATIVE.

PROVIDE ACCESS CONTROL SYSTEM COMPLETE INCLUDING ALL COMPONENTS INACCORDANCE WITH MANUFACTURERS WRITTEN INSTALLATION INSTRUCTIONS. PROVIDE ALL NECESSARY COMPONENTS COMPLETE FOR A FULLY INTEGRATED AND OPERABLE SYSTEM.

KEYED NOTES (APPLICABLE TO THIS DETAIL ONLY):

1. PROVIDE 120VAC, 20A BRANCH CIRCUIT. REFER TO FLOOR PLANS FOR INFORMATION REGARDING 120V CIRCUIT.
2. PROVIDE CAT. 6 CABLING TO EXISTING DATA NETWORK (DATA RACK IDF).
3. DRILL DOOR JAMB AND INSTALL SYSTEM CABLE CONCEALED IN JAMB (HINGE SIDE) TO MAGNETIC DOOR LOCK FOR DOOR LATCH OPERATION AND MAGNETIC DOOR LOCK RELEASE
4. PROVIDE FIRE ALARM CONNECTION PER MANUFACTURER'S INSTRUCTION.
5. PROVIDE LOW-VOLTAGE CABLING IN CONCEALED 3/4" CONDUIT TO CARD READER AND OTHER ASSOCIATED DEVICES. CONTRACTOR SHALL CONTACT OWNER'S ACCESS CONTROL PROVIDER (FRIENDLY SERVICE LOCK & ALARM - JOHN WARE - (315) 730-7534) TO OBTAIN POWER/WIRING REQUIREMENTS AND ALL REQUIRED EQUIPMENT & DEVICES PRIOR TO SUBMITTING BID. ALL NEW EQUIPMENT, DEVICES, TESTING AND PROGRAMMING SHALL BE PROVIDED BY THE OWNER'S EXISTING SYSTEM PROVIDER.



TYPICAL DOOR ACCESS WIRING/CONDUIT DETAIL

1 TYPICAL NURSE CALL WIRING DETAILS

2 TYPICAL DOOR ACCESS CONTROL INSTALLATION

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17 Lansing Street, Auburn, New York 13021

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CON NO:	231365
DRAWN BY:	REB

ELECTRICAL DETAILS

22065 E402

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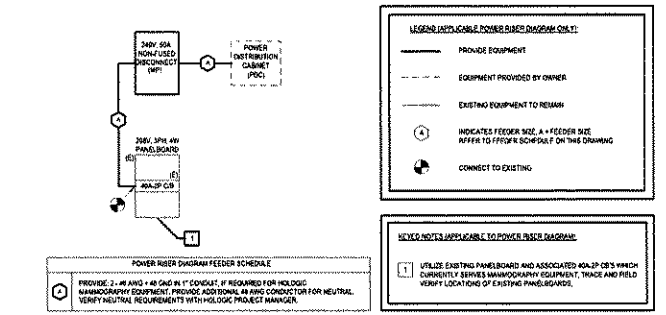
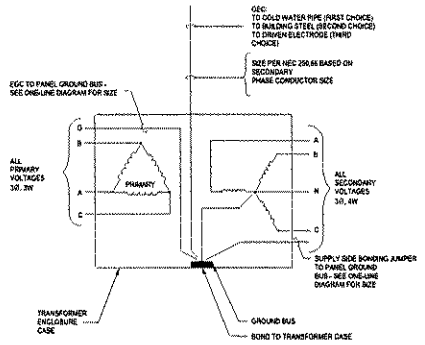


3 POWER RISER DIAGRAM NOTE: POWER RISER DIAGRAM IS TYPICAL FOR MAMMOGRAPHY 1 AND MAMMOGRAPHY 2.
N.T.S.



2 TYPICAL TRANSFORMER CONNECTION AND GROUNDING

GENERAL NOTES:

A. RISER DIAGRAMS ARE INTENDED FOR DIAGRAMMATIC PURPOSES ONLY. REFER TO FLOOR PLANS FOR ACTUAL DISTANCES AND RUN LENGTHS. FIELD VERIFY PRIOR TO COMMENCING WORK.

B. CIRCUIT BREAKERS IN PANELBOARDS DO NOT REPRESENT TOTAL NUMBER OF CIRCUIT BREAKERS/SPACES REQUIRED. REFER TO PANELBOARD SCHEDULES FOR ADDITIONAL REQUIREMENTS.

C. COORDINATE ALL REQUIRED POWER SHUTDOWNS/INTERRUPTIONS A MINIMUM OF TWO (2) WEEKS IN ADVANCE WITH THE OWNER'S REPRESENTATIVE. OBTAIN PERMISSION IN WRITING FROM OWNER FOR ALL SHUTDOWNS. WORK MAY BE REQUIRED TO BE PERFORMED DURING OFF-HOURS/2ND SHIFT, AS DETERMINED BY THE OWNER.

KEYED NOTES: (K)

1. EQUIPMENT FURNISHED UNDER SEPARATE CONTRACT. RECEIVED AND INSTALLED BY THIS CONTRACTOR.

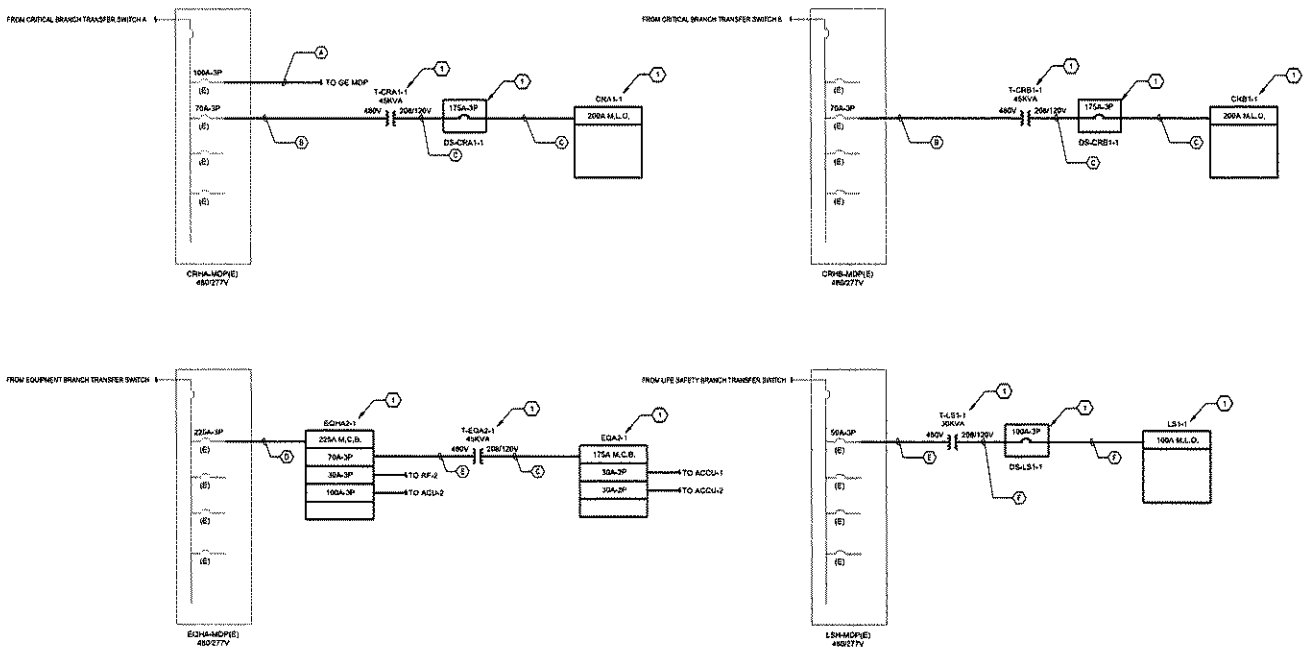
SINGLE LINE DIAGRAM LEGEND:

(A) INDICATES FEEDER SIZE, A = FEEDER SIZE. REFER TO FEEDER SCHEDULE ON THIS DRAWING.

PROVIDE EQUIPMENT

(E) EXISTING EQUIPMENT TO REMAIN

FEEDER SCHEDULE	
(A)	600V COPPER - (4) #2 & 1#2G IN 1-1/2"C
(B)	600V COPPER - (3) #6 & 1#6G IN 1"C
(C)	600V COPPER- (4) #2/0 & 1#4G IN 2"C
(D)	600V COPPER - (4) #4/0 & 1#4G IN 2-1/2"C
(E)	600V COPPER - (3) #8 & 1#10G IN 3/4"C
(F)	600V COPPER - (4) #2 & 1#6G IN 1-1/4"C



1 ELECTRICAL SINGLE LINE DIAGRAM

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ELECTRICAL SINGLE LINE DIAGRAM

22065 E501

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MEP EQUIPMENT & CONTROL SCHEDULE

EQUIPMENT						SUPPLY						CONTROLLER DEVICE TYPE REQUIRED & LOCATIONS								ACCESSORIES				(PROVIDED BY EC)								
			SIZE																					DISCONNECT SWITCH					FIRE ALARM		
DESIGNATION	DESCRIPTION	ROOM LOCATION	HP	KW	MCA	VOLTAGE/PHASE	PANEL OR CONTROL CENTER	CIRCUIT BREAKER	POWER WIRING FROM PANEL TO CONTROL UNIT: WIRE	POWER WIRING FROM PANEL TO CONTROL UNIT: CONDUIT	POWER WIRING FROM CONTROL UNIT TO EQUIPMENT: WIRE	POWER WIRING FROM CONTROL UNIT TO EQUIPMENT: CONDUIT	GROUND WIRE (SIZED PER NEC)	DESIGNATION	FURNISHED BY	INSTALLED BY	PACKAGED CONTROL UNIT	EQUIPMENT MOUNTED CONTROL UNIT	VARIABLE FREQUENCY DRIVE (SEE MECH SCHEDULE FOR REQUIREMENTS)	COMBINATION MAGNETIC STARTER (WITH HAND-OFF-AUTO)	MANUAL MOTOR STARTER WITH RELAY CONTROL DEVICES)	INSTALLATION LOCATION	FURNISHED BY	INSTALLED BY	WIRED BY	SUPPLY DUCT SMOKE DETECTOR	RETURN DUCT SMOKE DETECTOR	FRAME	NEMA FUSED DISCONNECT	FUSED DISCONNECT FUSE SIZE AS REQUIRED	MOTOR RATED SNAP SWITCH	LOCATION	FAN SHUTDOWN RELAY	REFERENCE NOTES (USE BELOW)	DESIGNATION
ACU-2	FAN ARRAY	3FL MER	(6) 7.5		88.8	460/3	EQMA2-1	150A-3P	3 #2	1-1/4"	3 #2	1-1/4"	#6	ACU-2	MC	MC			X							X	X	--	--	--	--	--	X	3	ACU-2
RF-2	RETURN FAN	3FL MER	10		17.5	460/3	EQMA2-1	30A-3P	3 #10	3/4"	3 #10	3/4"	#10	RF-2	MC	MC			X									30A-3P	X	NF	--	A,U,	--	4	RF-2
SH-2	COIL PUMP	3FL MER	2			208/1	EQA2-1	15A-2P	2 #12	1/2"	2# 12	1/2"	#10	SH-2	MC	MC		X										20A-2P	X	NF	--	A,U,	--	4	SH-2
AC-1	DUCTLESS SPLIT INDOOR UNIT	1216 SYSTEM COMPONENT ROOM			1	208/1	EQA2-1	FROM ACCU-1	2 #10	3/4"	2 #10	3/4"	#10	AC-1	MC	MC	X											--	--	--	--	--	--	2	AC-1
AC-2	DUCTLESS SPLIT INDOOR UNIT	1216 SYSTEM COMPONENT ROOM			1	208/1	EQA2-1	FROM ACCU-2	2 #10	3/4"	2 #10	3/4"	#10	AC-2	MC	MC	X											--	--	--	--	--	--	2	AC-2
ACCU-1	DUCTLESS SPLIT OUTDOOR UNIT	ROOF			25	208/1	EQA2-1	30A-2P	2 #10	3/4"	2 #10	3/4"	#10	ACCU-1	MC	MC	X											30A-2P	X	NF	--	A,U,	--	1	ACCU-1
ACCU-2	DUCTLESS SPLIT OUTDOOR UNIT	ROOF			25	208/1	EQA2-1	30A-2P	2 #10	3/4"	2 #10	3/4"	#10	ACCU-2	MC	MC	X											30A-2P	X	NF	--	A,U,	--	1	ACCU-2

REFERENCE NOTES:
1. PROVIDE NEMA 3R DISCONNECT SWITCH AS SCHEDULED AT OUTDOOR EQUIPMENT. COORDINATE MOUNTING OF DISCONNECT SWITCH WITH MECHANICAL CONTRACTOR. PROVIDE ALL SUPPORTS/HARDWARE AS REQUIRED.
2. INDOOR AC UNIT IS POWERED FROM ROOFTOP ACCU CONDENSING UNIT. PROVIDE WIRING IN 3/4" CONDUIT BETWEEN INDOOR/OUTDOOR UNITS AND MAKE FINAL CONNECTIONS PER MANUFACTURER'S DIAGRAMS. RECEIVE AND INSTALL DISCONNECT SWITCH FURNISHED WITH INDOOR UNIT. PROVIDE 208V-1PH CONNECTION TO CONDENSATE PUMP PER MANUFACTURER'S WIRING DIAGRAMS.
3. RECEIVE AND INSTALL POWER DISTRIBUTION PANEL WITH INTEGRAL DISCONNECT SWITCH/FD. PROVIDE SINGLE POINT ELECTRICAL CONNECTION TO CONTROL PANEL AND MAKE ELECTRICAL CONNECTIONS TO FAN PER MANUFACTURER'S WIRING DIAGRAMS. FURNISH AND INSTALL DUCT SMOKE DETECTOR IN RETURN AIR DUCT AND SUPPLY AIR DUCT. PROVIDE NEW FIRE ALARM SYSTEM WIRING AND CONNECTIONS, INTERFACE MODULES/RELAYS, AND PROGRAMMING/TESTING AS REQUIRED FOR PROPER UNIT SHUTDOWN IN ACCORDANCE WITH NFPA AND MANUFACTURER'S REQUIREMENTS.
4. PROVIDE DISCONNECT SWITCH AS SCHEDULED AT EQUIPMENT. COORDINATE MOUNTING OF DISCONNECT SWITCH WITH MECHANICAL CONTRACTOR. PROVIDE ALL SUPPORTS/HARDWARE AS REQUIRED.

GENERAL NOTES:
A. VERIFY ALL MOTOR SIZES BEFORE ORDERING ANY CONTROL DEVICES.
B. CONTROLLER DEVICES, DISCONNECT SWITCHES, FIRE ALARM EQUIPMENT, AND CIRCUITRY SHALL BE INSTALLED IN ACCORDANCE WITH EQUIPMENT MANUFACTURER'S INSTALLATION INSTRUCTIONS.
C. UNO, DEVICES FURNISHED BY OTHERS SHALL BE INSTALLED AND CIRCUITED BY ELECTRICAL CONTRACTOR.

ABBREVIATIONS:

AT UNIT	AU
NON FUSED DISCONNECT	NFD
HORSEPOWER	HP
KILOWATT	KW
MINIMUM CIRCUIT AMPS	MCA
CIRCUIT	CKT
CONDUIT	C
ELECTRICAL CONTRACTOR	EC
MECHANICAL CONTRACTOR	MC
PLUMBING CONTRACTOR	PC
TEMPERATURE CONTROLS CONTRACTOR	TCC

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INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	201306
DRAWN BY:	REB

MECHANICAL EQUIPMENT AND CONTROL SCHEDULE

22065 MEP601

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GENERAL NOTES:

1. EXISTING SYSTEMS SHOWN ON DRAWINGS ARE BASED ON AVAILABLE RECORD DRAWINGS. THIS INFORMATION IS ONLY PARTIALLY VERIFIED. THE CONTRACTOR IS RESPONSIBLE TO FIELD VERIFY AND INVESTIGATE ALL CONDITIONS THAT AFFECT THE WORK PRIOR TO SUBMITTING THE BID.
2. CONTRACTOR IS RESPONSIBLE FOR COORDINATION OF ALL WORK. REFER TO ARCHITECTURAL DRAWINGS FOR EXACT LOCATIONS OF BUILDING STRUCTURAL ELEMENTS. COORDINATE ALL EQUIPMENT LOCATIONS, CONCEALMENT AND SURFACE FINISH TREATMENTS CAREFULLY WITH WORK OF ALL TRADES. IN ANY CASE OF DISCREPANCY BETWEEN THE PLANS OR IN ANY CASE WHERE SUCH ISSUES REQUIRE CLARIFICATION, NOTIFY ENGINEER.
3. DRAWINGS ARE DIAGRAMMATIC AND INDICATE GENERAL ARRANGEMENT OF SYSTEMS AND WORK INCLUDED IN THE CONTRACT. IT IS NOT INTENDED TO SPECIFY OR SHOW EVERY OFFSET, FITTING OR COMPONENT; HOWEVER, CONTRACT DOCUMENTS REQUIRE COMPONENTS AND MATERIALS WHETHER OR NOT INDICATED OR SPECIFICALLY SPECIFIED TO MAKE THE SYSTEMS BEING INSTALLED COMPLETE, CODE COMPLIANT, TESTED AND OPERATIONAL.
4. DO NOT SCALE DRAWINGS. CONTRACTOR SHALL FIELD VERIFY ALL LOCATIONS, DIMENSIONS AND ELEVATIONS PRIOR TO CONSTRUCTION.
5. PROVIDE COMPLETE FIRE PROTECTION SHOP DRAWINGS THAT ARE SIGNED AND SEALED BY A NEW YORK STATE LICENSED FIRE PROTECTION ENGINEER OR MINIMUM NICET III INSPECTION AND TESTING OF WATER BASED SYSTEMS CERTIFICATION AND SIGNATURE.
6. PROVIDE COMPLETE FIRE PROTECTION SPRINKLER SYSTEM IN ACCORDANCE WITH 2020 EDITION OF THE BUILDING CODE OF NEW YORK STATE, CURRENT EDITION OF NFPA AND OWNER'S INSURANCE REQUIREMENTS.
7. CONTRACTOR SHALL SECURE AND PAY FOR ALL PERMITS, INSPECTIONS AND APPROVALS REQUIRED BY THE AUTHORITIES HAVING JURISDICTION.
8. COMPLETE SHOP DRAWINGS, HYDRAULIC CALCULATIONS, HYDRANT FLOW TEST NOT MORE THAN 12 MONTHS PRIOR TO WORKING PLANS, MATERIAL DATA SHEETS SHALL BE SUBMITTED FOR APPROVAL PRIOR TO CONSTRUCTION. PLANS SHALL INDICATE ALL PIPE SIZES, LOCATIONS, ELEVATIONS, SPRINKLER TYPES, EXISTING OBSTRUCTIONS, ETC.
9. REFER TO ARCHITECTURAL, MECHANICAL, PLUMBING AND ELECTRICAL DRAWINGS FOR COORDINATING THE EXACT LOCATIONS OF SPRINKLER HEADS WITH CEILING GRID, DIFFUSERS, REGISTERS AND GRILLES, LIGHTS AND OTHER BUILDING COMPONENTS. SPRINKLER LOCATIONS SHALL ACCOMMODATE THE EXISTING CONDITIONS.
10. PERFORM WORK, PROVIDE MATERIALS AND EQUIPMENT FOR SYSTEMS SHOWN, SPECIFIED AND DESCRIBED ON DRAWINGS. COMPLETELY COORDINATE WITH ALL TRADES AND PROVIDE COMPLETE AND FULLY FUNCTIONAL INSTALLATION. ALL WORK IN THIS SET TO BE COMPLETED UNDER THIS CONTRACT, UNLESS OTHERWISE INDICATED.
11. MATERIALS AND INSTALLATION SHALL COMPLY WITH 2020 FIRE CODE OF NEW YORK STATE, APPLICABLE PROVISIONS OF THE 2010 EDITION OF NFPA 13, 2012 EDITIONS OF NFPA 99 AND NFPA 101, AND ALL LOCAL UTILITY REGULATIONS.
12. WORK SHALL BE EXECUTED IN A WORKMANLIKE MANNER AND SHALL PRESENT NEAT, RECTILINEAR APPEARANCE WHEN COMPLETED. MAINTAIN MAXIMUM HEAD ROOM AT ALL TIMES. DO NOT RUN PIPES, DUCTS, AND CONDUIT EXPOSED UNLESS SHOWN AND NOTED TO BE EXPOSED ON DRAWINGS.
13. SEAL ALL WALL AND FLOOR PENETRATIONS AIR-TIGHT AT PIPE PENETRATIONS. IN ADDITION, ALL PENETRATIONS THRU FLOORS AND FIRE RATED WALLS TO BE SEALED AS PER UL DETAILS. EQUIVALENT TO ASSEMBLY RATING.
14. COORDINATE ANY INTERRUPTION OF UTILITIES SERVICE WITH OWNER'S REPRESENTATIVE ONE WEEK PRIOR TO PROPOSED SHUTDOWN AND COORDINATED WITH OTHER TRADE WORK. CONTRACTOR IS RESPONSIBLE FOR ALL WORK RELATED TO ISOLATING, SHUTTING DOWN, DRAINING, FILLING AND TESTING SYSTEMS TO ALLOW FOR COMPLETION OF WORK. INTERRUPTIONS TO EXISTING SERVICES AND SYSTEMS SHALL BE AS SHORT AS POSSIBLE AND AT A TIME AND DURATION APPROVED BY THE OWNER AND UTILITY AS APPLICABLE, AT NO ADDITIONAL COST FOR PREMIUM TIME.
15. THOROUGHLY FLUSH ENTIRE SYSTEM PRIOR TO DISINFECTION. DISINFECT THE NEW WATER PIPING AND EXISTING WATER PIPING AFFECTED BY CONTRACTOR'S OPERATIONS IN ACCORDANCE WITH AWWA C651. FILL THE PIPING SYSTEMS WITH SOLUTION CONTAINING MINIMUM OF 100 PARTS PER MILLION OF AVAILABLE CHLORINE AND ALLOW SOLUTION TO STAND FOR MINIMUM OF 24 HOURS. MAINTAIN A MINIMUM OF 25 PPM DURING RETENTION PERIOD. REPEAT CHLORINATION AS REQUIRED TO ACHIEVE 25 PPM MINIMUM. FLUSH THE SOLUTION FROM THE SYSTEMS WITH CLEAN WATER UNTIL MAXIMUM RESIDUAL CHLORINE CONTENT IS NOT GREATER THAN 0.2 PARTS PER MILLION.
16. ALL PIPING SHALL BE RUN CONCEALED IN FINISHED AREAS, UNLESS OTHERWISE INDICATED. COORDINATE PIPING INSTALLATION WITH WORK OF OTHER TRADES TO ENSURE CONCEALMENT.
17. SLEEVE PIPE PENETRATIONS AT WALLS AND FLOORS.
18. EXTEND EXISTING FIRE SPRINKLER SYSTEMS TO PROTECT ALL SPACES, INCLUDING CLOSETS AND BATHROOMS. ALL LAYOUT INSTALLATION AND TESTING SHALL COMPLY WITH NFPA 13 AND PROJECT DESIGN DOCUMENTS.
19. ALL FIRE PROTECTION EQUIPMENT SHALL BE UL LISTED AND FM APPROVED FOR INTENDED APPLICATION, MINIMUM 175 PSI WWP.
20. PROVIDE ESCUTCHEONS TO CONCEAL PENETRATIONS THRU WALLS AND FLOORS.
21. FIRE PROTECTION PIPING SHALL BE BLACK STEEL WITH CAST IRON THREADED FITTINGS OR GROOVED FITTINGS.
22. IF SPRINKLER COVERAGE IS REMOVED FOR MORE THAN ONE WORK SHIFT, PROVIDE TEMPORARY HEAT DETECTION. CONNECT TO THE FIRE ALRM AND TEST WITH EHS TO MAINTAIN FIRE PROTECTION AS LONG AS THE SPRINKLER PROTECTION IS OUT OF SERVICE.
23. REMOVE ALL EXISTING SPRINKLER HEADS AND PREPARE PIPING FOR NEW RETURN BEND ARM-OVER CONNECTIONS TO NEW SPRINKLER HEAD LOCATIONS. REFER TO DETAIL ON FP501 FOR MORE INFORMATION.
24. PRIME & PAINT ALL NEW EXPOSED SPRINKLER PIPE. PREPARE SURFACE AND PROVIDE ONE COAT PRIMER. TWO COATS FINISH.
25. PROVIDE MSDS AND PRODUCT DATA SHEETS TO THE OWNER FOR ALL PAINTS, SOLVENTS, ADHESIVES, CLEANERS AND SEALANTS TO BE USED ON THE PROJECT.
26. CONTRACTOR SHALL PROVIDE ALL LOW VOLTAGE WIRING ASSOCIATED WITH NEW TAMPER AND FLOW SWITCHES. CONNECTIONS TO THE EXISTING FIRE ALARM SYSTEM ARE TO BE COORDINATED WITH THE FIRE ALARM CONTRACTOR. POWER TO NEW TAMPER AND FLOW SWITCHES BY DIV 26.

GENERAL PLUMBING DEMOLITION NOTES:

A. SURVEY EXISTING CONDITIONS AND CORRELATE WITH REQUIREMENTS INDICATED TO DETERMINE EXTENT OF SELECTIVE DEMOLITION REQUIRED.

B. DEMOLITION DRAWINGS SHOW IN GENERAL MAJOR EQUIPMENT, PIPING AND EQUIPMENT REMOVALS. THE INTENT IS NOT TO IDENTIFY ALL MISCELLANEOUS PIPING, PIPING ACCESSORIES, SUPPORTS, CONTROLS, CONTROL ACCESSORIES, TO BE DISCONNECTED AND REMOVED BUT IS THE REQUIREMENT UNDER THIS CONTRACT. NO PIPING SHALL BE ABANDONED IN PLACE UNLESS OTHERWISE NOTED ON THE DRAWINGS.

C. REMOVE PORTIONS OF PIPING INDICATED TO BE REMOVED AND CAP OR PLUG REMAINING PIPING WITH SAME OR COMPATIBLE PIPING MATERIAL.

D. ALL CAPPED PIPING SHALL BE IDENTIFIED WITH STENCILED SERVICE. LOCATE WITHIN 3'-0" OF CAP OR PLUG.

E. REMOVE THE INDICATED FIRE PROTECTION ITEMS AS SHOWN ON THE PLANS. THIS INCLUDES ALL SPRINKLER HEADS, HANGERS, AND RELATED MATERIALS. AS DIRECTED THIS MATERIAL SHALL BE REMOVED FROM THE SITE OR TURNED OVER TO THE OWNER (AS DIRECTED BY THE OWNER).

F. PATCH AND MATCH OPENINGS IN WALLS TO MAINTAIN THE INTEGRITY OF THE WALL IN THE LOCATIONS WHERE PIPING, ETC. HAVE BEEN REMOVED. (MAINTAIN THE EXISTING RATINGS).

G. ALL DEMOLITION WORK SHALL COMPLY WITH NFPA 241 AND REQUIREMENTS OF THE OWNER/FACILITY.

PHASING NOTES:

A. PHASING OF THE WORK IS REQUIRED TO ALLOW CONTINUED USE AND OCCUPANCY OF PORTIONS OF THE BUILDING, INCLUDING THE AREAS ADJACENT TO THE CONSTRUCTION WORK ZONE.

B. REFER TO THE ARCHITECTURAL DRAWINGS FOR ADDITIONAL PHASING PLANS AND GENERAL INFORMATION.

C. CONTRACTOR SHALL MAINTAIN EXISTING SERVICES TO THE AREAS OUTSIDE OF EACH INDIVIDUAL PHASE.

D. DEMOLITION AND NEW CONSTRUCTION NOTES ARE TO DEFINE INTENT. WORK SHALL INCLUDE ALL WORK INDICATED ON THE PLANS AS WELL AS ALL OTHER ITEMS REQUIRED TO MAINTAIN EXISTING SERVICES AND HOSPITAL OPERATIONS THROUGHOUT EACH PHASE.

E. COORDINATE ALL WORK OCCURRING OUTSIDE OF CONSTRUCTION PHASE LINES. SCHEDULE ALL SHUTDOWNS OR INTERRUPTION IN SERVICES WELL IN ADVANCE. WORK MAY NEED TO OCCUR OUTSIDE OF NORMAL WORK HOURS. PROVIDE ADDITIONAL VALVES IN EXISTING MAINS TO MINIMIZE THE NUMBER OF SHUTDOWNS FOR THE OWNER.

F. OVERLAPPING OF WORK AT EACH OF THE PHASED CONSTRUCTION AREAS AND TEMPORARY CONNECTIONS MAY BE REQUIRED TO ENSURE THAT THE OCCUPIED AREAS ARE CONTINUALLY OPERATIONAL AND FUNCTIONAL WITHOUT DISRUPTIONS.

INFECTION CONTROL MEASURES:

1. CONTRACTOR SHALL OBTAIN FROM THE OWNER A COPY OF THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PREPARED FOR THIS PROJECT. CONTRACTOR SHALL REVIEW THE REQUIREMENTS IN THE REPORT AND PERFORM ALL WORK IN ACCORDANCE WITH THOSE REQUIREMENTS. CONTRACTOR SHALL STRICTLY ADHERE TO THE LIMITS OF THE CONSTRUCTION AREA, AND WHERE PHASING APPLIES SHALL ADHERE TO PHASING PLAN. ANY WORK OUTSIDE THE CONSTRUCTION AREA SHALL BE COORDINATED WITH THE OWNER AND PERFORMED IN ACCORDANCE WITH THE ICRA REPORT, UNDER SUPERVISION OF THE OWNER REPRESENTATIVE OR OTHER DESIGNATED ICRA COMMITTEE OFFICER.

FIRE PROTECTION DRAWING INDEX

Sheet Number	Sheet Name
22065 FP001	GENERAL INFORMATION
22065 FPD101	PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 1 AREA
22065 FPD102	PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 2 AREA
22065 FP101	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA
22065 FP102	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA
22065 FP501	DETAILS

CODE SUMMARY / STANDARDS:

A. THE 2020 EDITION OF THE BUILDING CODE OF NEW YORK STATE.

B. THE 2020 EDITION OF THE FIRE CODE OF NEW YORK STATE.

C. THE 2020 EDITION OF THE PLUMBING OF NEW YORK STATE.

D. THE 2010 EDITION OF NFPA 13 STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS.

E. THE 2011 EDITION OF NFPA 70 NATIONAL ELECTRIC CODE.

F. THE 2012 EDITION OF NFPA 99.

G. THE 2012 EDITION OF NFPA 101.

FIRE PROTECTION SYMBOLS LIST

SYMBOL	DESCRIPTION
— — — —	EXISTING WORK TO BE REMOVED
—— (E) ——	EXISTING PIPING
————	NEW PIPING
—— S ——	SPRINKLER MAIN / BRANCH PIPING (S)
—— FP ——	FIRE PROTECTION SERVICE (FP)
	PENDENT SPRINKLER
	UPRIGHT PENDENT SPRINKLER
	SIDEWALL SPRINKLER
	BALL VALVE
	ELBOW DOWN
	ELBOW UP
	45 DEG OFFSET
	BOTTOM TEE CONNECTION
	TOP TEE CONNECTION
	PIPE CONTINUATION
	FLUSHING CONNECTION
℄	CENTER LINE
	POINT OF CONNECTION
	POINT OF DISCONNECTION
(X)	DEMOLITION KEYNOTE
(X)	DRAWING KEYNOTE
[X]	DRAWING KEYNOTE
△X	REVISION TAG
X / X-XXX	VIEW / RISER CALLOUT

FIRE PROTECTION PIPING SCHEDULE

SERVICE	PIPE SIZES	PIPE MATERIAL	FITTINGS	CONNECTIONS
SPRINKLER (WET SYSTEM)	2 INCH AND SMALLER	SCHEDULE 40, BLACK STEEL	CAST OR MALLEABLE IRON	THREADED
	2 1/2 INCH AND LARGER	THINWALL, BLACK STEEL	DUCTILE IRON	ROLL GROOVED MECHANICAL TYPE COUPLINGS

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	201366
DRAWN BY:	WTT/MKR

GENERAL INFORMATION

22065 FP001

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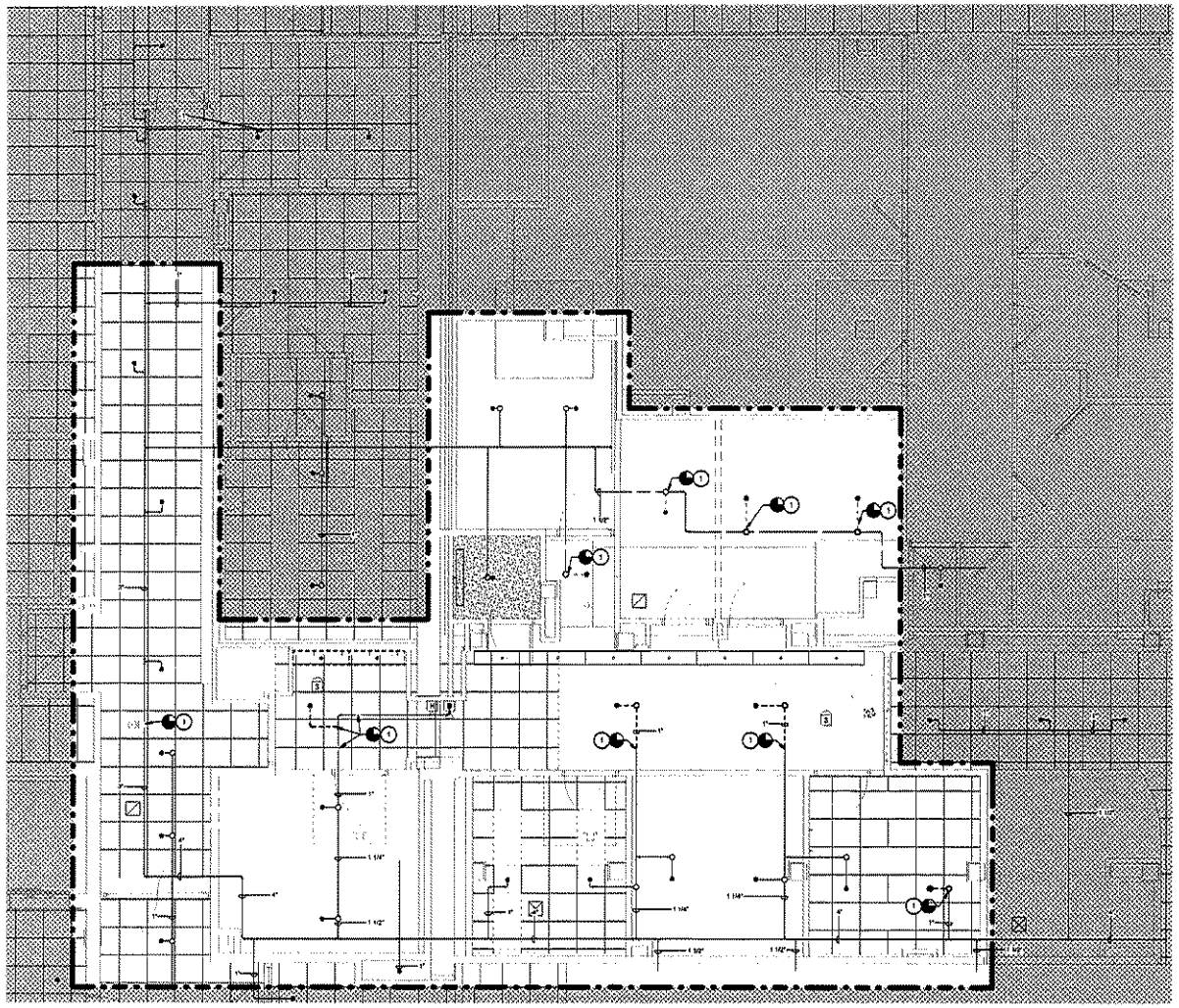
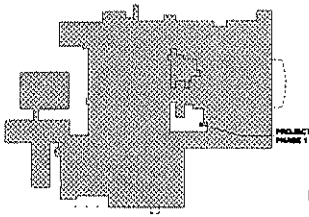


DEMOLITION KEYED NOTES

1. MODIFY EXISTING SPRINKLER PIPING AS REQUIRED TO ACCOMMODATE NEW WORK IN THIS AREA OR CAP AS REQUIRED. SEE NEW WORK DRAWING FOR CONTINUATION OF WORK IN THIS AREA.

1 PARTIAL FIRST FLOOR DEMOLITION RCP PLAN - PHASE 1 AREA FIRE PROTECTION



KEY PLAN

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PROJECT:	22066
CON NO:	221066
DRAWN BY:	WTT/MKR

PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 1 AREA

22066 FPD101

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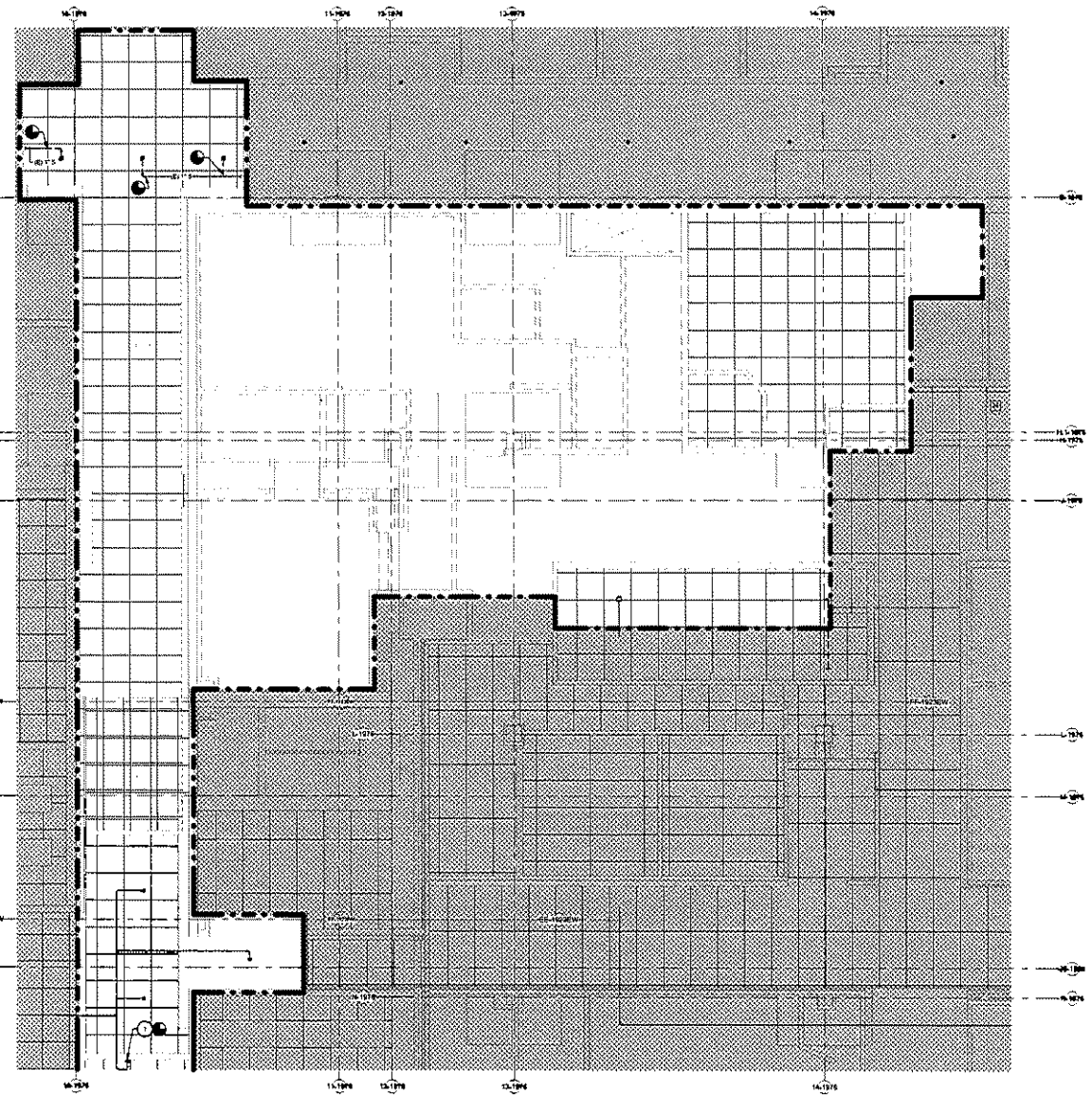
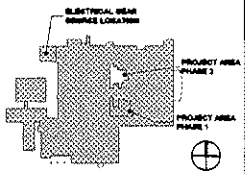


KEYED NOTES
1. DISCONNECT 3" BP CAP, PREPARE PIPING FOR CONNECTION TO NEW MAIN PIPING.

1 PARTIAL FIRST FLOOR DEMOLITION RCP PLAN - PHASE 2 AREA FIRE PROTECTION



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IMAGING DEPARTMENT RENOVATIONS FOR
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AUBURN COMMUNITY HOSPITAL
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PROJECT:	22065
DGN NO:	22-0065
DRAWN BY:	WTT/MMR

PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 2 AREA

22065 FPD102

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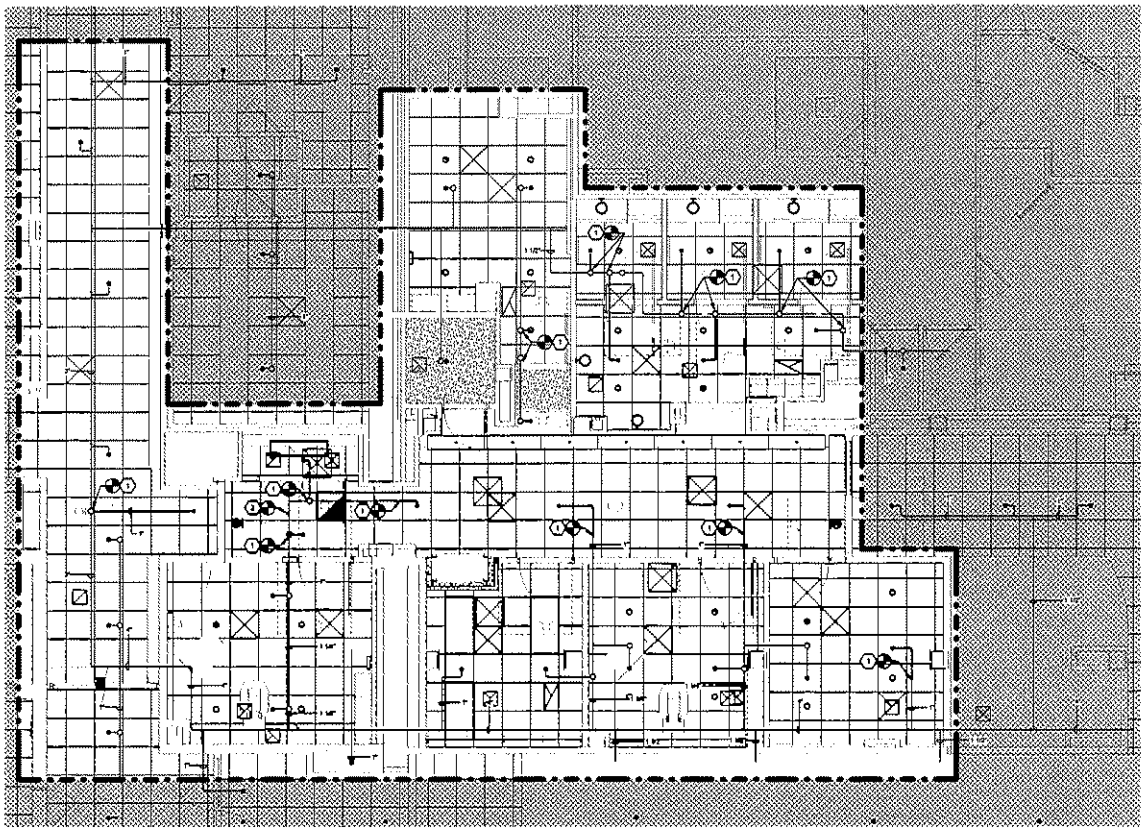
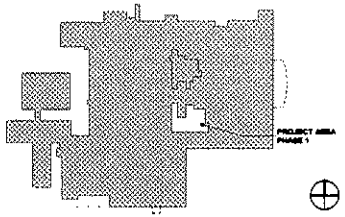
NEW WORK KEYED NOTES ⓪

① EXTEND NEW 1" BRANCH SPRINKLER PIPING AS INDICATED.

② CAP AT MAIN.



① PARTIAL FIRST FLOOR RCP PLAN - PHASE 1 AREA FIRE PROTECTION



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AUBURN COMMUNITY HOSPITAL
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DATE:	04/18/2024
PROJECT:	22065
DGN NO:	221295
DRAWN BY:	WTT/MBR

PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA

22065 FP101

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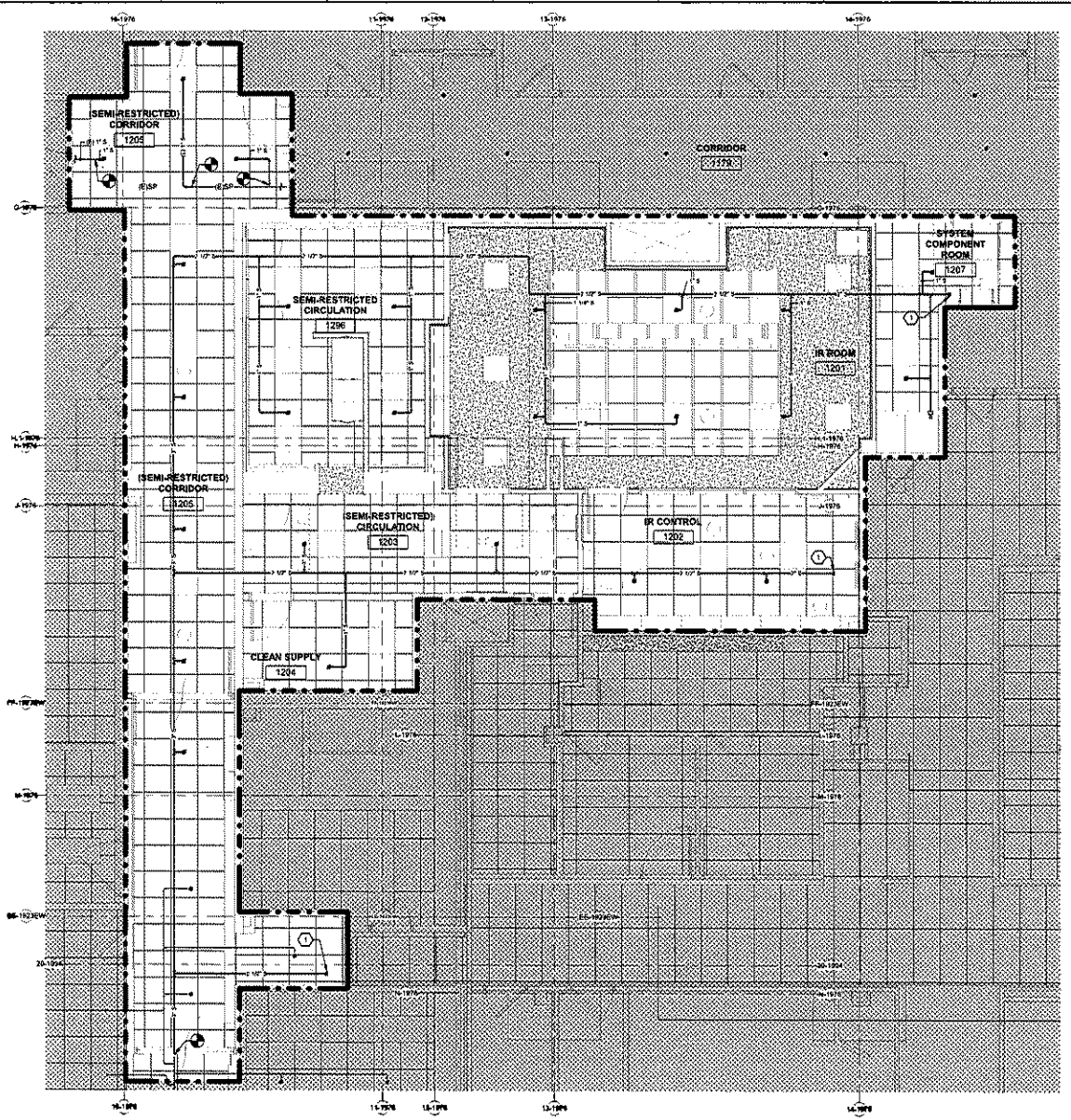
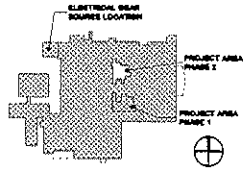


1 PARTIAL FIRST FLOOR RCP PLAN - PHASE 2 AREA FIRE PROTECTION



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IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
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17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO.:	22-065
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PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA

22065 FP102

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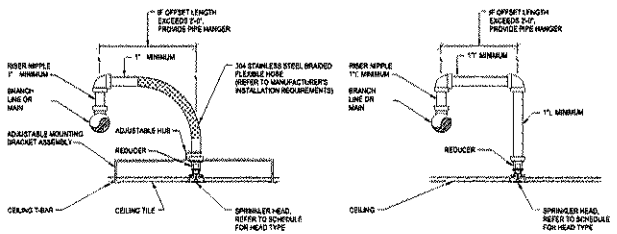
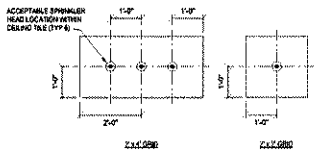


NOTES:

1. PROVIDE SUPPLEMENTAL PIPE HANGERS/SUPPORTS AS NECESSARY TO PREVENT EXCEEDING ALLOWABLE BEND RADIUS OF BRAIDED FLEX.
2. MAXIMUM BRAIDED FLEXIBLE HOSE LENGTH SHALL BE 72".

ARM-OVER TAKE-OFF DETAIL

SCALE: NOT TO SCALE

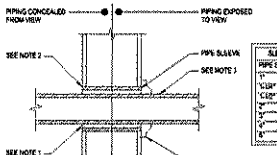


NOTES:

1. SPRINKLER CONTRACTOR TO COORDINATE WITH THE ARCHITECT FOR SPRINKLER INSTALLATION LOCATIONS IN CEILING PANELS THAT ARE NOT THE TYPICAL CEILING PANEL.

HEAD LOCATION DETAIL

SCALE: NOT TO SCALE

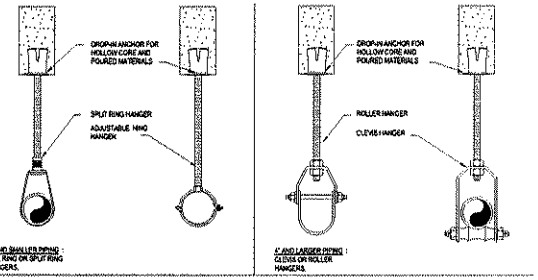


NOTES:

1. SEAL PENETRATIONS THROUGH WALLS WITH UL OR FM LISTED FIRESTOPPING ASSEMBLY.
2. TERMINATE SLEEVE FLUSH WITH FINISHED WALL SURFACE.
3. CENTER PIPE IN SLEEVE; DO NOT USE SLEEVE TO SUPPORT PIPE.
4. ESCUTCHEON PLATE RIGHT TO WALL AND SIZED TO COMPLETELY COVER OPENING.

INTERIOR WALL SLEEVE DETAIL

SCALE: NOT TO SCALE



NOTES:

1. SUPPORT WITHIN 18" OF EACH COUPLING JOINT FOR 10 FT. PIPE LENGTHS.
2. SUPPORT AT 5 FT. INTERVALS FOR 5 FT. PIPE LENGTHS.
3. ALL HANGER & SUPPORT INSTALLATIONS SHALL COMPLY WITH MSS SP-58.
4. 4 INCH AND LARGER PIPE - BRACE AT CHANGES IN DIRECTION TO PREVENT HORIZONTAL MOVEMENT.
5. INSTALLATIONS REQUIRING MULTIPLE JOINTS WITHIN A 4 FT. DEVELOPED LENGTH SHALL BE SUPPORTED AT EVERY OTHER OR ALTERNATING COUPLINGS.
6. FINISHES:
   - 6.1. TYPICAL - ELECTROPLATED ZINC OR CADMIUM FINISH.
   - 6.2. EXTERIOR AND/OR WET LOCATIONS - HOT DIPPED GALVANIZED HANGWANS AND HANGERS.

PIPE SIZE	PIPE MATERIAL AND SUPPORT SPACING				ROD SIZE
	STEEL	COPPER	PLASTIC	CAST IRON	
½" - 1"	6 FT.	6 FT.	3 FT.	EACH HORIZONTAL JOINT, 5 FT. MAXIMUM SPACING	⅜"
1 ¼" - 2"	10 FT.	6 FT.	3 FT.		⅜"
2 ½" - 4"	12 FT.	10 FT.	4 FT.		½"
5" - 6"	12 FT.	10 FT.	4 FT.		½"
8"	12 FT.	10 FT.	4 FT.		½"
OVER 8"	TO SUIT LOADING CONDITIONS				

PIPE HANGER DETAIL

SCALE: NOT TO SCALE

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17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231366
DRAWN BY:	WTT/MKR

DETAILS

22065 FP501

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PLUMBING ABBREVIATIONS

A/E	ARCHITECT / ENGINEER	KW	KILOWATT
AD	ACCESS DOOR	KWHR	KILOWATT-HOUR
ADA	AMERICANS WITH DISABILITIES ACT	LAV	LAVATORY
AFF	ABOVE FINISH FLOOR	M	METER
AFG	ABOVE FINISHED GRADE	MA	MEDICAL AIR
AHJ	AUTHORITY HAVING JURISDICTION	MAV	MANUAL AIR VENT
ANSI	AMERICAN NATIONAL STANDARDS INSTITUTE	BH	1000 BTUH
		MED	MEDICAL
AP	ACCESS PANEL	MV	MEDICAL VACUUM
ASHRAE	AMERICAN SOCIETY OF HEATING, REFRIGERATION & AIR CONDITIONING ENGINEERS	N2	NITROGEN
		N2O	NITROUS OXIDE
		NC	NORMALLY CLOSED
ASME	AMERICAN SOCIETY OF MECHANICAL ENGINEERS	NIC	NOT IN CONTRACT
		NO	NORMALLY OPEN
ASPE	AMERICAN SOCIETY OF PLUMBING ENGINEERS	NPW	NON POTABLE WATER
		NTS	NOT TO SCALE
AWWA	AMERICAN WATERWORKS ASSOCIATION	O2	OXYGEN
BFG	BELOW FINISHED GRADE	OR	OPERATING ROOM
BHP	BREAK HORSEPOWER	OSHA	OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
BOR	BASE OF RISER		
BTU	BRITISH THERMAL UNIT	P	PUMP
BTUH	BRITISH THERMAL UNIT PER HOUR	PA	PASCAL
C	CELSIUS	PD	PRESSURE DROP
CI	CAST IRON	PD	PUMP DISCHARGE
CO	CLEANOUT	PDI	PLUMBING AND DRAINAGE INSTITUTE
CO	CARBON MONOXIDE	PF	PLUMBING FIXTURE
CO2	CARBON DIOXIDE	PG	PRESSURE GAGE
COND	CONDENSATE	PPM	PARTS PER MILLION
CPVC	CHLORINATED POLYVINYL CHLORIDE	PRV	PRESSURE REDUCING VALVE
CU	COPPER	PSI	POUNDS PER SQUARE INCH
CW	COLD WATER (DOMESTIC)	PSIA	POUNDS PER SQUARE INCH ATMOSPHERE
D	DRAIN		
DIA	DIAMETER	PSIG	POUNDS PER SQUARE INCH GAUGE
DFU	DRAINAGE FIXTURE UNIT	PVC	POLYVINYL CHLORIDE
DN	DOWN	RL	RAIN LEADER
DOE	DEPARTMENT OF ENERGY	RPZ	REDUCED PRESSURE ZONE BACKFLOW PREVENTER
dP	DIFFERENTIAL PRESSURE		
DPV	DIFFERENTIAL PRESSURE VALVE	SAN	SANITARY SEWER
DPCO	DECK PLATE CLEANOUT	SP	SUMP PUMP
DWG	DRAWING	SQFT	SQUARE FEET
DWH	DOMESTIC WATER HEATER	SS	STAINLESS STEEL
EC	ELECTRICAL CONTRACTOR	ST	STORM SEWER
EPACT	ENERGY POLICY ACT	T&P	TEMPERATURE & PRESSURE (RELIEF VALVE)
EWC	ELECTRIC WATER COOLER		
EXIST	EXISTING	TD	TRENCH DRAIN
F	FAHRENHEIT	TDH	TOTAL DYNAMIC HEAD
FD	FLOOR DRAIN	TEMP	TEMPERATURE/TEMPORARY
FU	FIXTURE UNITS	TMV	THERMOSTATIC MIXING VALVE
G	NATURAL GAS	TP	TRAP PRIMER
GAL	GALLON	TSTAT	THERMOSTAT
GALV	GALVANIZED	TYP	TYPICAL
GC	GENERAL CONTRACTOR	UPC	UNIFORM PLUMBING CODE
GPD	GALLONS PER DAY	UR	URINAL
GPH	GALLONS PER HOUR	V	VENT
GPM	GALLONS PER MINUTE	VB	VACUUM BREAKER
H&CW	HOT AND COLD WATER	VFD	VARIABLE FREQUENCY DRIVE
HB	HOSE BIBB	VTR	VENT THROUGH ROOF
HC	HEATING & HVAC CONTRACTOR	WC	WATER CLOSET
HD	HUB DRAIN	WCO	WALL CLEANOUT
HP	HORSEPOWER	WG	WATER GAUGE
HW	HOT WATER (DOMESTIC)	WH	WALL HYDRANT
ID	INSIDE DIAMETER	WHA	WATER HAMMER ARRESTER
INV	INVERT	WSFU	WATER SUPPLY FIXTURE UNIT
IPC	INTERNATIONAL PLUMBING CODE		

PLUMBING SYMBOLS LIST

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
	EXISTING WORK TO BE REMOVED		PRESSURE GAUGE
—— (E) ——	EXISTING PIPING		P-TRAP
	NEW PIPING		REDUCER
—— CW ——	COLD WATER PIPING (CW)		SHOCK ABSORBER(SA) / WATER HAMMER ARRESTOR (WHA)
—— HW ——	HOT WATER PIPING (HW)	S	SHUT OFF SWITCH
—— HWC ——	HOT WATER RECIRCULATING PIPING (HWR)		STRAINER
—— SAN ——	SANITARY SEWER PIPING (SAN)		STRAINER W/ BLOW DOWN
	VENT PIPING		THERMOMETER
—— ST ——	STORM WATER SEWER PIPING (ST)		ELBOW DOWN
—— ST2 ——	SECONDARY STORM WATER SEWER PIPING (ST2)		ELBOW UP
—— MA ——	MEDICAL AIR PIPING (MA)		45 DEG OFFSET
—— O2 ——	OXYGEN PIPING (O2)		BOTTOM TEE CONNECTION
—— MV ——	MEDICAL VACUUM PIPING (MV)		TOP TEE CONNECTION
—— WAG ——	WASTE ANESTHESIA GAS DISPOSAL PIPING (WAG)		PIPE CONTINUATION
—— C ——	CONDENSATE DRAIN PIPING (C)		PIPE CAP OR PLUG
	BALL VALVE		CLEANOUT (CO)
	BALL VALVE W/ HOSE END		CENTER LINE
	CHECK VALVE		POINT OF CONNECTION
	DECK PLATE CLEAN OUT (DPCO)		POINT OF DISCONNECTION
	WALL PLATE CLEAN OUT (WPCO)	X	DEMOLITION KEY NOTE
	FLOW ARROW	X	DRAWING KEY NOTE
			REVISION TAG
		X / X.X	RISER CALLOUT

GENERAL PLUMBING NOTES:

1. EXISTING SYSTEMS SHOWN ON DRAWINGS ARE BASED ON AVAILABLE RECORD DRAWINGS. THIS INFORMATION IS ONLY PARTIALLY VERIFIED. THE CONTRACTOR IS RESPONSIBLE TO FIELD VERIFY AND INVESTIGATE ALL CONDITIONS THAT AFFECT THE WORK PRIOR TO SUBMITTING THE BID.
2. CONTRACTOR IS RESPONSIBLE FOR COORDINATION OF ALL WORK. REFER TO ARCHITECTURAL DRAWINGS FOR EXACT LOCATIONS OF BUILDING AND STRUCTURAL ELEMENTS. COORDINATE ALL EQUIPMENT LOCATIONS, CONCEALMENT AND SURFACE FINISH TREATMENTS CAREFULLY WITH WORK OF ALL TRADES. IN ANY CASE OF DISCREPANCY BETWEEN THE PLANS OR IN ANY CASE WHERE SUCH ISSUES REQUIRE CLARIFICATION, NOTIFY ENGINEER.
3. DRAWINGS ARE DIAGRAMMATIC AND INDICATE GENERAL ARRANGEMENT OF SYSTEMS AND WORK INCLUDED IN THE CONTRACT. IT IS NOT INTENDED TO SPECIFY OR SHOW EVERY OFFSET, FITTING OR COMPONENT; HOWEVER, CONTRACT DOCUMENTS REQUIRE COMPONENTS AND MATERIALS WHETHER OR NOT INDICATED OR SPECIFICALLY SPECIFIED TO MAKE THE SYSTEMS BEING INSTALLED COMPLETE, CODE COMPLIANT, TESTED AND OPERATIONAL WHERE POSSIBLE. ALL RISERS AND DROPS SHALL BE CONSTRUCTED USING 45 DEGREE OR LONG RADIUS ELBOWS.
4. DO NOT SCALE DRAWINGS. CONTRACTOR SHALL FIELD VERIFY ALL LOCATIONS, DIMENSIONS AND ELEVATIONS PRIOR TO CONSTRUCTION.
5. PERFORM WORK, PROVIDE MATERIALS AND EQUIPMENT FOR SYSTEMS SHOWN, SPECIFIED AND DESCRIBED ON DRAWINGS. COMPLETELY COORDINATE WITH ALL TRADES AND PROVIDE COMPLETE AND FULLY FUNCTIONAL INSTALLATION. ALL WORK IN THIS SET TO BE COMPLETED UNDER THIS CONTRACT, UNLESS OTHERWISE INDICATED.
6. MATERIALS AND INSTALLATION SHALL COMPLY WITH 2020 PLUMBING CODE OF NEW YORK STATE, APPLICABLE PROVISIONS OF LATEST EDITION OF NATIONAL FIRE PROTECTION ASSOCIATION AND ALL LOCAL UTILITY REGULATIONS.
7. WORK SHALL BE EXECUTED IN A WORKMANLIKE MANNER AND SHALL PRESENT NEAT, RECTILINEAR APPEARANCE WHEN COMPLETED. MAINTAIN MAXIMUM HEAD ROOM AT ALL TIMES. DO NOT RUN PIPES EXPOSED UNLESS SHOWN AND NOTED TO BE EXPOSED ON DRAWINGS.
8. CONSTRUCTION WORK AND DEMOLITION SHALL BE PERFORMED AT SUCH TIMES AND UNDER SUCH CONDITIONS AS SUITS THE OWNER, AT NO ADDITIONAL COST FOR PREMIUM TIME.
9. COORDINATE ANY INTERRUPTION OF UTILITIES SERVICE WITH OWNER'S REPRESENTATIVE ONE WEEK PRIOR TO PROPOSED SHUTDOWN AND COORDINATED WITH OTHER TRADE WORK. CONTRACTOR IS RESPONSIBLE FOR ALL WORK RELATED TO ISOLATING, SHUTTING DOWN, DRAINING, FILLING AND TESTING SYSTEMS TO ALLOW FOR COMPLETION OF WORK. INTERRUPTIONS TO EXISTING SERVICES AND SYSTEMS SHALL BE AS SHORT AS POSSIBLE AND AT A TIME AND DURATION APPROVED BY THE OWNER AND UTILITY AS APPLICABLE, AT NO ADDITIONAL COST FOR PREMIUM TIME.
10. ALL FINISHES AND SURFACES TO REMAIN WHICH ARE DAMAGED DURING CONSTRUCTION WORK SHALL BE REPAIRED OR REPLACED. FINISHES TO MATCH EXISTING. TO SATISFACTION OF THE OWNER, AT NO ADDITIONAL COST.
11. CEILING ACCESS DOORS ARE REQUIRED FOR ACCESS TO SERVICE EQUIPMENT SUCH AS VALVES, GAUGES OR ACCESSORIES, IF INSTALLED ABOVE AN INACCESSIBLE CEILING. COORDINATE CEILING ACCESS DOOR LOCATIONS AND SIZES WITH ARCHITECT.
12. EXPOSED SURFACES OF EXISTING EQUIPMENT AND FIXTURES SHALL BE COVERED / PROTECTED DURING CONSTRUCTION.
13. SEAL ALL WALL, ROOF AND FLOOR PENETRATIONS AIR-TIGHT AT PIPE PENETRATIONS. IN ADDITION, ALL PENETRATIONS THRU FLOORS AND FIRE RATED WALLS TO BE SEALED AS PER UL DETAILS, EQUIVALENT TO ASSEMBLY RATING.
14. PIPING SHALL NOT BE INSTALLED ABOVE ELECTRICAL PANELS. COORDINATE INSTALLATION OF PIPING WITH ELECTRICAL PANELS WHEN SHOWN NEAR PANELS OR OVER ELECTRICAL ROOMS.
15. PROVIDE SHUT OFF VALVES IN A READILY ACCESSIBLE LOCATION FOR ALL PIPING SYSTEMS AND AT ALL BRANCH PIPING FEEDING MORE THAN ONE GROUP OF FIXTURES.
16. ALL PIPING SHALL BE RUN CONCEALED IN FINISHED AREAS, UNLESS OTHERWISE INDICATED. COORDINATE PIPING INSTALLATION WITH WORK OF OTHER TRADES TO ENSURE CONCEALMENT.
17. PROVIDE A 3/4" HOSE END DRAIN VALVE AND CAP AT LOW POINTS IN PIPING SYSTEMS AND AT THE BASE OF ALL RISERS.
18. SLEEVE PIPE PENETRATIONS AT WALLS AND FLOORS.
19. COORDINATE ALL WALL/FOUNDATION PENETRATIONS WITH GENERAL CONTRACTOR AND SEAL WEATHERTIGHT. PROVIDE STAINLESS STEEL ESCUTCHEON PLATE/TRIM RING FOR EACH ABOVE GRADE PENETRATION (BOTH SIDES).
20. INSTALL ESCUTCHEONS FOR PIPING PENETRATIONS OF WALLS, CEILINGS AND FLOORS.
21. SOLDERED JOINTS: APPLY ASTM B813 WATER SOLUBLE FLUX. JOIN COPPER PIPE AND FITTINGS ACCORDING TO CDA'S "COPPER TUBE HANDBOOK".
22. CAST-IRON JOINTS: JOIN ACCORDING TO CISPI'S "CAST IRON SOIL PIPE AND FITTINGS HANDBOOK" FOR COMPRESSION JOINTS.
23. INSTALL SHOCK ABSORBERS PER PDI-WH 201 STANDARD SIZES A THRU F WHERE INDICATED.
24. TEST AND CLEAN WATER SERVICE PIPING USING PROCEDURES PRESCRIBED BY AUTHORITIES HAVING JURISDICTION OR USE PROCEDURES DESCRIBED IN AWWA C651 OR AWWA C652.
25. TEST SANITARY PIPING USING PROCEDURES PRESCRIBED BY AUTHORITIES HAVING JURISDICTION OR FILL SYSTEM WITH WATER TO NOT LESS THAN 10-FOOT OF HEAD. WATER LEVEL MUST NOT DROP IN 15 MINUTES. REMOVE DIRT AND DEBRIS AS WORK PROGRESSES.
26. INSTRUCT THE OWNER IN THE PROPER OPERATION AND MAINTENANCE OF THE PLUMBING SYSTEMS UNTIL THE OWNER IS FULLY PREPARED TO OPERATE AND MAINTAIN THE MECHANICAL SYSTEM.
27. SYSTEMS SHALL OPERATE UNDER CONDITIONS OF LOAD WITHOUT UNUSUAL OR EXCESSIVE NOISE OR VIBRATION. UNUSUAL OR EXCESSIVE NOISE OR VIBRATION SHALL BE CORRECTED.
28. EQUIPMENT, MATERIALS AND LABOR REQUIRED BY THESE CONTRACT DRAWINGS SHALL BE GUARANTEED TO BE FREE FROM DEFECTIVE MATERIALS OR WORKMANSHIP FOR ONE YEAR AFTER FINAL ACCEPTANCE OF THE PROJECT UNLESS SPECIFIED OTHERWISE. DEFECTIVE MATERIALS OR WORKMANSHIP OCCURRING DURING THIS PERIOD SHALL BE CORRECTED AT NO ADDITIONAL COST.

MEDICAL SYMBOLS LIST

SYMBOL	DESCRIPTION
SL	VACUUM SLIDE
O2	OXYGEN OUTLET
MA	MEDICAL AIR OUTLET
MV	VACUUM OUTLET
WAG	WASTE ANESTHETIC GAS DISPOSAL

WATER SAFETY MANAGEMENT PLAN:

ROUTINE OR EMERGENCY MAINTENANCE REPAIRS TO THE DOMESTIC WATER SYSTEM, SYSTEM RENOVATIONS, OR THE ADDITION OF NEW WATER SYSTEMS OR SYSTEM COMPONENTS CAN CAUSE SERVICE DISRUPTION AND CHANGES IN OVERALL BUILDING WATER QUALITY. THESE ACTIVITIES INCLUDE: REPLACEMENT OF PUMPS, TANKS, VALVES OR OTHER CONNECTIONS TO THE WATER SYSTEM FOR OTHER SERVICES, OR CHANGES IN WATER TREATMENT. DURING PLANNED MAINTENANCE OR CONSTRUCTION ON THE WATER SYSTEM, DO THE FOLLOWING:

A. IF POSSIBLE, ISOLATE THE SECTION OF THE WATER SYSTEM IMPACTED BY THE WORK. IF NOT POSSIBLE, RESTRICT USE IN THE AFFECTED AREA.

B. DURING THE COURSE OF THE WORK, KEEP NEW COMPONENTS SCHEDULED FOR INSTALLATION CLEAN AND DRY. INSPECT EACH COMPONENT BEFORE INSTALLATION TO MAKE SURE IT IS CLEAN/FREE OF DEBRIS.

C. FOR SMALL/ISOLATED MAINTENANCE/REPAIR ACTIVITIES:
1. SWAB OR SPRAY ALL INTERIOR SURFACES OF THE SYSTEM COMPONENTS WITH A MINIMUM 1-5 SOLUTION OF CHLORINE JUST PRIOR TO BEING INSTALLED.
2. SHOW THE LOCATIONS OF EACH PIECE OF EQUIPMENT ASSOCIATED WITH THE BUILDING WATER SYSTEMS.
3. SHOW THE LOCATION OF ALL HVAC OUTDOOR AIR INTAKES.
4. RECORD ALL ACTIONS TAKEN IN PREPARATION OF, DURING, AND FOLLOWING THE CORRECTIVE ACTION.

D. FINAL DRAWINGS AND DOCUMENTS OF THE ACTUAL INSTALLATION SHALL BE PROVIDED TO THE OWNER AND ARCHITECT IN COMPLIANCE WITH ASHRAE 188 SECTION 8.2. COORDINATE WITH PROJECT SUBMITTAL AND O&M REQUIREMENTS, INCLUDE THE FOLLOWING:
1. A DRAWING OF THE WATER DISTRIBUTION PIPING SYSTEM INCLUDING PIPE SIZES AND MONITORING POINTS NECESSARY TO CONFIRM TO DESIGN TEMPERATURES THROUGHOUT THE SYSTEM.
2. SHOW THE LOCATIONS OF EACH PIECE OF EQUIPMENT ASSOCIATED WITH THE BUILDING WATER SYSTEMS.
3. SHOW THE LOCATION OF ALL HVAC OUTDOOR AIR INTAKES.
4. INDICATE THE SIZE AND SELECTED OPTIONS FOR EACH PIECE OF WATER SYSTEM EQUIPMENT.
5. APPLICABLE CONTROL SYSTEM WIRING DIAGRAMS, SCHEMATICS, EQUIPMENT AND COMPONENT LOCATIONS, CALIBRATION INFORMATION, AND OPERATION SEQUENCES.
6. PRODUCT DATE FOR BUILDING WATER SYSTEM MATERIAL COMPONENTS AND INSULATIONS.
7. SAFETY DATA SHEETS FOR APPLICABLE MATERIALS USED FOR BUILDING WATER SYSTEM TREATMENT, CLEANING, FLUSHING, DISINFECTING, AND SEALING.
8. INSTALLATION REQUIREMENTS FOR ALL EQUIPMENT.
9. START-UP REQUIREMENTS FOR ALL EQUIPMENT AND SYSTEMS.
10. MAINTENANCE PROCEDURES FOR ALL EQUIPMENT AND WATER SYSTEMS, INCLUDING REQUIRED ACTIONS, FREQUENCIES, AND DURATIONS.

E. WHERE EXISTING CEILING OR WALLS ARE REMOVED DURING CONSTRUCTION, IDENTIFY ALL PARTS OF THE DOMESTIC WATER SYSTEM WHERE WATER MAY STAGNATE SUCH AS "DEAD LEGS" (SECTION OF PLUMBING THAT HAVE BEEN ALTERED OR CAPPED SUCH THAT WATER CANNOT FLOW THROUGH THEM) PRIOR TO STARTING ANY WORK. NOTIFY THE OWNER OF ANY DEAD LEGS AND PROVIDE A CONSTRUCTION COST PROPOSAL TO CORRECT THIS CONDITION.

F. ELIMINATE OR MINIMIZE THE USE OF RUBBER, PLASTIC AND SILICONE GASKETS IN THE PLUMBING SYSTEM.

G. IDENTIFY AND TEST THE INTEGRITY OF ANY BACKFLOW PREVENTER IN THE CONSTRUCTION WORK AREA PER NEW YORK STATE DEPARTMENT OF HEALTH CROSS CONNECTION CONTROL HANDBOOK.

H. FLUSH ANY EXISTING SAFETY SHOWER AND EMERGENCY EYEWASH STATION IN THE CONSTRUCTION WORK AREA AT LEAST ONCE A MONTH DURING THE CONSTRUCTION PERIOD.

I. HOT AND COLD-WATER SYSTEMS SHALL BE FLUSHED AND DISINFECTED WITHIN TWO WEEKS OF ALLOWING OCCUPANCY OR USE OF SYSTEM. HOT WATER SHALL BE TESTED FOR LEGIONELLA PRIOR TO OCCUPANCY AT LEAST ONE WEEK AFTER DISINFECTION.

GENERAL PLUMBING DEMOLITION NOTES:

A. SURVEY EXISTING CONDITIONS AND CORRELATE WITH REQUIREMENTS INDICATED TO DETERMINE EXTENT OF SELECTIVE DEMOLITION REQUIRED.

B. DEMOLITION DRAWINGS SHOW IN GENERAL MAJOR EQUIPMENT, PIPING AND EQUIPMENT REMOVALS. THE INTENT IS NOT TO IDENTIFY ALL MISCELLANEOUS PIPING, PIPING ACCESSORIES, SUPPORTS, CONTROLS, CONTROL ACCESSORIES, CONTROL WIRING AND CONDUIT TO BE DISCONNECTED AND REMOVED BUT IS THE REQUIREMENT UNDER THIS CONTRACT. NO EQUIPMENT OR PIPING SHALL BE ABANDONED IN PLACE UNLESS OTHERWISE NOTED ON THE DRAWINGS.

C. REMOVE PORTIONS OF PIPING INDICATED TO BE REMOVED AND CAP OR PLUG REMAINING PIPING WITH SAME OR COMPATIBLE PIPING MATERIAL.

D. DISCONNECT AND CAP SERVICES TO EQUIPMENT/FIXTURES TO BE REMOVED. REMOVE FIXTURE ROUGH-INS, SANITARY, VENT AND DOMESTIC WATER PIPING, INSULATION, HANGERS AND ACCESSORIES. CAP PIPING AT MAINS. CAP WATER PIPING AS CLOSE AS POSSIBLE TO MAINS. DO NOT LEAVE "DEADLEGS".

E. FOR EQUIPMENT AND SYSTEMS TO REMAIN IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY THE CONDITIONS OF, EXACT SIZES AND LOCATION OF EXISTING PIPING ETC. BEFORE DEMOLITION WORK IS BEGUN. REPORT ANY DISCREPANCIES BETWEEN PLANS AND ACTUAL FIELD CONDITIONS TO THE OWNER'S REPRESENTATIVE AND ENGINEER PRIOR TO THE COMMENCEMENT OF DEMOLITION WORK.

F. ALL MATERIALS, EQUIPMENT, METHODS OF INSTALLATION, REMOVALS AND DISPOSAL SHALL BE IN ACCORDANCE WITH THE STANDARDS, REGULATIONS, CODES, ORDINANCES, AND LAWS OF LOCAL, STATE, AND FEDERAL GOVERNMENTS, AND OTHER AUTHORITIES THAT HAVE LAWFUL JURISDICTION.

G. REMOVE THE INDICATED PLUMBING ITEMS AS SHOWN ON THE PLANS. THIS INCLUDES ALL FIXTURES, HANGERS, STRAPS, AND RELATED MATERIALS. AS DIRECTED THIS MATERIAL SHALL BE REMOVED FROM THE SITE OR TURNED OVER TO THE OWNER (AS DIRECTED BY THE OWNER).

H. PATCH AND MATCH OPENINGS IN WALLS TO MAINTAIN THE INTEGRITY OF THE WALL IN THE LOCATIONS WHERE FIXTURES, PIPING, ETC. HAVE BEEN REMOVED. (MAINTAIN THE EXISTING RATINGS).

I. ALL CAPPED LINES FROM EQUIPMENT SHALL BE IDENTIFIED WITH STENCILED SERVICE. LOCATE WITHIN 3'-0" OF CAP.

J. ALL DEMOLITION WORK SHALL COMPLY WITH NFPA 241 AND REQUIREMENTS OF THE OWNER/FACILITY.

PLUMBING DRAWING INDEX

Sheet Number	Sheet Name
22065 P001	GENERAL INFORMATION
22065 P002	SCHEDULES
22065 P101	PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA
22065 P102	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA PLUMBING
22065 P103	PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA MED GAS
22065 P501	DETAILS
22065 PD101	PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 1 AREA
22065 PD102	PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 2 AREA PLUMBING

CODE SUMMARY / STANDARDS:

A. THE 2020 EDITION OF THE BUILDING CODE OF NEW YORK STATE.
B. THE 2020 EDITION OF THE PLUMBING CODE OF NEW YORK STATE.
C. THE 2020 EDITION OF THE MECHANICAL CODE OF NEW YORK STATE.
D. THE 2020 EDITION OF THE ENERGY CONSERVATION CODE OF NEW YORK STATE.
E. THE 2012 EDITION OF NFPA 54 NATIONAL FUEL GAS CODE.
F. THE 2010 EDITION OF NFPA 55 COMPRESSED GASES AND CRYOGENIC FLUIDS CODE.
G. THE 2010 EDITION OF NFPA 58 LIQUEFIED PETROLEUM GAS CODE.
H. THE 2012 EDITIONS OF NFPA 99 HEALTH CARE FACILITIES CODE.
I. THE 2012 EDITION OF NFPA 101 LIFE SAFETY CODE.
J. THE 2018 EDITION OF "GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS" (FACILITY GUIDELINES INSTITUTE).
K. ICC/ANSI A117.1: ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES.
L. ANSI/ASHRAE STANDARD 188-2018 EDITION "LEGIONELLOSIS: RISK MANAGEMENT FOR BUILDING WATER SYSTEMS."
M. ANSI Z358.1: EMERGENCY EYEWASH AND SHOWER EQUIPMENT.

INFECTION CONTROL MEASURES:

1. CONTRACTOR SHALL OBTAIN FROM THE OWNER A COPY OF THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PREPARED FOR THIS PROJECT. CONTRACTOR SHALL REVIEW THE REQUIREMENTS IN THE REPORT AND PERFORM ALL WORK IN ACCORDANCE WITH THOSE REQUIREMENTS. CONTRACTOR SHALL STRICTLY ADHERE TO THE LIMITS OF THE CONSTRUCTION AREA, AND WHERE PHASING APPLIES SHALL ADHERE TO PHASING PLAN. ANY WORK OUTSIDE THE CONSTRUCTION AREA SHALL BE COORDINATED WITH THE OWNER AND PERFORMED IN ACCORDANCE WITH THE ICRA REPORT, UNDER SUPERVISION OF THE OWNER REPRESENTATIVE OR OTHER DESIGNATED ICRA COMMITTEE OFFICER.

MEDICAL GAS INSTALLATION NOTES:

A. INSTALL MEDICAL GAS SERVICE CONNECTIONS TO OUTLETS RECESSED IN WALL UNLESS OTHERWISE NOTED. ATTACH OUTLET ROUGHING-IN ASSEMBLY TO SUBSTRATE; ATTACH FINISHING ASSEMBLY TO ROUGHING-IN ASSEMBLY.

B. INSTALL ZONE VALVE BOX RECESSED IN WALL WITH VALVE AND GAUGES IN VALVE BOX. ARRANGE VALVES SO LARGEST VALVE IS LOWEST. ROTATE VALVES TO ANGLE THAT PREVENTS CLOSURE OF COVER WHEN VALVE IS IN CLOSED POSITION.

C. INSTALL IDENTIFYING LABELS ACCORDING TO NFPA 99, 2012 EDITION.

D. ENGAGE HOSPITALS TESTING AGENCY TO PERFORM TESTS AND INSPECTIONS ACCORDING TO NFPA 99. CERTIFY THAT ALL INSPECTIONS, TESTS AND PROCEDURES HAVE BEEN PERFORMED.

E. PROVIDE CHEMETRON MODEL #22-13-1197 VACUUM REGULATOR AND CARDINAL HEALTH MODEL #65652-517 CANISTER FOR EACH VACUUM OUTLET. COORDINATE WITH OWNER.

EQUIPMENT ELECTRICAL CHARACTERISTICS:

A. VERIFY THAT MOTORS AND EQUIPMENT MATCH FIELD VOLTAGE PRIOR TO ORDERING EQUIPMENT.

MECHANICAL ROOM NOTES:

A. EQUIPMENT SIZES AND SERVICE SPACE REQUIREMENTS MAY VARY BETWEEN DIFFERENT MANUFACTURERS. CONSULT MANUFACTURER'S INSTALLATION DRAWINGS SUBMITTED AND APPROVED FOR APPLICATION WITH MECHANICAL ROOM EQUIPMENT.

B. SLEEVE PIPE PENETRATIONS AT WALLS AND FLOORS.

C. DO NOT BLOCK TUBE PULL OR SERVICE SPACE ON EQUIPMENT WITH PIPING, ACCESSORIES, ETC. FLANGED OR REMOVABLE SECTIONS MAY BE USED WHERE TIGHT CLEARANCES EXIST AND LABEL AS SUCH.

D. PIPE DRAIN LINES FROM EQUIPMENT TO NEAREST FLOOR DRAIN. REFER TO DRAWINGS FOR LOCATIONS OF FLOOR DRAINS.

E. PAINT PIPING AND EQUIPMENT SUPPORT STEEL FRAMING, WITH ONE COAT OF RUSTOLEUM PRIMER AND ONE COAT OF BLACK RUSTOLEUM FINISH COAT.

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENTIONAL RADIOLOGY

AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231365
DRAWN BY:	WTT/MKR

GENERAL INFORMATION

22065 P001

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WATER HAMMER ARRESTER SCHEDULE

NO.	* FIXTURE UNIT RATING	SIZE IN INCHES	PDI SYMBOL
WH-A	1 - 11	1/2"	A
WH-B	12 - 32	3/4"	B

* SIZING DATA BASED ON THE PLUMBING AND DRAINAGE STANDARD P.D.I.-WH201

INSULATION SCHEDULE

TYPE	EQUIPMENT OR SYSTEM SERVED	INSULATION CLASS (a)			JACKETING CLASS (b)			THICKNESS (IN) NOMINAL PIPE SIZE (IN)			
		INTERIOR CONCEALED	INTERIOR EXPOSED	EXTERIOR	INTERIOR GENERAL	INTERIOR EXPOSED	EXTERIOR	.5 - 1.25	1.5 - 4	5 - 6	8 & UP
A	CW	FG --	-- FG	-- --	0 --	-- 2	-- --	0.5 0.5	1 1	1 1	1 1
B	COOLING COIL CONDENSATE	FG --	-- FG	-- --	0 --	-- 2	-- --	0.5 0.5	0.5 0.5	0.5 0.5	0.5 0.5
C	HW, HWC	FG --	-- FG	-- --	1 --	-- 2	-- --	1 1	1.5 1.5	1.5 1.5	1.5 1.5

(a) FG - - FIBROUS GLASS

(b) 0 - - NONE
1 - - ALL SERVICE
2 - - POLYVINYL CHLORIDE

PLUMBING PIPING SCHEDULE

SERVICE	PIPE SIZES	PIPE MATERIAL	FITTINGS	CONNECTIONS	REMARKS
DOMESTIC COLD WATER, DOMESTIC HOT WATER AND RE-CIRCULATED HOT WATER PIPING	3 INCH AND SMALLER	TYPE L COPPER	WROUGHT COPPER OR CAST BRONZE	NO-LEAD SOLDER / PRESS FIT	
	4 INCH AND LARGER	TYPE L COPPER	WROUGHT COPPER	NO-LEAD SOLDER / PRESS FIT	
	4 INCH AND LARGER	TYPE L COPPER	WROUGHT COPPER OR CAST BRONZE	ROLLED MECHANICAL TYPE COUPLING	
SANITARY, SANITARY VENT	--	SERVICE WEIGHT CAST IRON SOIL PIPE	CAST IRON HUB AND SPIGOT / NO-HUB	NEOPRENE COMPRESSION TYPE GASKET NO-HUB NEOPRENE GASKET & SS CLAMP	NO-HUB ABOVE GRADE ONLY
	--	TYPE DWV COPPER	WROUGHT COPPER		
	--	SCHEDULE 40 PVC, SOLID WALL	PVC, SOCKET TYPE	SOLVENT CEMENT	
STORM	--	SERVICE WEIGHT CAST IRON SOIL PIPE	CAST IRON HUB AND SPIGOT	NEOPRENE COMPRESSION TYPE GASKET	
		SERVICE WEIGHT CAST IRON SOIL PIPE	NO-HUB	NO HUB NEOPRENE GASKET & SS CLAMP	ABOVE GRADE ONLY
INDIRECT WASTE /CONDENSATE	--	TYPE DWV COPPER	WROUGHT COPPER	NO-LEAD SOLDER	
	--	TYPE DWV COPPER	WROUGHT COPPER	NO-LEAD SOLDER	
	--	SCHEDULE 40 PVC, SOLID WALL	PVC, SOCKET TYPE	SOLVENT CEMENT	
MEDICAL GASES	--	TYPE K COPPER	WROUGHT COPPER	BRAZED	

FIXTURE AND EQUIPMENT SCHEDULE

DESIGNATION	DESCRIPTION	WASTE OR SANITARY	VENT	HOT	COLD	FIXTURE MODEL	SEAT	FLUSH VALVE MODEL	CARRIER MODEL	FAUCET	SUPPLIES	TRAP	REMARKS
SK-A	INTEGRAL WITH COUNTER	1 1/2"	1 1/2"	1/2"	1/2"	BY GENERAL CONTRACTOR	-	-	-	MOEN M8278SMF12	McGUIRE 2167-LK-P	McGUIRE 8912-P	ADA , NON-AERATING LAMINAR FLOW, 4" WRIST BLADES, TWO HOLE
SS-A	SCRUB SINK	1 1/2"	1 1/2"	1/2"	1/2"	AMSCO ONE STATION	-	-	-	INTEGRAL	McGUIRE 2167-LK-P	McGUIRE 8912-P	32" x 27-9/32" x 51-1/2"

REMARKS:
1. ROUGH ACCORDING TO ABOVE SCHEDULE UNLESS OTHERWISE INDICATED ON DRAWINGS.
2. HEADERS INDICATED AT FIXTURES TO BE FULL SIZE FOR THEIR ENTIRE LENGTH. PROVIDE WATER HAMMER ARRESTER ON HEADER.
3. ADA LAVATORIES/SINKS PROVIDE ALL EXPOSED PIPING WITH PERFORMED INSULATION; SUPPLIES, TRAP, WASTE WITH SET SCREW ESCUTCHEONS.

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AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
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SCHEDULES

22065 P002

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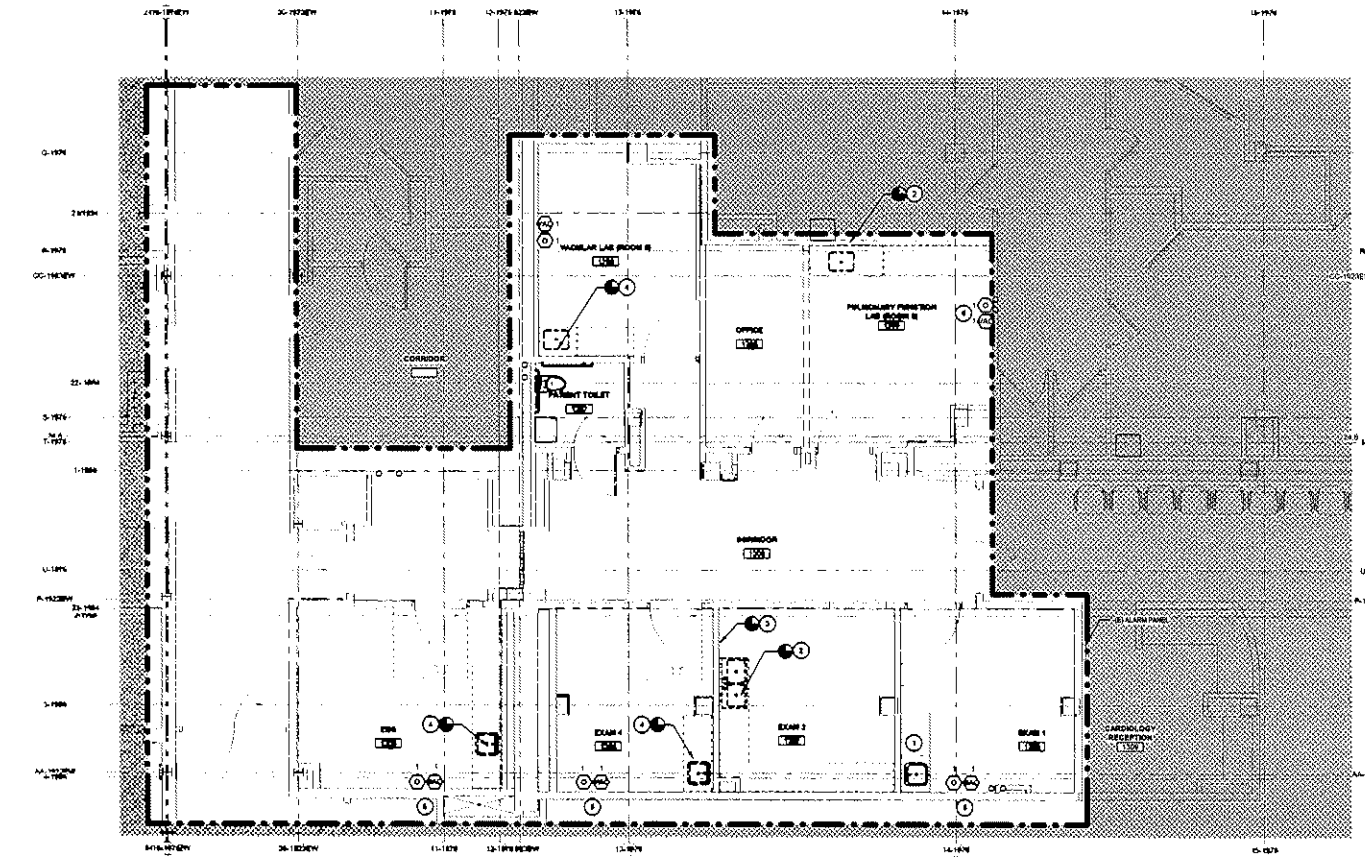
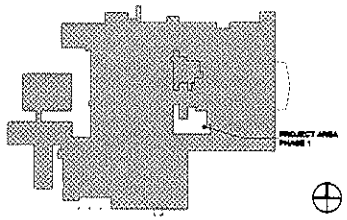


1 PARTIAL FIRST FLOOR DEMO PLAN - PHASE 1 AREA PLUMBING

DEMOLITION KEYED NOTES

1. EXISTING SINK TO REMAIN.
2. REMOVE EXISTING SINK IN ITS ENTIRETY INCLUDING ALL APPURTENANCES. CAP EXISTING SANITARY, VENT, HOT WATER, COLD WATER PIPING AT MAIN.
3. REMOVE EXISTING 1-1/2" SANITARY AND 3/4" COLD WATER PIPING BACK INTO WALL AND CAP WITHIN WALL.
4. REMOVE EXISTING SINK IN ITS ENTIRETY INCLUDING ALL APPURTENANCES. EXISTING HOT AND COLD WATER, SANITARY AND VENT PIPING TO BE EXTENED TO NEW SINK. SEE NEW WORK DRAWING FOR CONTINUTION OF WORK IN THIS AREA.
5. EXISTING MED GAS OUTLETS TO REMAIN.
6. EXISTING MED GAS OUTLETS TO BE REMOVED. REMOVE PIPING BACK TO MAIN AND CAP AT MAIN.



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AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2023
PROJECT:	22065
CON NO:	22-1245
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PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 1 AREA

22065 PD101

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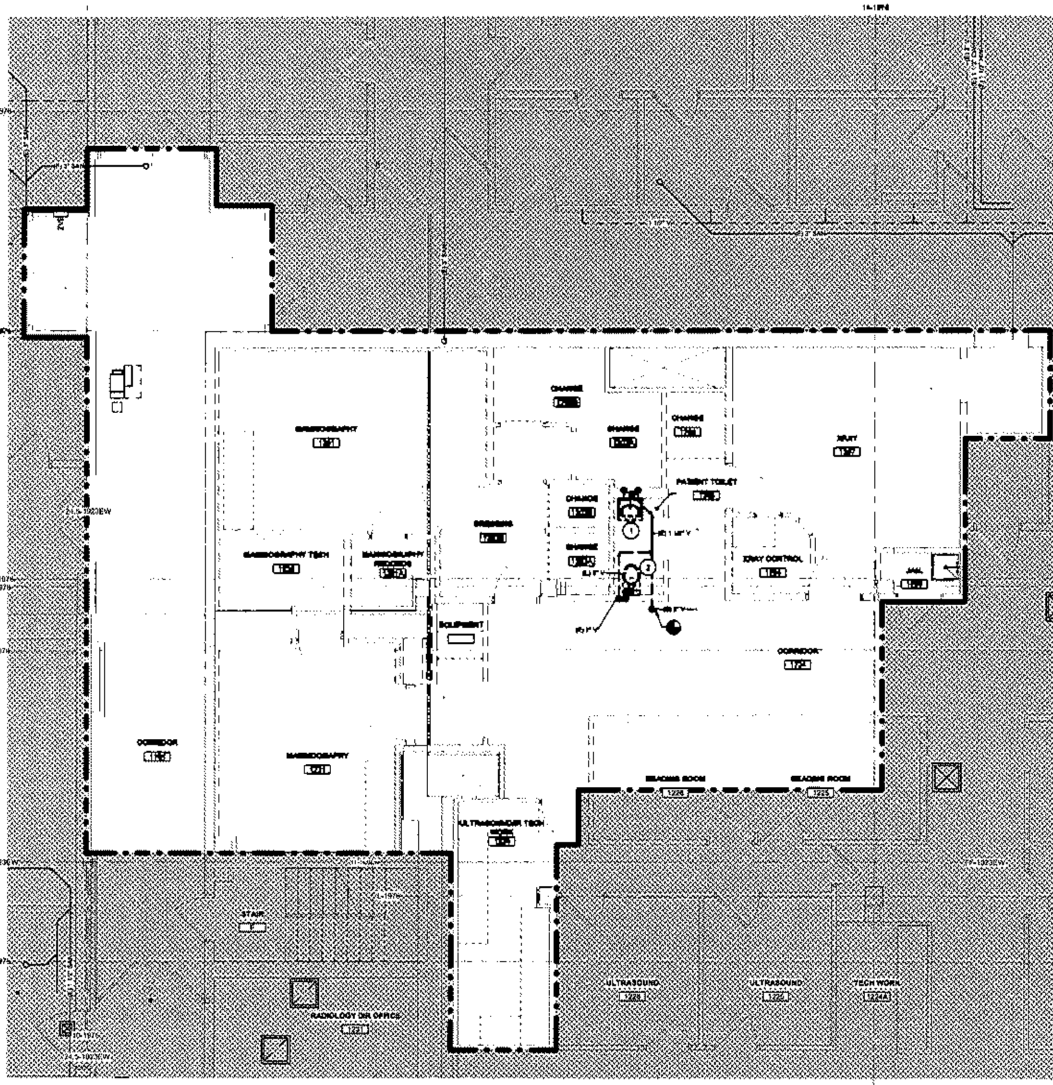
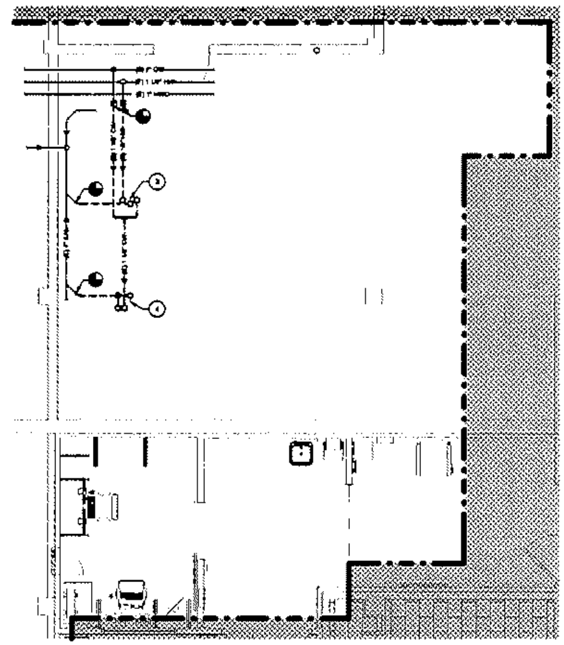


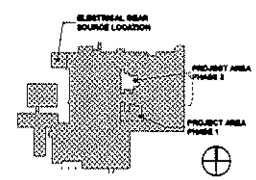
① PARTIAL FIRST FLOOR DEMO PLAN - PHASE 2 AREA - PLUMBING



② PARTIAL GROUND FLOOR DEMO PLAN - PHASE 2 AREA - PLUMBING

DEMOLITION KEYED NOTES ④

1. REMOVE EXISTING LAVATORY IN ITS ENTIRETY INCLUDING ALL APPURTENANCES. REMOVE PIPING BACK TO POINTS INDICATED ON DRAWINGS CAP AND VALVE AT MAIN AS REQUIRED.
2. REMOVE EXISTING WATER CLOSET IN ITS ENTIRETY INCLUDING ALL APPURTENANCES. REMOVE PIPING BACK TO POINTS INDICATED ON DRAWINGS CAP AND VALVE AT MAIN AS REQUIRED.
3. REMOVE 1/2" CW-UP, 1/2" HW-UP, 1 1/2" SAN-UP SERVING LAVATORY BACK TO POINTS INDICATED ON DRAWINGS. CAP AND VALVE AS REQUIRED.
4. REMOVE 1 1/2" CW-UP, 2" V-UP, 4" SAN-UP BACK TO POINTS INDICATED ON DRAWINGS. CAP AND VALVE AS REQUIRED.



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INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

PARTIAL FIRST FLOOR DEMOLITION PLAN - PHASE 2 AREA PLUMBING

22065 PD102

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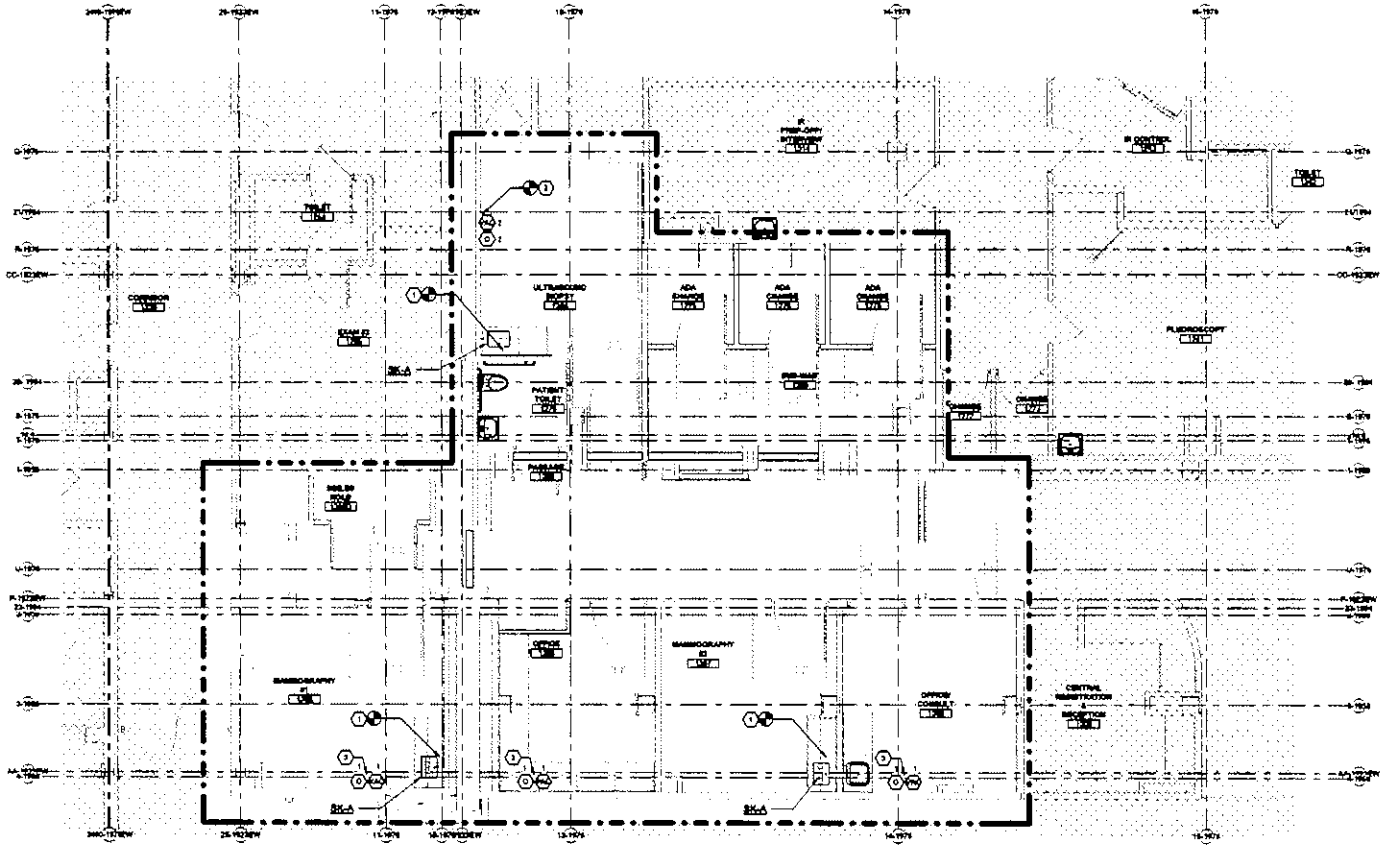
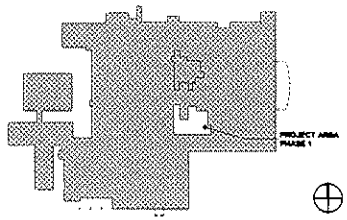
NEW WORK KEYED NOTES (#)

1. EXTEND EXISTING 1/2" HOT AND COLD WATER, SANITARY AND VENT PIPING AS REQUIRED TO ACCOMMODATED NEW SK-A.
2. FOR CONTINUATION OF WORK IN THIS AREA, SEE DETAIL "TYPICAL HEADWALL FOR BIOPSY ROOM".
3. MED GAS OUTLETS EXISTING TO REMAIN.



1 PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA - PLUMBING



KEY PLAN

HOLT ARCHITECTS
Architecture
Planning
Interior Design

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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/17/2023
PROJECT:	22065
CON NO:	23 1369
DRAWN BY:	WTT/MKR

PARTIAL FIRST FLOOR PLAN - PHASE 1 AREA

22065 P101

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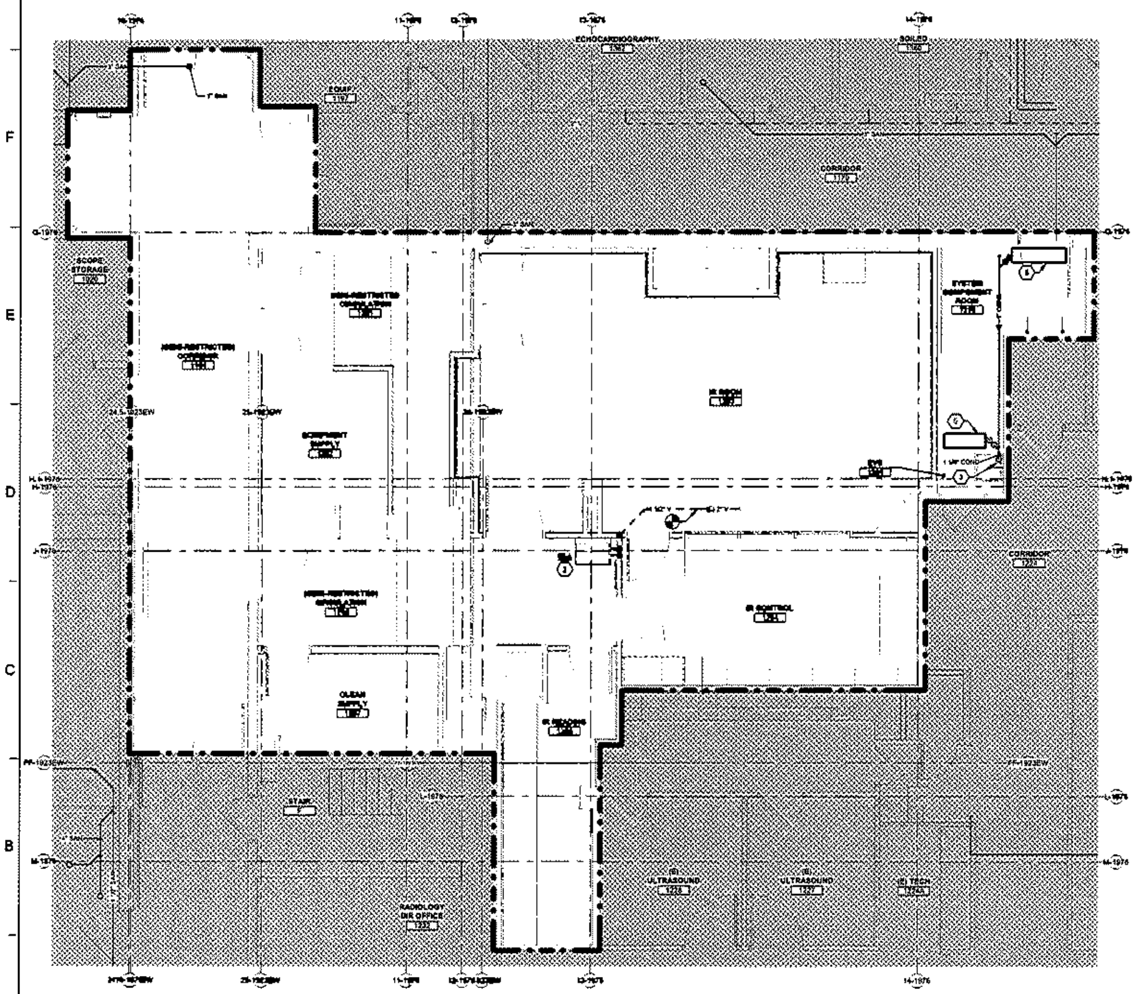
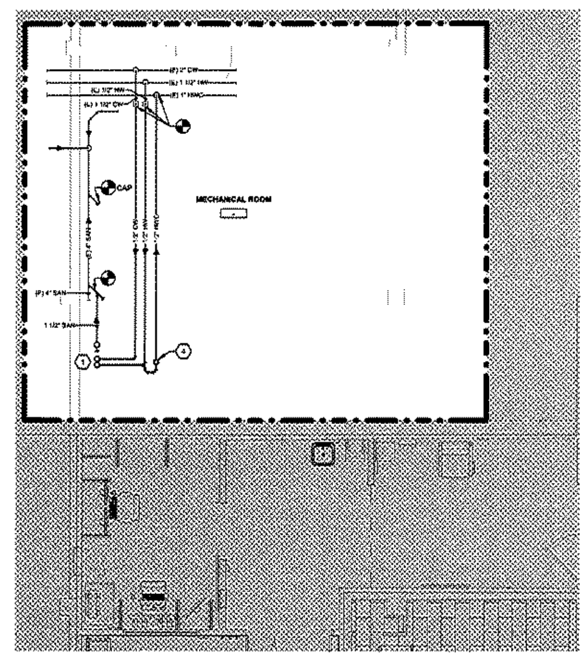


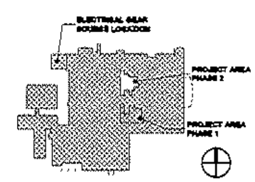
① PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA - PLUMBING

KEYED NOTES

1. 1/2" CW-UP, 1/2" HW-UP, 1 1/2" SAN-UP TO SS-A.
2. PROVIDE SS-A, 1/2" CW-DN, 1/2" HW-DN, 1 1/2" SAN-DN, 1 1/2" V-UP.
3. EXISTING MOP BASIN TO REMAIN, 1-1/4" CONDENSATE DRAIN DROP TO MOP BASIN WITH AIR GAP.
4. SEE DOMESTIC HOT WATER BALANCING VALVE ASSEMBLY DETAIL.
5. ACU AND CONDENSATE PUMP BY MECHANICAL CONTRACTOR, PROVIDE 1" CONDENSATE.



② PARTIAL GROUND FLOOR PLAN - PHASE 2 AREA - PLUMBING



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AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA PLUMBING

22065 P102

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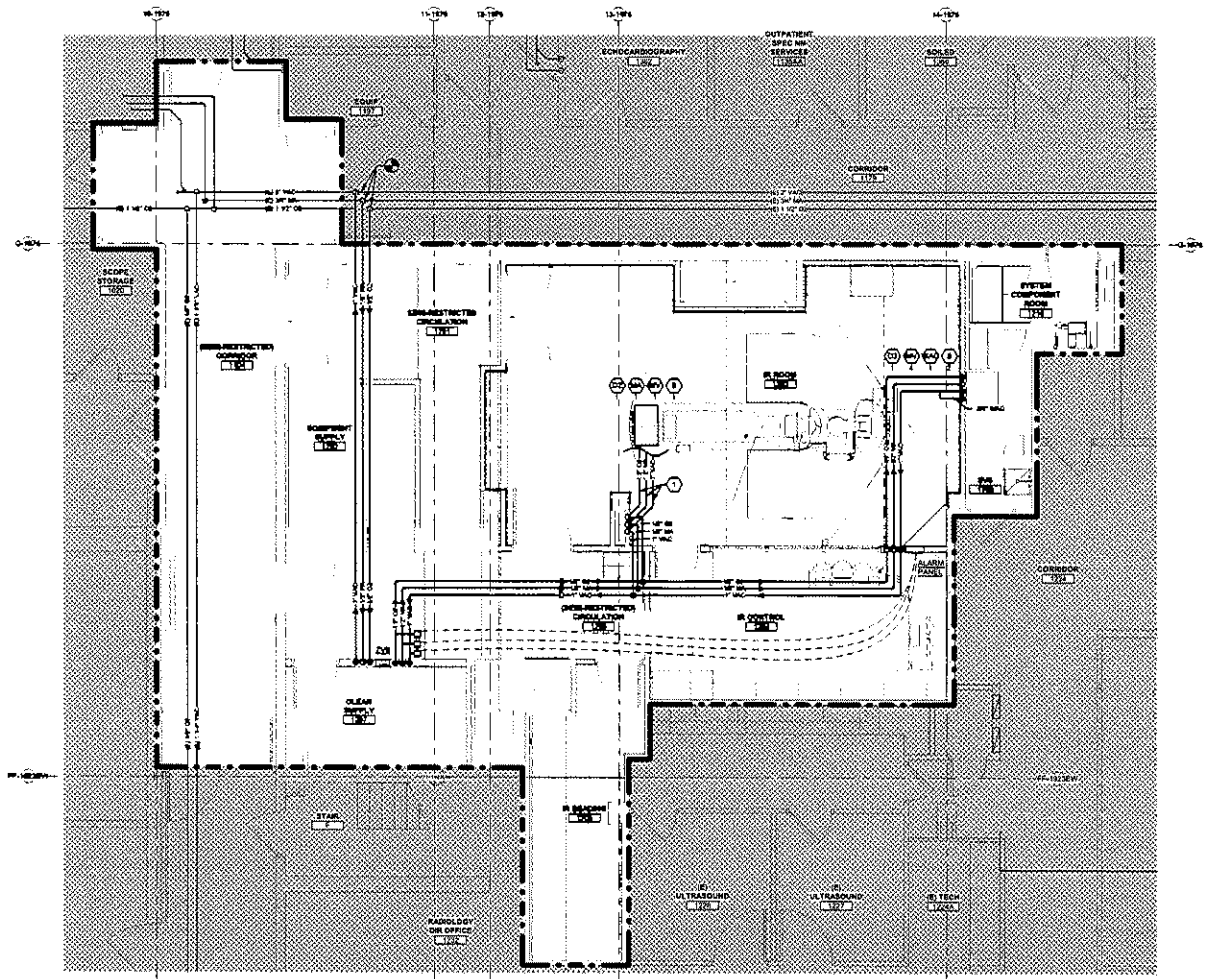
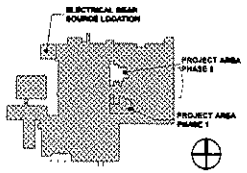


1 PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA MED GAS

KEYED NOTES

1. MED GAS PIPING RUN IN CEILING BELOW. SEE MED GAS DIAGRAM. PIPING TO BE COORDINATED WITH EXISTING MECHANICAL ROOM ON FLOOR BELOW.



KEY PLAN

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AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CDH NO:	221266
DRAWN BY:	WTT/MKR

PARTIAL FIRST FLOOR PLAN - PHASE 2 AREA MED GAS

22065 P103

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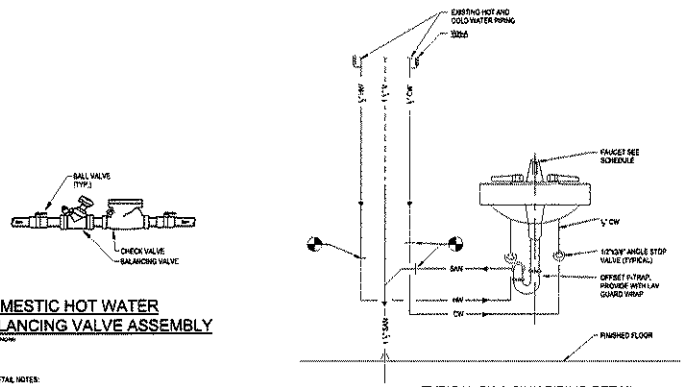


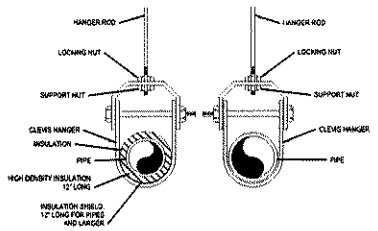
TYPICAL SK-A SINK PIPING DETAIL

DOMESTIC HOT WATER BALANCING VALVE ASSEMBLY

DETAIL NOTES:

A. REFER TO PLANS FOR LOCATION.

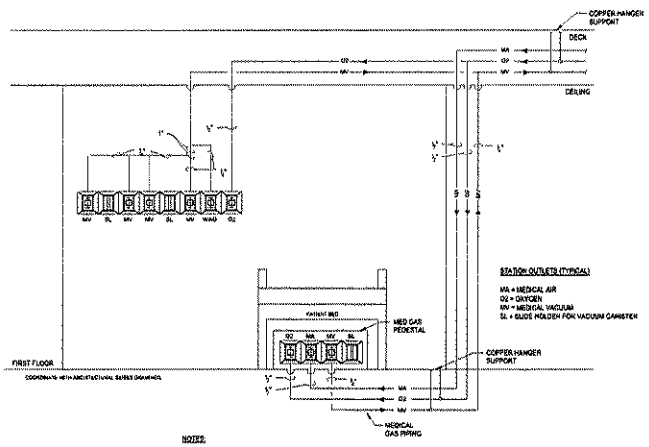
B. BALANCE VALVE TO BE SET AT 0.6 GPM UNLESS OTHERWISE NOTED.



HANGER ROD SCHEDULE	
PIPE SIZE	ROD SIZE
UP TO 2"	3/8" DIA.
2-1/2" THRU 3"	1/2" DIA.
4" AND 5"	5/8"
6" THRU 8"	3/4"
10"	7/8"

HANGER ROD SPACING	
PIPE SIZE	MAX. ALLOWABLE SPACING
1"	7'
1-1/4"	8'
1-1/2"	9'
2"	10'
2-1/2"	11'
3" THRU 6"	12'
10" & 12"	15'

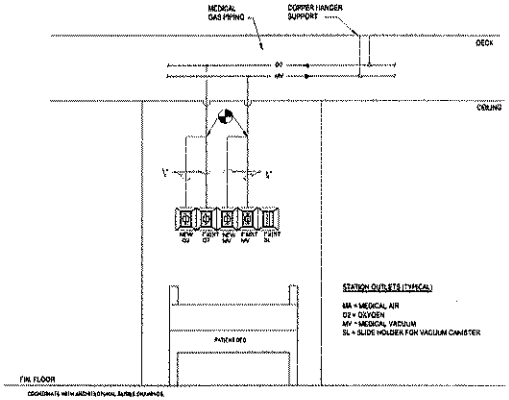
PLUMBING PIPE HANGER INSTALLATION DETAIL



NOTES:

1. REFER TO ARCHITECTURAL ELEVATION FOR PLACEMENT OF MEDICAL GAS OUTLET.

TYPICAL HEADWALL IR ROOM



NOTES:

1. REFER TO ARCHITECTURAL ELEVATION FOR PLACEMENT OF MEDICAL GAS OUTLET.

TYPICAL HEADWALL FOR BIOPSY ROOM

HOLT ARCHITECTS
Architecture
Planning
Interior Design
419 W. State Street
Ithaca, New York 14850
69 State Street
Albany, New York 12207
132 E. Jefferson Street
Syracuse, New York 13202
p 607 273 7680 www.holt.com

IPD
BUFFALO
ROCHESTER
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UTICA
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REVISION SCHEDULE

NAME	DATE

IMAGING DEPARTMENT RENOVATIONS FOR
INTERVENTIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
17 Lansing Street, Auburn, New York 13021

DATE:	04/19/2024
PROJECT:	22065
CON NO:	231368
DRAWN BY:	WTT/MKR

DETAILS

22065 P501

Schedule 6
Architectural/Engineering Submission

Contents:

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
  - Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over $15 Million, or Projects Requiring a Waiver (PDF)
  - Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY. (PDF) (Not to Be Submitted with Self-Certification Projects)
  - Architect's Letter of Certification for Completed Projects (PDF)
  - Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  - FEMA Elevation Certificate and Instructions.pdf
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
  - Physicist's Letter of Certification (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  - NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews
  - DSG-1.0 Schematic Design & Design Development Submission Requirements
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - Attachments must be labeled accordingly when uploading in NYSE-CON.
  - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. Incomplete responses will not be accepted.

Project Description	
Schedule 6 submission date: ***2/2/2026***	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? ***Yes*** If so, what is the original CON number? ***#261018***	
Intent/Purpose: ***Auburn Community Hospital (ACH) would like to add Electrophysiology (EP) services to the newly completed IR/ Cath Lab (CON#231365/ MOD#110625. The IR/ Cath Lab is designed and constructed to be Class 3 Imaging room and therefore exceeds the FGI requirements for a Class 2 Imaging room.***	

New York State Department of Health Certificate of Need Application

Schedule 6

Site Location: ***Auburn Community Hospital 17 Lansing Street, Auburn NY 13021***	
Brief description of current facility, including facility type: ***Auburn Community Hospital is a not-for-profit 99-acute care facility serving the Auburn and surrounding Cayuga County population. As the sole provider of Acute and general hospital services in the county, ACH plays a critical role in providing health care services to the community. Facility Type: Type IB (BCNYS 2020); Type II (222) (NFPA 101 Life Safety Code, 2012).***	
Brief description of proposed facility: ***The IR/ Cath Lab was completed in 2025 and ACH would like to add EP services to their operating certificate. EP procedures need to take place in a Class 2 Imaging room. The IR/ Cath Lab is a Class 3 Imaging room and exceeds Code requirements for EP. This room is used part of the day for IR (Imaging Department) and part of the day for Cath Lab (Cardiac Department). The EP services will be performed by the Cardiac Department.***	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. ***First (1st) Floor of the hospital, I-2 Institutional/ Health Care occupancy (Non-Sleeping).***	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: ***Portions of the building are classified as B-Business Occupancy and are separated from the I-2 Occupancy by 2-HR fire barriers. The area of work is located within the Institutional Group I-2, Article 28 occupancy in an existing partially sprinklered smoke-compartment. The projects area is located in an existing non-sprinklered, non-sleeping patient care suite that serves both Inpatients and Outpatients, but the IR/ Cath Lab is fully-sprinklered.***	
If this is an existing facility, is it currently a licensed Article 28 facility?	**Yes**
Is the project space being converted from a non-Article 28 space to an Article 28 space?	**No**
Relationship of spaces conforming with Article 28 space and non-Article 28 space: ***Not Applicable.***	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. ***Not Applicable.***	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click here to enter text.	***Not Applicable***
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. ***This area was recently constructed. Adding EP services to this room will not change the existing systems- no work is required. Refer to MEP/FP sections of the attached A/E Narrative for the IR/ Cath Lab construction.***	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. ***Not Applicable.***	
Describe existing and or new work for fire detection, alarm, and communication systems: ***Refer to the Electrical section of the attached A/E Narrative.***	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. ***Minimal above the 500-year flood level.***	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted.	

Yes, the existing IR/ Cath Lab has imaging equipment and ACH will purchase additional imaging equipment for EP procedures. Physicist Report to follow in DD Submission.	
Does the project comply with ADA? If no, list all areas of noncompliance. ***Yes.***	
Other pertinent information: Click here to enter text.	
Project Work Area	**Response**
Type of Work	***Alteration***
Square footages of existing areas, existing floor and or existing building.	***577 sf***
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	***577 sf***
Does the work area exceed more than 50% of the smoke compartment, floor or building?	***Less than 50% of the floor***
Sprinkler protection per NFPA 101 Life Safety Code	***Sprinklered throughout***
Construction Type per NFPA 101 Life Safety Code and NFPA 220	***Type II (222)***
Building Height	***57'-5" +/-***
Building Number of Stories	***4 Stories***
Which edition of FGI is being used for this project?	***2018 Edition of FGI***
Is the proposed work area located in a basement or underground building?	***Not Applicable***
Is the proposed work area within a windowless space or building?	***Yes***
Is the building a high-rise?	***No***
If a high-rise, does the building have a generator?	***Not Applicable***
What is the Occupancy Classification per NFPA 101 Life Safety Code?	***Chapter 18 New Health Care Occupancy***
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text.	***No***
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	***Not Applicable***
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	***Not Applicable***
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	***Not Applicable***
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	***Not Applicable***
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. ***#231365 IR/ Cath Lab***	***Yes***
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	***No***
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	***No Change***
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	***No***
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	***Yes***
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	***Yes***
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	***Yes***
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	***No***

Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	***No***
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	***Not Applicable***
Does the project involve a pool?	***No***

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for **CONTINGENT APPROVAL**	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for **CONTINGENCY SATISFACTION**	**Title of Attachment**	**File Name in PDF format**
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form .PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

Architectural Narrative

The project includes a two-phased renovation of the First (1st) Floor Imaging Department to expand and enhance the existing Interventional Radiology (IR) imaging services. The purpose of this project is to provide redundancy and as well as new Class 3 IR imaging. To do so will require a two-phased project that requires relocating the existing mammography imaging services to accommodate the new Class 3 interventional radiology services.

PHASE 1: OUTPATIENT IMAGING (OUTPATIENT HEALTHCARE/ I-2 OCCUPANCY)

The project area is an Alterations Level 2 renovation of existing cardio/pulmonology outpatient care suite that is being repurposed to accommodate the relocation of the existing mammography services. This project area is located in an existing partially sprinklered smoke compartment and an existing fully-sprinklered non-sleeping patience care suite.

PHASE 2: INPATIENT CLASS 3 IMAGING/SURGICAL SERVICES (HEALTH CARE/ I-2 OCCUPANCY)

The Phase 2 project area is an Alternations Level 2 renovation of the existing mammography imaging spaces that were relocated in Phase 1. This area will be renovated to accommodate the new Class 3 interventional radiology imaging services. This project area is located in an existing partially sprinklered smoke compartment and an existing non-sprinklered non-sleeping patience care suite. The renovated project area will include creating a new fully sprinklered, non-sleeping patient care suite for the added Class 3 interventional radiology imaging services.

Fire Protection Narrative

A. Codes and Regulations Summary
   1. The following construction codes and regulations are understood as requirements for this project:
      a. 2020 edition of Building Code of New York State.
      b. 2020 edition of Fire Code of New York State.
      c. 2020 edition of Plumbing Code of New York State.
      d. 2018 edition of "Guidelines for Design and Construction of Outpatient Facilities" (Facility Guidelines Institute).
      e. 2018 edition of "Guidelines for Design and Construction of Hospitals" (Facility Guidelines Institute).
      f. NFPA 99 Healthcare Facilities Code, 2012 edition.
      g. NFPA 101 Life Safety Cade, 2012 edition.
      h. NFPA 13 Standard for the Installation of Sprinkler Systems, 2010 edition.
      i. NFPA 25 Recommended Practice for the Installation, Testing and Maintenance of Water-Based Fire Protection systems Code, 2011 edition.

B. Design Overview:
   1. The Phase 1existing area on the first floor proposed to be renovated for the relocated Mammography imaging services is currently sprinklered with a wet fire-suppression system. The existing sprinkler system shall be modified to supply new sprinklers throughout the renovated area.
   2. The Phase 2 existing area on the first floor proposed for the new Class 3 Interventional Radiology (IR) imaging services is currently a non-sprinklered area.
   3. The systems shall include an extension of the existing combination standpipe/sprinkler system, designed in accordance with the Nation Fire Protection Association (NFPA) Standards and the International Building and Fire Code.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

4. All fire protection system modifications shall be connected to the existing centrally supervised fire alarm system.

C. Demolition:
   1. The existing sprinkler heads and a portion of existing branch sprinkler piping within the renovated areas shall be removed as required. Piping to be extended with new branch piping extension to accommodate the new rooms, walls, and ceiling types.

D. Fire Suppression:
   1. The branch piping from the existing automatic wet-pipe sprinkler system shall be modified and extended to match the new configuration of the IR and the Mammography imaging areas.
   2. Sprinklers within the IR the Mammography imaging areas shall be concealed-type configuration with gasketed cleanable covers.

Plumbing Narrative

A. Codes and Regulations Summary
   1. The following construction codes and regulations are understood as requirements for this project:
      a. 2020 edition of the Building Code of New York State.
      b. 2020 edition of the Plumbing Code of New York State.
      c. 2020 edition of the Energy Conservation Code of New York State.
      d. 2018 edition of "Guidelines for Design and Construction of Outpatient Facilities" (Facility Guidelines Institute).
      e. 2018 edition of the "Guidelines for Design and Construction of Hospitals" (Facility Guidelines Institute).
      f. NFPA 99 Healthcare Facilities Code, 2012 edition.
      g. NFPA 101 Life Safety Cade, 2012 edition.
      h. ICC/ANSI A117.1: Accessible and Usable Buildings and Facilities.
      i. ANSI Z358.1: Emergency Eyewash and Shower Equipment.
      j. ANSI/ASHRAE Standard 188-2018 edition "Legionellosis: Risk Management for Building Water Systems.

B. Design Overview:
   1. The plumbing piping serving the relocated Mammography and new Class 3 Interventional Radiology (IR) imaging services will be an extension of the existing hospital's systems. The systems shall include domestic cold water, hot water, and hot water recirc systems, meeting and/or exceeding the code requirements.
   2. Domestic hot-water heating piping shall be connected to the existing system distribution piping, serving the new fixtures in the IR and the Mammography Suites.
   3. The proposed location of the IR and the Mammography imaging services have existing medical gases in the vicinity; medical gases shall be extended to the applicable spaces as an extension of the existing medical gas systems on the first floor of the hospital.

C. Demolition:
   1. The existing plumbing fixtures shall be removed from the renovated space. Removals shall include disconnection of all associated waste, sanitary, vent and domestic water piping back to active mains.
   2. All sanitary piping from fixtures to be removed will be disconnected at active building drains or remain for reconnection to the new fixtures to be installed.
   3. The existing storm piping shall be removed/modified and re-routed to align with the new chases in the IR and the Mammography Suites.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
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LRA SCHEDULE 6 A/E NARRATIVE

D. Domestic Water:
1. Domestic cold-water, hot-water and hot-water recirc piping shall be extended to the existing piping mains on the first-floor level.
2. At present, the domestic-water heating system appears adequate to supply the proposed renovation areas, complying with the minimum temperatures and amounts required by the FGI Guidelines.

E. Sanitary and Vent Systems:
1. New sanitary and vent systems will be installed to accommodate the waste from the fixtures within the IR and the Mammography Suites. The vents shall connect to the existing systems on the first-floor level, connecting to existing riser extending up through the roof; the existing vent locations meet the 25'-0" separation from the outside air intakes of the air handling units.
2. New sanitary piping shall connect to the existing sanitary sewer system located in the ceiling of the basement level; new floor penetrations shall be added to meet the new fixture locations.

F. Storm System
1. The existing storm system is separate from the sanitary/waste system. The storm piping shall be modified and re-routed within the interior walls as required to accommodate the new layout of the IR and the Mammography Suites.

G. Plumbing Fixtures:
1. All fixture components to be certified lead-free meeting the requirements of current codes. Plumbing fixtures and trim shall meet and/or exceed the requirements of the 2020 Energy Conservation Code of New York State and shall be ADA compliant, located where called for on the architectural plans.
2. Fixtures shall be low-flow type to meet or exceed the Federal Energy Policy Act of 1992 and current codes.
3. All plumbing fixtures and trim shall meet and/or exceed the requirements of the 2020 Energy Conservation Code of New York State and shall be ADA compliant, where called for on the architectural plans.
4. Surgical scrub sink for the IR Room shall be wall mounted, 18-gauge stainless steel with hands-free faucets with knee-operated controls.
5. Clinic service sinks located in Soiled Work Room shall have manual flush valves and faucet with 6" wrist blades.
6. Handwash sinks, including the Mammography Room sinks shall be approximately 19" x 18" x 7-5/8" deep,18-gauge stainless steel and mounted in the countertop.
7. Lavatory and sink faucets shall be supplied with 4" blade handles and gooseneck spout.
8. Water closets and urinals shall be wall hung with water closet flush valves.
9. Public lavatories and sinks will have manually operated faucets.
10. Water closets, urinals, and lavatories shall be white vitreous china.
11. Floor drains shall be provided within every public toilet room.

H. Medical Gases:
1. New medical gas systems shall be provided for the IR and the Mammography Suites to meet the requirements of **the FGI Guidelines and the Owner's requirements**, including new zone valve boxes for each of the suites, including the associated controls and alarms.
2. The new medical gas outlets required for this project include the following:
   a. Class 1 Imaging Mammography/Ultrasound Rooms: (0) Oxygen, and (0) Vac.
   b. Class 3 Imaging/IR Room: (2) Oxygen, (5) Vac, (1) Med Air and (1) WAGD.
3. A Waste Anesthesia Gas Disposal System (WAGD) will be provided for the Class 3 Imaging/IR Room. The waste anesthesia gas will be incorporated into the existing medical vacuum pump equipment.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

I. Commissioning:
   1. All systems will be commissioned to satisfy current code requirements.

Mechanical Narrative

A. Codes and Regulations Summary
   1. The following construction codes and regulations are understood as requirements for this project:
      a. 2020 edition of the Building Code of New York State.
      b. 2020 edition of the Mechanical Code of New York State.
      c. 2020 edition of the Plumbing Code of New York State.
      d. 2020 edition of the Energy Conservation Code of New York State.
      e. 2018 edition of "Guidelines for Design and Construction of Outpatient Facilities" (Facility Guidelines Institute).
      f. 2018 edition of "Guidelines for Design and Construction of Hospitals" (Facility Guidelines Institute).
      g. ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities, 2021 edition, as adopted by the FGI Guidelines.
      h. NFPA 70 National Electric Code, 2011 edition.
      i. NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems, 2012 edition.
      j. NFPA 99 Healthcare Facilities Code, 2012 edition.
      k. NFPA 101 Life Safety Cade, 2012 edition.

B. Design Overview
   1. The existing HVAC systems in the hospital shall be re-configured to serve the IR and the Mammography Suites. The systems shall include heating, cooling and ventilation that shall meet and/or exceed the code requirements.
   2. Design Criteria:
      a. Interior Conditions:
         1) Heating — 68 deg F DB
         2) Cooling (General) — 72 deg F DB/50% RH
         3) Cooling (Class 3 Imaging/OR) — 68 deg F DB/55% RH
      b. Outdoor Conditions:
         1) Summer — 88 deg F DB/72 deg F WB
         2) Winter — -6 deg F DB
         3) Climate Zone — 5A

C. Demolition:
   1. The existing supply and return ductwork serving the proposed Mammography Suite shall be removed back to the mains. The existing mains shall remain, with connections to new air distribution.
   2. The existing exhaust ductwork routed through the existing proposed Mammography Suite shall be modified and re-routed to align with the existing exhaust system ductwork.
   3. The existing supply and return ductwork serving the proposed IR Suite shall be removed back to the mains. The existing mains shall remain, with connections to new air distribution.
   4. The existing exhaust ductwork routed through the existing proposed IR Suite shall be modified and re-routed to align with the existing exhaust system ductwork.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

D. Air-Handling Systems
1. The existing air handling unit ACU-14 is located in the second-floor mechanical room and shall continue to serve the existing area proposed for the Mammography Suite; the unit has MERV 8 pre-filters, a steam heating coil, chilled water-cooling coil, humidifier section, a fan section and MERV 14 final filters.
2. The existing air handling unit ACU-2 is located in the second-floor mechanical room and shall continue to serve the existing area proposed for the IR Suite; the unit has MERV 8 pre-filters, a hot-water heating coil, chilled water-cooling coil, humidifier section, a fan section and MERV 14 final filters.
3. Variable frequency drives shall be provided for the supply and return fans of both air handling units, modulating the fan speeds to maintain static pressure setpoints and building pressurization.
4. The existing outside air intakes for ACU-2 and ACU-14 comply with code required clearances, including 25 feet from exhaust, vents, vehicle exhaust sources or any other contaminated sources. The outside air intakes for the air handling units comply with the minimum dimension of 3'-0" above the roof.

E. Heating Source and Distribution
1. Existing hot-water reheating currently serving the IR and the Mammography Suites shall be modified to serve the new reheat coils of the two new suites.
2. New variable-air-volume (VAV) air terminal units with hot-water reheat coils shall be provided to serve the spaces within the IR and the Mammography Suites. The air terminal units shall function as constant-air-volume (CAV) devices but allow the system to reduce airflow down to 50% of the design airflow during unoccupied modes. During occupied modes, the air terminal unit will provide the airflow to each zone to satisfy the space temperature requirements, as well as the code-required air change rates and dilution requirements. Reducing airflows during unoccupied modes offers energy conservation.
3. DDC control valves serving the integral reheat coils shall modulate heating as required to meet the space temperature set points without overcooling.
4. The return air systems for both suites shall be fully ducted.

F. Cooling Source and Distribution
1. Air-handling units ACU-14 and ACU-2 shall deliver 54-deg F supply air to the air terminal units within the project scope. The existing air-source economizer integral with the air handling unit shall continue to provide "free cooling" when the outside-air conditions are favorable; new controls shall be provided.

G. Air Distribution:
1. The existing air handling units have MERV 8 pre-filters and MERVC 14 final filters, meeting/exceeding the requirements of ASHRAE 170-2021.
2. The diffusers serving the Class 3 Imaging/IR Room shall have integral, room-side replaceable HEPA diffusers.
3. All of the spaces within the IR and the Mammography Suites shall be designed to comply with the minimum outside air and total air change rates in compliance with ASHRAE 170-2021, including maintaining the required room pressure requirements.

H. Ventilation Air
1. Ventilation calculations shall be provided for each new space. The existing air-handling units ACU-14 and ACU-2 shall be re-balanced to provide the associated airflows and room pressurization for each space, in compliance with ASHRAE 170-2021.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

I. Exhaust Air
   1. The existing centrifugal type exhaust fans shall be re-ducted as required to meet the general exhaust requirements of the IR and the Mammography Suites serving spaces such as Sub-Waiting, Toilet Rooms, Soiled Utility Rooms, and Janitor/Environmental Service Rooms, etc.

J. Humidification:
   1. Both existing air handling units have steam humidifiers installed to maintain minimum humidity levels.
   2. The humidifiers shall meet the minimum humidity levels as required by ASHRAE 170-2021.
   3. The maximum requirement of 60% RH will be maintained be a dehumidification control sequence added to the air handling units ACU-14 and ACU-2 serving the IR and the Mammography Suites.

K. Controls and Energy Management
   1. Temperature sensor(s) shall be provided in the IR and the Mammography Suites and connected to the existing Trane DDC building management system, meeting criteria for thermal comfort of the new spaces.
   2. A dewpoint-based economizer control and associated sensors shall be provided for air handling unit ACU-13 to offer free-cooling during favorable conditions without impacting the humidity levels within the Suites.
   3. Existing airflow-measuring stations installed on the supply air, return air, and outside air of both air-handling units to ensure the proper amount of outside air is being provided during reduced load conditions.
   4. Occupied and Unoccupied mode shall be established by the DDC system. Occupancy sensors shall be installed in the Class 3 Imaging Room/IR.

L. Testing and Balancing
   1. The existing supply air fans for air-handling units ACU-14 and ACU-2 and the associated return air fans, as well as the outside airflow shall be balanced to meet the requirements of the system and the requirements of ASHRAE 170-2021.
   2. The supply air-terminal units serving the IR and the Mammography Suites shall be balanced to the design airflow values.
   3. The supply air, return-air, and exhaust-air diffusers and registers shall be balanced to the design air flow rates; the air flows and room pressurization shall comply with ASHRAE 170-2021.
   4. The existing exhaust fans shall be re-balanced to meet the design air flow rates.
   5. The hydronic heating systems shall be balanced to the design flow rates, including the terminal equipment.

Electrical Narrative

A. Codes and Regulations Summary
   1. The following construction codes and regulations are understood as requirements for this project:
      a. 2020 edition of the Building Code of New York State.
      b. 2020 edition of the Energy Conservation Code of New York State.
      c. 2020 edition of Fire Code of New York State.
      d. 2018 edition of "Guidelines for Design and Construction of Outpatient Facilities" (Facility Guidelines Institute).
      e. The 2018 edition of "Guidelines for Design and Construction of Hospitals" (Facility Guidelines Institute).
      f. NFPA 70 National Electric Code, 2011 edition.
      g. NFPA 99 Healthcare Facilities Code, 2012 edition.
      h. NFPA 101 Life Safety Code, 2012 edition.
      i. NFPA 72 National Fire Alarm Code, 2010 edition.
      j. NFPA 110 Standards for Emergency and Standby Power Systems, 2010 edition.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

k. ICC/ANSI A117.1: Accessible and Usable Buildings and Facilities.

B. Design Overview
1. The electrical systems serving the IR and the Mammography Suites shall be an extension of the existing hospital's electrical systems.
2. Emergency power circuits shall be provided to serve critical receptacles, lighting, and the associated equipment within the IR Suite. The existing emergency power system has adequate capacity to support the new loads.
3. The new electrical systems shall include normal power systems, emergency power systems, data/communications systems, lighting, fire alarm systems, that shall meet and/or exceed the code requirements.

4. The following systems shall be extended from the existing hospital systems:
    a) Fire alarm
    b) Paging
    c) Data network
    d) Telephone
    e) Nurse Call
    f) Access Control

C. Demolition:
1. The existing electrical outlets, switches, communications devices, fire alarm devices and light fixtures, including general lighting, emergency lighting and exit lighting within the renovated areas for the IR and the Mammography Suites shall be removed, including the associated branch circuiting.
2. The existing data/voice jacks, CATV jacks, and cabling, throughout the renovated areas shall be removed. Communication backbone equipment located in the first-floor electrical closet shall remain for reuse.
3. Remove nurse call devices (pull stations, staff stations, dome lights, etc.) located on/in walls of the renovated areas. All associated cabling shall be removed back to source. Nurse call system backbone equipment, head-end cabinets, power supplies, etc.) shall remain for reuse.
4. Remove card readers, electric strikes, door contacts, and request-to-exit devices associated with removed interior doors within the renovated areas. All removed access control system components will be returned to RMH IT department personnel. Access control backbone equipment (servers, power supplies, etc.) will remain for reuse.
5. Remove security cameras, power supplies, and associated cabling within the renovated areas. All removed video surveillance system components will be returned to RMH security department personnel. Video surveillance backbone equipment (servers, patch panel, POE switches, etc.) will remain for reuse.

D. Normal Power Distribution:
1. The IR and the Mammography Suites shall have a 480/277V distribution panelboards which originate from an existing distribution switchboard in the building's ground floor electric room.
2. A step-down transformer and 120/208V branch panelboard shall be provided to feed receptacles, lighting and other miscellaneous 120V or 208V loads, including the new IR and the Mammography imaging equipment. Panelboards have thermal magnetic bolt-on type breakers, copper bus bars and copper ground bars; cover shall have hinged door.
3. The medical equipment for the IR and the Mammography Suites shall be fed directly from the new panelboards.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

4. Grounding will be provided in accordance with NEC 250 requirements throughout the project for all equipment, in all system wiring for the panelboards, wiring systems, etc., and will be connected to earth via the existing building system ground.
5. Circuit breakers, disconnect switches, control devices and circuiting shall be provided for the proposed HVAC and plumbing equipment.
6. Although the existing normal power distribution appears to have the available capacity, the new loads proposed in this project will be evaluated to confirm that the existing systems have the available capacity to accommodate the additional loads, including the electrical requirements for mechanical and medical equipment.

E. Emergency Power Distribution
1. The hospital has an existing Type 1 EES that has recently been updated to comply with the current referenced standards. The existing emergency power system has adequate capacity to support the new loads.
2. Existing emergency power panelboards shall be utilized to distribute emergency power branch circuits from the life safety, critical and equipment branches of the existing emergency power distribution system.
3. The existing critical branch consists of multiple panelboards located throughout the hospital. Panelboards will feed critical branch loads such as Class 3 Imaging/IR isolation panels and designated critical branch receptacles in patient care areas. Two OR type isolation type panelboards will be provided, in the Class 3 Imaging/IR.
4. The connected systems include:
   a. Emergency lighting (e.g., egress illumination, exit signs, electrical, telephone, mechanical spaces, corridors and public toilets).
   b. Fire-alarm and detection systems.
   c. Security/Access Control system.
   d. Nurse Call System.
   e. Telecommunication equipment.
   f. Designated equipment/receptacles/lighting for emergency operations.

F. Power Outlets and Circuiting
1. All receptacles serving patient-care areas shall be duplex, Hospital Specification Grade, tamperproof, safety type, 20-Amp duplex type. Receptacles shall be labelled according to the branch circuit feeding them and shall be color coded for quick recognition of source.
2. Receptacles on emergency power will be red in color and receptacles on normal (non-emergency) power will be gray or white. Receptacles will be located throughout the space for general convenience use and designated equipment, meeting or exceeding the code required quantities.
3. Ground fault circuit interrupter receptacles will be provided in accordance with NEC 210 requirements.
4. All receptacles designated for use with computers and/or electrically sensitive equipment will be surge-suppression type.
5. In corridors, receptacles will be provided on maximum 50' centers, and within 25' of the corridors. Various receptacles throughout the work area will either be connected to normal power, critical branch power or equipment branch power depending on the desired function of the equipment that the receptacles serve.
6. All branch circuiting will include a separate neutral and ground conductor.
7. Data network outlets will be provided and connected into the existing data network with Cat. 6 cabling. according to layout of office furniture, medical equipment, and as requested by Owner/Architect.
8. Branch circuiting will be extended to the receptacles to meet the National Electric Code and additional special requirements as required to meet the equipment to be served.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

9. Branch circuit and feeder conductors will consist of stranded copper conductors with THHN/THWN insulation for 600-volt systems and less.
10. One copper insulated green equipment ground conductor will be provided in all conduits.
11. All branch circuit and system wiring concealed in walls or above ceilings will be installed in EMT conduit with set screw fittings.
12. Flexible metallic conduit may be used for light fixture whips, maximum 6' lengths, and to fish receptacle circuiting in existing walls. Where MC cable is for final connection to equipment, it shall be type HCF-MC.
13. All fire alarm equipment cables will be provided in accordance with individual systems manufacturer recommendations.

G. Equipment Connections
1. Electrical power connections and wiring will be provided for all mechanical, plumbing, and fire protection equipment, including furnishing all electrically associated devices e.g., disconnect switches, across-the-line and reduced-voltage starters, motor control centers, etc., which are not finished under the mechanical, plumbing, and fire protection sections.
2. Electrical power connections will be made to all electrically operated doors, drinking fountains, Owner-furnished equipment etc., including furnishing of all electrically associated devices such as disconnect switches, lock-out switches, etc.
3. Electrical power connections and wiring will be provided for all mechanical and radiology equipment, including furnishing all electrically associated devices e.g., disconnect switches, motor control centers, etc., which are not finished by the equipment manufacturer.
4. All branch circuiting will include a separate neutral and ground conductor.
5. Safety switches and NEMA receptacles required for medical equipment will be provided.

H. Lighting and Lighting Controls
1. Lighting throughout the building shall be LED, 4000K color temperature, minimum 80 CRI. All drivers will be energy-efficient electronic with less than 20% THD.
2. Recessed 2x2 lighting fixtures shall be provided for offices, toilet rooms, and support spaces. Recessed downlights and illuminated scenic panel lighting fixtures shall be provided in Imaging rooms. Recessed downlights and linear perimeter light fixtures shall be provided in corridors/circulation spaces. Under-cabinet task lighting will provided for work areas. Light fixtures in these areas shall be dimmable.
3. Light fixtures shall be controlled by local switches or dimmer switches. Occupancy sensors will be provided where required by the New York State Energy Code. Ambient and task lighting in the renovation area shall have multi-level and dimming control for each fixture type.
4. Corridor and public space lighting will include night lighting connected to the existing life safety EM branch panels. The remaining fixtures will be controlled by local on/off switches and connected to the normal power distribution system, or critical branch EM system.
5. Light levels in each space will be designed in accordance with IES requirements and recommendations.
6. LED exit lighting fixtures with red and white lettering shall be installed to accommodate the floor plan and egress routing and will have integral battery packs with self-testing/diagnostic function.
7. Emergency lighting will be via normal lighting serving the area by connecting fixtures to the life safety EM branch panels. Emergency lighting will be provided in corridors, public areas, utility rooms, restrooms and in all patient care areas.
8. Corridor and public space lighting will include night lighting. Remaining non-emergency lighting fixtures will be controlled by switches, dimmers or occupancy sensors and connected to the normal power distribution system.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

9. Surgical light fixtures/booms for the Class 3 Imaging/IR Rooms shall be installed as designated by the hospital; furnished by the medical equipment vendor. Specialty lighting with colors and color rendition (CRI) to ensure that surgeons can discern fine gradations of red tones to differentiate tissues, blood, and bodily structures.

I. Fire-Alarm System
1. An extension of the hospital's existing Gamewell-FCI addressable fire-alarm system will be specified to provide detection, signaling, equipment shutdown and monitoring.
2. Fire-alarm system modifications shall comply with New York State Building Code requirements, and as directed by the local Fire Department Officials. The devices shall be individually addressable, zoned, and electrically supervised, Class A circuits, including, but not limited to, the following:
    a) The fire detection and alarm system shall include manual pull stations, ceiling-mounted smoke and thermal detectors where required, duct-mounted smoke detector, heat detectors, fire/smoke dampers control, fan shutdown relays, and audio/visual signaling alarms.
    b) The existing sprinkler system waterflow detection and valve position tamper switches shall remain in place.
    c) Door-holding controls, including releasing of doors.
    d) Provisions for fan shutdown relays and automatic control of air-handling systems under fire conditions (wiring to air-handling systems control under BMS).

3. Audio/visual signaling devices will be located to accommodate the new layout in accordance with applicable code requirements, including NFPA 72.
4. All fire alarm circuitry/wiring shall be installed in red EMT and arranged in accordance with Codes.

J. Paging System
1. An extension of the existing hospital's paging system shall be provided in the building that includes ceiling-recessed speakers. Open cabling within ceiling spaces shall utilize cable tray or J-hooks. System modifications, devices and wiring shall be identified on the contract documents.

K. Data Network and Communication Systems:
1. Single, flush-mounted wall outlet at each workstation, with two jacks to serve both data and telephone systems, with 1" EMT extended to above accessible ceiling. Each jack will have a dedicated cable (Category 6) run to an existing data/communication intermediate distribution frame/rack (IDF) located in the existing hospital. Installation and testing of data cables will be included in the contract documents.
2. Voice/data outlets will include wired RJ45 jacks with Category 6 conductors extended back to the nearest intermediate distribution frame (IDF) complete with testing of the Cat. 6 conductors. All voice and data wiring, terminations, and testing will be provided in this project.
3. CATV drops will be provided in the waiting areas and selected areas as directed by the hospital.RG6 coaxial cable will be run back to an existing telecommunications backboard.

IMAGING DEPARTMENT RENOVATIONS FOR INTERVENIONAL RADIOLOGY
AUBURN COMMUNITY HOSPITAL
LRA SCHEDULE 6 A/E NARRATIVE

L. Nurse-Call Systems
1. The hospital's existing nurse-call system shall be extended to the IR and the Mammography Suites with the associated types of devices required by code, including patient, toilet/bath, duty, staff assist, emergency/code), indicating lamps, cabling, and on-site training with the installed devices.
   The associated types of devices shall be provided as required by code; the new nurse call devices anticipated to be required for this project include the following:
   a. Nurse/Control Station: (1) Nurse Master Station
   b. Toilet Rooms: (1) Patient Pullcord Station
   c. Mammography Rooms: (1) Staff Assist, (1) Emergency Call Station
   d. Clean Workrooms: (1) Duty Station
   e. Soiled Workrooms: (1) Duty Station
   f. Class 3 Imaging/IR-Cath: (1) Staff Assist, (1) Emergency Call Station

2. Nurse-call devices shall be installed at each patient station. The devices shall be connected to the Master Stations to be located at the Reception/Nurses' stations and Control Areas; all with lamp indicator notification device outside each space for quick identification of call location(s).
3. The system will be circuited with low voltage/data conductors. Conductors installed behind walls or exposed shall be installed in conduit. Conductors installed above drop ceilings and in IT rooms shall be plenum rated, installed with J-Hooks or similar approved cable management systems.

M. Security/Access Control Systems:
1. The existing security platform will be modified and expanded to accommodate renovated areas.
2. Card access control shall be provided as an extension of the hospital's security vendor. Door access control devices shall be provided at the entry doors into the Radiology Suite and other areas as determined by the Owner.

N. Commissioning:
1. All systems will be commissioned to satisfy current code requirements.

End of narrative

Limited Review Application

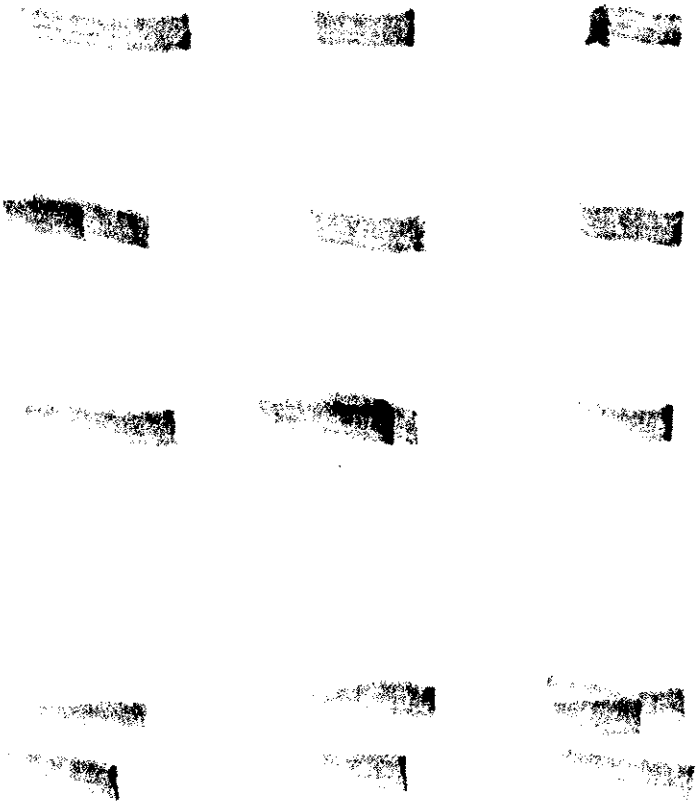
Schedule LRA 7

State of New York Department of Health
Office of Primary Care and Health Systems Management

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	[redacted]	[redacted]	[redacted]
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues	[redacted]	[redacted]	[redacted]
Expenses			
Salaries and Wage Expense			
Employee Benefits			
Professional Fees			
Medical & Surgical Supplies	[redacted]	[redacted]	[redacted]
Non-Medical Equipment			
Purchased Services			
Other Direct Expense			
Utilities Expense			
Interest Expense			
Rent Expense			
Depreciation Expense			
Other Expenses			
(2) Total Expense	[redacted]	[redacted]	[redacted]
Net Total - (1-2) →	[redacted]	[redacted]	[redacted]

(Rev. 7/2015)



Limited Review Application

Schedule LRA 7A

State of New York Department of Health
Office of Primary Care and Health Systems Management

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days ☐ Patient discharges ☐

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*		Patient Days or dis-charges	Net Revenue*	
			%	Dollars ($)		% based on days or discharges	Dollars-$		% based on days or discharges	Dollars-$
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total			100%			100%			100%	

(Rev. 7/2015)

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars ($)		%	Dollars ($)		%	Dollars ($)
Commercial	Fee for Service	15	57	[redacted]	33	[redacted]	[redacted]	19	60	[redacted]
	Managed Care	7	27	[redacted]	14	[redacted]	[redacted]	8	25	[redacted]
Medicare	Fee for Service	1	4	[redacted]	1	[redacted]	[redacted]	1	3	[redacted]
	Managed Care	1	4	[redacted]	2	[redacted]	[redacted]	2	6	[redacted]
Medicaid	Fee for Service	1	4	[redacted]	2	[redacted]	[redacted]	1	3	[redacted]
	Managed Care	1	4	[redacted]	2	[redacted]	[redacted]	1	3	[redacted]
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		26	100%	[redacted]		100%	[redacted]		100%	[redacted]

Total of Inpatient and Outpatient Services									

	Title of Attachment	Filename of attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	EP Financial	EPFinance
2. In an attachment, provide the basis for charity care.		

*Net of Deductions from Revenue

[redacted]

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers:**			
Physician	0	[redacted]	[redacted]
Support Staff*:**			
Registered Nurse	0	[redacted]	[redacted]
Total Number of Employees	0	[redacted]	[redacted]

* Last complete year prior to submitting application

** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.

*** All other staff.

Describe how the number and mix of staff were determined:

Staff is currently in place and will perform EP services in addition to working in our Cardiac Cath, Physician is already employed so no incremental costs for Staff

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on Payroll? ☒ Yes ☐ No
2. Provide copies of contracts for any independent contractor.
3. Please attach the Medical Doctors C.V.
4. Is this facility affiliated with any other facilities? (If yes, please describe affiliation and/or agreement.) ☐ Yes ☒ No

December 4, 2025

Curriculum Vitae
Obasare, Edinrin Rae

Contact:
Phone: 646-725-1637
Email: raebaba@yahoo.co.uk

Office:
Auburn Heart and Vascular Institute
Auburn, NY
13021

Prior Training
07/01/2018 to 06/30/2020
Chief Clinical Cardiac Electrophysiology Fellow
Yale University School of Medicine
789 Howard Avenue.
Dana Building. 3rd Floor
New Haven, CT. 06511.
Clinical Cardiac Electrophysiology Fellowship. Program Director: Lynda Rosenfeld, MD
Email: Lynda.Rosenfeld@Yale.edu
Phone: 203-915-6256 (mobile); 203-737-4068 (office); 203-785-7144 (fax)

07/01/2015 to 06/30/2018
Albert Einstein Medical Center
5501 York Road
Levy Building. Room 3232
Philadelphia, PA. 19141.
Cardiovascular Disease Fellowship. Program Director: Benham Bozorgnia, MD
Email: BozorgnB@einstein.edu
Program Coordinator: ruchkate@einstein.edu
Phone: 215-456-7020
Email: ruchkate@einstein.edu

07/01/2010 - 06/30/2013 M.D. Internal Medicine Residency
SUNY Downstate Medical Center, Brooklyn, New York
450 Clarkson Avenue, 6th Floor. Box 50. 11203-2098
Internal Medicine. Program Director: Samy McFarlane, M.D.
Email: Samy.McFarlane@Downstate.edu
Program Coordinator: Carletta Hanniford
Phone: 718-270-2353; 718-270-1566; Fax: 718-270-4488
Email: Carletta.Hanniford@Downstate.edu

Medical Education
University of the West Indies, Jamaica 09/2000 - 06/2005 M.B., B.S., 07/2005

Education
Independent Study and Kaplan Testing Center, Jamaica and United States
United States Medical Licensing Exam (Steps 1 to 3)
11/2007 -10/2008

University of the West Indies, Jamaica
Senior House Officer: Emergency Medicine
01/2007 -06/2007

Kingston and St. Andrew Health Care Services, Jamaica
Senior House Officer: Family Medicine
07/2006 -12/2006

University of the West Indies, Jamaica
Internship: Internal medicine, Pediatrics, Obstetrics/Gynecology, Surgery
07/2005 -06/2006

Membership and Honorary/Professional Societies
Fellow of the Heart Rhythm Society, Fellow of the American College of Cardiology, Member of the Heart Rhythm Society Annual Meeting Planning Committee, Member of the Heart Rhythm Society Journal Sub-Committee, Member of the American Heart Association, Member of the American Association for Physician Leadership, Member American Society of Black Cardiologists, Hypertension Specialist with the American Society of Hypertension, Member of the American Medical Association.

Medical School Honors / Awards
Distinctions in Anatomy and Physiology; Honors in Pharmacology, Biochemistry and Community Health; D.A.N. and Vera Hoyte Prize in Anatomy, Scotia Jamaica Foundation Prize in Pediatrics (I donated this cash sum of US$2,500 to an infrastructural development project in Ghana). Selected as a candidate in the American College of Cardiology "Teaching Tomorrow's Teachers" (3T) FIT Program.

Certification/Licensure
American Board of Internal Medicine, Clinical Cardiac Electrophysiology Certification, 10/19/2020
American Board of Internal Medicine, Cardiovascular Disease Certification, 10/10/2018
Diplomate: Certification Board of Nuclear Cardiology, 12/11/2017 to 03/01/2028
Diplomate: National Board of Echocardiography, Special Competence in Adult Echocardiography, 07/24/2017 to 12/31/2027
Hypertension Specialist (American Society of Hypertension), 06/2015
American Board of Internal Medicine, 08/15/2013; Recertified 10/2023
ACLS/BLS, Exp. Date 02/2026
ECFMG (0-722-427-2), Issue Date 07/25/2008

State Licenses (Full)
New York
Vermont
North Carolina
Pennsylvania
Delaware
California
Iowa
Virginia
Connecticut
Massachusetts
Michigan

Examinations
USMLE Step 3 10/2008

USMLE Step 2 CS (Clinical Skills) 05/2008
USMLE Step 2 CK (Clinical Knowledge) 06/2008
USMLE Step 1 11/2007

Visa Status
American Citizen

Work Experience

07/2024 to Present **Average Hours/Week:** 45
Auburn Heart and Vascular Institute, New York, United States
Director, Clinical Cardiac Electrophysiology. Delivering inpatient and outpatient electrophysiology and cardiology patient care. Administrative duties include developing inpatient and outpatient cardiac electrophysiology program. Also perform cardiac implantable electronic device procedures.

07/2024 to Present **Average Hours/Week:** 5
Auburn Heart and Vascular Institute, New York, United States
Director, Cardiac Rehabilitation. Direct and supervise cardiac rehabilitation services for patients with recent coronary artery disease intervention.

01/2025 to Present **Average Hours/Week:** 12
Crouse Hospital, New York, United States
Clinical Cardiac Electrophysiology. Delivering inpatient electrophysiology patient care. Also perform complex arrhythmia cardiac ablation procedures, left atrial appendage closure, and cardiac implantable electronic device procedures.

10/2022 to 03/2024 **Average Hours/Week:** 55
Montage Cardiology, California, United States
Director, Clinical Cardiac Electrophysiology. Delivering inpatient and outpatient clinical patient care. Also performing complex arrhythmia cardiac ablation procedures, left atrial appendage closure, and cardiac implantable electronic device procedures. Administrative duties include developing inpatient and outpatient cardiac electrophysiology program.

10/2020 to 09/2022 **Average Hours/Week:** 55
HFCCA/HCA Cardiology, Massachusetts, United States
Clinical Cardiac Electrophysiologist delivering inpatient and outpatient clinical patient care. Also performed complex arrhythmia cardiac ablation procedures, cardiac implantable electronic device procedures, and device/lead extractions.

07/2020 to 09/2020 **Average Hours/Week:** 55
Wellspan Cardiology, Pennsylvania, United States
Clinical Cardiac Electrophysiologist Locums delivering inpatient and outpatient clinical patient care. Also performed complex arrhythmia cardiac ablation procedures, cardiac implantable electronic device procedures, and device/lead extractions.

07/2013 to 06/2015 **Average Hours/Week:** 84
Apogee Physicians, Dallas, United States
Implementing Program Director, Steve Cervi-Skinner, MD
Supervise new hospitalist programs, and also perform clinical and administrative duties. I work on the travel team where I am responsible for the acute care of internal medicine, consult, and critical patients in several states.

07/2007 - 10/2007 **Average Hours/Week:** 40
Kingston and St. Andrew Health Services, Jamaica
Medical Officer, Dr. Pauline Weir
Led and operated a type five government health center (large health center, including specialist services such as psychiatry and also including a pharmacy) in the inner city. I was independently responsible for the medical care of one hundred patients every day ranging from infants to adults. I was also responsible for the administrative affairs of the medical team, including, nurses, ancillary staff, senior house officers, and pharmacists. I had to manage any issues in the clinic related to crime and poverty in

the area, such as non-compliance with medications, increased prevalence of depression, advanced disease presentations, and nearby violence.

Volunteer Experience

05/2024 to Present **Average Hours/Week**: 3
HIUSA, Washington DC, United States
Volunteer, Melissa Weinmann
Help with weekly welcome meetings for Hostel introducing international travelers to cities in the United States for the first time.

04/2024 to Present **Average Hours/Week**: 0.5
Annual Heart Rhythm Society, Meeting Washington DC, United States
Member, Sarah Albright Alfano
Annual Program Committee. Help review and select abstracts journals for the heart rhythm society. Annual meeting conference.

10/2022 to Present **Average Hours/Week**: 0.5
Heart Rhythm Society, Washington DC, United States
Member, Jeremy Rosenberg
Journal sub-committee. Help review journals for the heart rhythm society.

10/2022 to Present **Average Hours/Week**: 0.5
Heart Rhythm Society, Washington DC, United States
Member, Kenneth Ellenbogen, MD
Journal sub-committee. Help review journals for the heart rhythm society.

10/2022 to Present **Average Hours/Week**: 0.5
Community Hospital of the Monterey Peninsula, Monterey, CA, United States
Member of the institutional review board. Review new submissions for research applications in our health system.

07/2016 to 06/2018 **Average Hours/Week**: 3
American College of Cardiology, Washington DC, United States
Fellow-In-training editor on chapter engagement. Fellow-in-training task force member of the Pennsylvania Chapter for advocacy and early career sections. Fellow-in-training leadership council working group member for member engagement and communications sections. Fellow-in-training on the go news team member (https://www.youtube.com/FITsontheGO).

06/ 2013 to Present **Average Hours/Week**: 1
Library for All/NOBU, New York, United States
Volunteer, Tanyella Evans
Library for All is a non-profit organization that exists to unlock knowledge to those without access to books in developing countries. To achieve this, we build an application that will enable the delivery of eBooks to people living in developing countries, at a much lower cost than building physical libraries. The content is made available on low cost devices such as tablets, mobile phones and PCs. I work as a volunteer to increase awareness of our mission through educational forums.

07/ 2013 to 07/2015 **Average Hours/Week**: 6
American Society of Hypertension (ASH), New York, United States
Member, Domenic A. Sica, MD
Review and pull recent articles that are utilized in the bi-weekly newsletter - The ASH Wire - to help educate cardiologists, physicians, and other medical staff interested in hypertension.

11/ 2009 - 06/2010 **Average Hours/Week**: 5
New York Organ Donor Network, New York, United States
Medical Doctor, Volunteer, Post Doctorate Research Fellow, Michael Goldstein, MD

Assisted with activities such as health expositions, and health campaigns promoting persons to register as organ and tissue donors in New York, and to establish donor friendly policies.

Research Experience

03/2020 – Present **Average Hours/Week**: 2
Yale University, Connecticut, United States
Cardiology Fellow, **Supervisors**: Lynda Rosenfeld, MD and Rachel Lampert, MD
Collected data, spoke with patients, and did conceptual design for studies looking at effect of the COVID-19 pandemic on electrocardiographic features and procedural scheduling. So far 1 study has been published (please see publications for further details).

12/2019 – Present **Average Hours/Week**: 2
Yale University, Connecticut, United States
Cardiology Fellow, **Supervisor**: Lynda Rosenfeld, MD
Wrote manuscript describing the role of atrial scar/myopathy in making the ability to sustain atrial fibrillation or atrial flutter tenuous. Please see publications for further details.

06/2019 – Present **Average Hours/Week**: < 1
Yale University Medical Center, Connecticut, United States
Cardiology Electrophysiology Fellow
Reviewer Journal of the American College of Cardiology Cardiovascular Interventions

01/2018 – 06/2018 **Average Hours/Week**: < 1
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow
Reviewer for the International Journal of Cardiovascular Imaging

01/2018 – 06/2018 **Average Hours/Week**: < 1
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow
Reviewer for PLOS ONE journal

07/2016 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Allan Greenspan, MD
Collected data for analysis in study looking at the relationship between J-waves in patients with myocardial infarction and sudden death.

02/2016 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
Produced latex models of the left atrial appendage (LAA) from multi-slice CT scan images and transesophageal echocardiography to assist with sizing of closure devices. I segmented the heart and LAA automatically, in early diastole. The surface meshes of the segmented structures were converted to stereolithography files and 3D printed (Form 1+ desktop SLA printer, Somerville, MA) to produce a physical model. Latex resin was applied to reproduce valve. We implanted the patient specific LAA closure device in the latex model prior to implantation in a patient's heart. Please see publications for further details.

12/2015 – 06/2018 **Average Hours/Week**: 2

Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD

Assessed the differences of calcium distribution on the aortic valve and aortic valve leaflet sizes based on differing co-morbidities and demographics, such as age, race, and sex. We utilized a customized template to do measurements for CT scan images. We are also used the Agatston calcium scoring system.

11/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
I measured the diastolic wall strain of patients with mitral annular calcification and performed statistical analyses to see if it was correlated to the degree of calcium deposition as measured by the Agatson score from CT scan images.

10/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Sumeet Mainigi, MD
I searched our hospital records and wearable cardiac defibrillator database to discover its Real World Utilization. Please see publications for further details.

07/2015 – 06/2018 **Average Hours/Week**: 2

Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
Collected and analysed data on the relationship between calcified mitral valves and infective endocarditis. Please see publications for further details.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Vincent Figueredo, MD
Collected and analysed data on the relationship between mitral regurgitation and fascicular blocks.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
Collected data on left ventricular diastolic dysfunction and prognosis in patients undergoing liver transplantation.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
Performed hemodynamic stress testing on patients with mitral annular calcification for prognosis. We looked at echocardiographic changes such as alterations in trans-mitral valve gradients and pulmonary artery systolic pressures.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
Investigated the utility of 2D echocardiography as a non-invasive measure of left atrial pressure. We are using the trans-mitral gradient measured by ECHO and central aortic blood pressure by Sphygmacor for this estimation. We correlated this with left and right heart catheter hemodynamic measure such as pulmonary capillary wedge pressure and left ventricular end-diastolic pressures. We received an institutional grant for this.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
Produced latex models of calcified mitral valves from Full-volume 3D TEE images of a calcified mitral valve were acquired in "3D-zoom" mode using an iE33 echocardiograph (Philips Medical Systems, Andover, MA) and a 7 MHz matrix-array transducer.

Image resolution was 0.39 x 0.38 x 0.13 mm^3. TEE images were exported in Cartesian format and loaded into ITK-SNAP (Version 3.4.0-rc1) open source software. The valve was segmented automatically, from annulus to leaflet tips, in early diastole. The surface meshes of the segmented structures were converted to stereolithography files and 3D printed (Form 1+ desktop SLA printer, Somerville, MA) to produce physical models. Latex resin was applied to reproduce valve. We implanted the reproduced valve in an artificial heart created in an engineering department in Montreal, Canada. I traveled to Montreal and acquired trans-mitral early peak, E, and delayed, A, velocities using Doppler echocardiography on this artificial heart at different hemodynamic settings of stroke volume and heart rate. This was compared to Particle Image Velocimetry (PIV) utilizing a laser for validation.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
I measured the diastolic wall strain of patients with severe aortic stenosis and performed statistical analyses to see if it was an independent predictor of survival after adjustment of traditional clinical and echocardiographic parameters (including those of diastolic function). I wrote a full-length manuscript. Please see publications for further details.

07/2015 – 06/2018 **Average Hours/Week**: 2

Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Gregg Pressman, MD
I measured the diastolic wall strain of patients with non-ST elevation myocardial infarction and performed statistical analyses to see if it was an independent predictor of survival after adjustment of traditional clinical and echocardiographic parameters (including those of diastolic function). Please see publications for further details.

07/2015 – 06/2018 **Average Hours/Week**: 2
Albert Einstein Medical Center, Philadelphia, United States
Cardiology Fellow, **Supervisor**: Vincent Figueredo, MD
I measured the diastolic wall strain of patients with ST elevation myocardial infarction and performed statistical analyses to see if it was an independent predictor of survival after adjustment of traditional clinical and echocardiographic parameters (including those of diastolic function). Please see publications for further details.

05/2012 - 05/2014 **Average Hours/Week**: 2
SUNY Downstate Medical Center, New York, United States
Internal Medicine Resident, **Supervisor**: Jonathan Marmur, MD
Co-authored a case report probing the effects of Psoriasis as an etiology for coronary artery spasm through the mechanisms of endothelial dysfuction, alteration in nitric oxide stores, and atherosclerosis. Please see publications for further details.

05/2011 to 06/2013 **Average Hours/Week**: 12
SUNY Downstate Medical Center, New York, United States
Internal Medicine Resident, **Supervisor**: Jason Lazar, MD
Conducted study on: The Utilization of Near Infra Red Spectroscopy (NIRS) and Veno-Occlusive Testing (VOT) in assessing Healthy Bonnet Macaques (Macaca radiata) of different weight tertiles as a Characterization Tool for Microvascular dysfunction in obese patients. Our study group investigated ninety healthy bonnet Macaques. We hypothesized that there would be greater microcirculatory dysfunction with increased body mass indices. Our results did indeed reflect this. I collected data and helped to write the manuscript that is pending submission to the Journal of the American Association for Laboratory Animal Science.

08/2010 - 03/2013 **Average Hours/Week**: 12
SUNY Downstate Medical Center, New York, United States
Internal Medicine Resident, **Supervisor**: Jason Lazar, MD
Studied the utilization of Near Infra Red Spectroscopy (NIRS) and Veno-Occlusive Testing (VOT) in assessing the microcirculation of fifty hypertensive patients compared to normal healthy individuals. Our research hypothesized worse microcirculatory

dysfunction in hypertensive patients. This was reflected in our results that showed blunted responses of the microcirculation in hypertensive patients after veno-occlusive testing. I recruited patients and normal healthy individuals. I also collected and helped to interpret the data. I helped to present the results at the American Society of Hypertension. Please see publications for further details.

08/2010 - 04/2012 **Average Hours/Week**: 12
SUNY Downstate Medical Center, New York, United States
Internal Medicine Resident, **Supervisor**: Jason Lazar, MD
Assessed the mechanisms of arterial wave energy propagation, local arterial stiffness, wave reflection, and ventricular-arterial coupling by means of wave intensity analysis. I worked for two years as part of a research team to refine the method of obtaining this information by non-invasive means, and improve its reproducibility. I was specifically involved in obtaining the pressure waveforms by applanation tonometry from the carotid and brachial arteries and would assist with acquisition of velocity measurements using a vascular Doppler probe, for customized software analysis. Please see publications for more details.

11/2008 - 06/2010 **Average Hours/Week**: 11
Columbia University Medical Center - NYPH, New York, United States
Post-Doctorate Research Fellow, **Supervisor**: Mauricio Miglietta, D.O.
Conducted study using an FDA approved machine that uses Near Infrared Spectroscopy (NIRS) to compare tissue oxygen saturation (StO2) in the microcirculation, in two groups of obstetric patients undergoing cesarean sections: those at high risk of bleeding (eg placenta previas) vs. routine. We hypothesized that there would be greater decreases in StO2 parameters between high risk and routine deliveries. This was done in cooperation with Hutchinson Technology Inc. I was responsible for applying the Inspectra machine during cesarean sections, uploading the data to the Inspectra analysis software, and to a Microsoft Excel spreadsheet. I also helped with statistical analysis of the results.

11/2008 - 06/2010 **Average Hours/Week**: 11
Columbia University Medical Center - NYPH, New York, United States
Post-Doctorate Research Fellow, **Supervisor**: Mauricio Miglietta, D.O.
Streamlined 24/7 studies to assess the delivery of health care by physicians and nurses, in association with the University Health System Consortium (UHC). UHC is an alliance of the nation's leading nonprofit academic medical centers, which are focused on delivering world-class patient care. Based in Chicago, Ill, UHC fosters collaboration with and among its 116 academic medical center and 272 affiliated hospital members through its renowned programs and services in the areas of comparative data and analytics, performance improvement, supply chain management, strategic research, and public policy. I was independently responsible for collecting data from physicians and nurses regarding issues that disrupt delivery of health care to patients, such as unnecessary pages without a centralized buffer system, inefficient patient transfer and discharge, and also limited nursing to patient ratio. The University Health Consortium published the results online.

11/2008 - 06/2010 **Average Hours/Week**: 11
Columbia University Medical Center - NYPH, New York, United States
Post-Doctorate Research Fellow, **Supervisor**: Zachary Gleit, MD
Structured cholecystectomy study and Microsoft Access database to assess complications of biliary surgery and the differences observed between routine vs. selective intra-operative cholangiography, such as duration of surgery, frequency of gallstones, type and frequency of complications, and the length of hospital stay. I also prepared the IRB protocol.

11/2008 - 06/2010 **Average Hours/Week**: 6
Columbia University Medical Center - NYPH, New York, United States
Post-Doctorate Research Fellow, **Supervisor**: Michael Goldstein, MD
Performed retrospective study of 470 preselected kidneys to evaluate the significance of renal allograft parameters as predictors of one-year renal allograft survival. We utilized a donor kidney pump preservation machine that decreases Machine Measured Renal Resistance (MMRR). We hypothesized that a reduced MMRR at 3 hours and 5 hours was associated with

improving allograft survival in recipients. I was personally responsible for the chart review and data collection of all 470 patients for subsequent statistical analysis. Please see publications for further details.

Publications

Peer Reviewed Journal Articles/Abstracts

Horn B, **Obasare E**, Nwakile C, Bhalla V, Zabad M, Mezue K, Lu M, Pressman GS, Figueredo VM. Diastolic Wall Strain and Mortality in Patients Post Non-ST Elevation Myocardial Infarction. *International Journal of Cardiology*. Publication Status: Submitted.

Workman V, Freeman J, **Obasare E**, Jain S, Ganeshan S, Burr A, Akar J, Blitzer M, Lampert R. Freeman J. Risk of COVID-19 Infection After Cardiac Electrophysiology Procedures. *HRS 02*. October 2020. Publication Status: Published.

Rosenfeld L, **Obasare E**, Bader E, Grubman E. Spontaneous conversion of longstanding atrial fibrillation/flutter. *AJC*. June 2020. Publication Status: Published.

Jain S, Workman V, Ganeshan S, **Obasare E**, Burr A, Debiasi R, Freeman J, Akar J, Lampert R, Rosenfeld L. Enhanced ECG Monitoring of COVID-19 Patients. *Heart Rhythm*. May 2020. Publication Status: Published.

Friend E, El-Sayegh B, Pressman GS, Di Labbio G, **Obasare E**, Kadem L. Orifice eccentricity accentuates flow disturbance due to severe mitral annular calcification. *Journal of the American Society of Echocardiography*. June 2018. Publication Status: Published.

Obasare E, Mainigi SK, Morris DL, Slipczuk L, Goykhman I, Friend E, Ziccardi MR, Pressman GS. CT based 3D printing is superior to transesophageal echocardiography for pre-procedure planning in left atrial appendage device closure. *Int J Cardiovasc Imaging*. May 2018. Publication Status: Published.

Ziccardi MR, Alhamshari Y, Rubio M, Sandhu N, **Obasare E**, Romero-Corral A. Diastolic Dysfunction Predicts Adverse Cardiovascular Outcomes After Orthotropic Liver Transplant. *Circulation*. March 2018. Publication Status: Published.

Naniwadekar A, Joshi K, Alnabelsi T, **Obasare E**, Greenspan A, Mainigi S. Real World Utilization and Impact of the Wearable Cardioverter-Defibrillator in a Community Setting. *Indian Pacing Electrophysiol J*. May 2017. Publication Status: Published.
Obasare E, Bhalla V, Gajanana D, Rodriguez Ziccardi M, Codolosa JN, Figueredo VM, Morris DL, Pressman GS. Natural history of severe aortic stenosis: Diastolic wall strain as a novel prognostic marker. *Echocardiography*. April 2017. Publication Status: Published.

Pressman GS, Rodriguez-Ziccardi M, Gartman CH, **Obasare E**, Melendres E, Arguello V, Bhalla V. Mitral Annular Calcification as a Possible Nidus for Endocarditis: A Descriptive Series with Bacteriological Differences Noted. *Journal of the American Society of Echocardiography*. March 2017. Publication Status: Published.

El-Sayegh B, Kadem L, Di Labbio G, Pressman GS, **Obasare E**. Investigation of the left ventricular flow dynamics in the presence of severe mitral annular calcification. *Bulletin of the American Physical Society*. November 2016. Publication Status: Published.

El-Sayegh B, Di Labbio G, Pressman GS, **Obasare E**, Kadem L. Left ventricular flow dynamics in the presence of severe mitral annular calcification – An in vitro study. *Circulation*. November 2016. Publication Status: Published.

Lu M, Gupta S, Romero-Corral A, Matejková M, De Venecia T, **Obasare E**, Bhalla V, Pressman GS. Cardiac Calcifications on Echocardiography Are Associated with Mortality and Stroke. *Journal of the American Society of Echocardiography*. December 2016. Publication Status: Published.

Obasare E, Melendres E, Morris DL, Mainigi SK, Pressman GS. Patient specific 3D print of left atrial appendage for closure device. *Int J Cardiovasc Imaging*. July 2016. Publication Status: Published.

Obasare E, Melendres E, Bhalla V, West MB, Mainigi SK, Pressman GS, Figueredo VM. Do Fascicular Blocks Cause Mitral Regurgitation? *Cardiology*. July 2016. Publication Status: Published.

Faraj K, **Obasare E**, Sharma S, Amanullah A. Prosthetic Valve Mass and Intra-Cranial Bleed. *European Society of Cardiology Clinical Case Gallery.* July 2016. Publication Status: Pending acceptance to *European Heart Journal*. Published Online: http://learn.escardio.org/clinicalcase/GC/c6fc843a-dff1-4577-be6e-f3d2d433cb98#.V97_s2M_6xo.html.

Brito D, **Obasare E**, Kalla A, Goykhman I, Peñalver JL, Figueredo V, Pressman GS. Racial and Gender Differences in Calcium Score Among Patients with Severe Aortic Stenosis. *American Journal of Cardiology.* (2016). Publication Status: Submitted, Pending Acceptance.

Warrier N, **Obasare E**, Khan U, Kumar S, Hegde S, Marmur J. *A case of left main coronary artery spasm related to psoriasis.* April 2014. Publication Status: Published online: http://www.labome.org/research/A-case-of-left-main-coronary-artery-spasm-related-to-psoriasis.html.

Afzal A, Bapat M, Knutson C, **Obasare E**, Persits A, Kamran H, Salciccioli LF, Lazar JM. *Determinants of Post-Ischemic Reactive Hyperemia Tissue Oxygen Saturation in Normal Subjects. Journal of Investigative Medicine.* 2013 Mar; 61(3): 659. Publication Status: Published.

Janani J, Bastien C, Gandhi C, **Obasare E**, Bapat M, Naggar I, Salciccioli LF, Stewart M, Lazar JM. *Wave intensity analysis by simultaneous acquisition of pressure and velocity waveforms using applanation tonometry and arterial doppler*. The Journal of Clinical Hypertension. 2012 Apr; 14(Supplement 1): A96. Publication Status: Published.

Thangaratnavel R, Kamran H, Salciccioli LF, Htun W, Maraj I, **Obasare E**, Lazar JM. *Differences in Post-Ischemic Reactive Hyperemia Tissue Oxygen Saturation Between Normals and Hypertensive Subjects. The Journal of Clinical Hypertension*. 2011 Apr; 13(Supplement 1): A117. Publication Status: Published.

Poster Presentations

Obasare E, Mainigi SK, Morris DL, Friend E, Pressman GS. (October 2017). 3D Printing Facilitates Left Atrial Appendage Device Closure. Cardiology Philadelphia 2017. Innovations in Cardiovascular Care. University of Pennsylvania, Philadelphia, Pennsylvania, USA. First place poster competition winner for Clinical/Basic Science ($500 Cash Prize).

El Sayegh B, DiLabbio G, Pressman GS, **Obasare E**, Kadem L. (November 2016). Left Ventricular Flow Dynamics in the Presence of Severe Mitral Annular Calcification - An In Vitro Study. American Heart Association Scientific Sessions 2016. New Orleans, Louisiana, USA.

Rodriguez-Ziccardi M, MD, Alhamshari Y, Rubio M, Sandhu N, **Obasare E**, Romero-Corral A. (November 2016). Diastolic Dysfunction Predicts Adverse Cardiovascular Outcomes After Orthotropic Liver Transplant. American Heart Association Scientific Sessions 2016. New Orleans, Louisiana, USA.

Obasare E, Melendres E, Nwakile C, Gajanana D, Samuel S, Kadem L, Pouch AM, Pressman GS. (June 2016). Patient Specific Three-Dimensional Printing of the Calcified Mitral Valve. The American Society of Echocardiography 27th Annual Scientific Sessions. Seattle, Washington, USA. Selected for The American Society of Echocardiography Inaugural Echovation Challenge.

Nwakile C, Bhalla V, **Obasare E**, Zabad M, Mezue K, Lu M, Pressman GS, Figueredo VM. (May 2016). Diastolic Wall Strain and Mortality in Patients Post ST Elevation Myocardial Infarction. The Society for Cardiovascular Angiography and Intervention 2016 Scientific Sessions. Orlando, Florida, USA.

Naniwadekar A, Joshi K, **Obasare E**, Alnabelsi T, Melendres E, Malik M, Greenspan A, Mainigi S. (May 2016). Real World Utilization and Impact of the Wearable Cardioverter-Defibrillator in a Community Setting. Heart Rhythm 2016 - 37th Annual Scientific Sessions. San Francisco, California, USA.

Obasare E, Nwakile C, Alnabelsi T, Lu M, Bhalla V, Figueredo VM, Pressman GS. (April 2016). Diastolic Wall Strain Predicts Mortality in Patients with Non-ST Elevation Myocardial Infarction. American College of Cardiology 65th Annual Scientific Session; Chicago, Illinois, USA.

Yushkov Y, Alvarez-Casas J, Dikman S, Ying A, Tajik W, Lerner H, Lewis J, **Obasare E**, Sheth M, Goldstein MJ. (2010). *Machine Measured Renal Resistance (MMRR) is the most sensitive tool for prediction of early renal allograft survival.* Poster presented at: World Transplant Congress; Vancouver, Canada.

Oral Presentations

Friend E, El-Sayegh B, Pressman GS, Di Labbio G, **Obasare E**, Kadem L. (April 2018). Orifice eccentricity accentuates flow disturbance due to severe mitral annular calcification. 4th Annual Scientific Meeting of the Heart Valve Society in New York, NY, USA.

Obasare E, Melendres E, Bhalla V, West M, Mainigi S, Pressman G, Figueredo V. (August, 2016). Do Fascicular Blocks Cause Mitral Regurgitation? Scientific Session of the International Academy of Cardiology, 21st World Congress on Heart Disease. Boston, MA, USA.

Obasare E, Bhalla V, Gajanana D, Rodriguez M, Figueredo V, Morris D, Pressman G. (November, 2015). Diastolic Wall Strain Predicts Mortality in Patients With Severe Aortic Stenosis. Mid-Atlantic Capital Young Investigator's Award (CYIA) competition. Heart House. Washington, DC, USA.

Hobbies & Interests

Playing basketball and enjoying stories in different media.

Language Fluency

English (Native/functionally native)
Spanish/Spanish Creole (Basic)

Other Awards/Accomplishments

- Director of Clinical Cardiac Electrophysiology at the Community Hospital of the Monterey Peninsula
- Member of Journal Sub-committee of the heart rhythm society
- Member of the institutional review board – Community Hospital of the Monterey Peninsula
- Faculty Presenter at the American College of Cardiology Conference in April 2022
- Chief Clinical Cardiac Electrophysiology Fellow
- Selected as a candidate in the American College of Cardiology "Teaching Tomorrow's Teachers" (3T) FIT Program. (May 2018)
- Cardiology Philadelphia 2017. Innovations in Cardiovascular Care. University of Pennsylvania, Philadelphia, Pennsylvania, USA. First place poster competition winner for Clinical/Basic Science ($500 Cash Prize).
- $10,000 Seed Grant from Einstein Medical Center for left atrial pressure research (please see research experience).
- Fellow-in-training editor for the American College of Cardiology on chapter engagement.
- Finalist Einstein Medical Center Resident and Fellow Research Competition (June 2016).
- Scholarship Recipient Mayo Clinic Echocardiography Review Course for Boards and Recertification (May 2016).
- Finalist - Mid-Atlantic Capital Young Investigator's Award (CYIA) competition (November 2015).
- Hypertension Specialist (American Society of Hypertension).
- Implementing Program Director – Apogee Physicians.
- Traveling hospitalist of the month – January, 2015 and April, 2014.
- Basic Life Support, Advanced Cardiac Life Support Certified.

References

Jim Freeman, MD
Director, Yale Atrial Fibrillation Program
Yale University School of Medicine
789 Howard Avenue.
Dana Building. 3rd Floor
New Haven, CT. 06511.
Email: James.Freeman@Yale.edu
Phone: 650-906-2142

Gary V. Desir, MD
Chair, Department of Internal Medicine
Paul B. Beeson Professor of Medicine
Yale School of Medicine
330 Cedar Street, BB 110
New Haven, CT 06510
Email: Gary.Desir@Yale.edu
Administrative Assistant : Nancy Kravitz. Email: Nancy.Kravitz@Yale.edu
Phone: 203-415-4682 (mobile); 203-785-4119 (office)
Fax: 203-785-6954

Eric Velazquez, MD
Robert W. Berliner Professor of Medicine (Cardiology)
Chief, Cardiovascular Medicine
Physician-in-Chief, Heart and Vascular Center
Yale School of Medicine
789 Howard Avenue.
Dana Building. 3rd Floor
New Haven, CT. 06511.
Email: Eric.Velazquez@Yale.edu
Administrative Assistant : Reese Mcleod. Email: Reese.Mcleod@Yale.edu
Phone: 203-737-5171

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

The Sites Tab in NYSE-CON has replaced Schedule LRA 10. Schedule LRA 10 is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval. ***However, due to programming issues, you may still be required to upload a blank Schedule LRA 10 to submit a Service Delivery LRA application.***

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:
"Current" Column: Mark "x" in the box only if the service ***currently*** appears on the operating certificate (OpCert), prior to any requested changes
"Add" Column: Mark "x" in the box if this CON application seeks to add.
"Remove" Column: Mark "x" in the box if this CON application seeks to decertify.
"Proposed" Column: Mark "x" in the boxes corresponding to all the services that will ultimately appear on the OpCert if this CON application is approved.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Cardiac Electrophysiology		☐	☒	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

☒ No

☐ Yes (*Enter CON numbers to the right)* _____ _____ _____

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).

c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.

d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.

e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.

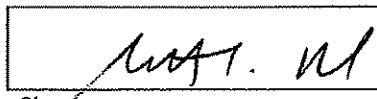
f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.

g) The facility will be operated and maintained in accordance with the standards prescribed by law.

h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.

i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

1/9/2026
Date


Signature

Scott A. Berlucchi, FACHE, NHA
Name (Please Type)

President & Chief Executive Officer
Title (Please Type)

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

July 23, 2026

Eric Burch
EVP of Administration
Auburn Community Hospital
17 Lansing Street
Auburn, New York 13021

Re: 261018-L
Auburn Community Hospital
(Cayuga County)
Certify Cardiac Catheterization - Electrophysiology (EP) and install new ultrasound equipment for EP procedures

Dear Eric Burch:

The above-referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Center for Health Care Facility Planning, Licensure, and Finance prior to implementing this project.

Please Note: This application is subject to a $1,000 application fee. The final disposition of this application will be pended until receipt of the application fee. If you have not already done so, please submit a check payable to the New York State Department of Health, including the above-referenced project number on it and any correspondence. The check must be mailed to:

Bureau of Project Management
New York State Department of Health
Corning Tower, Room 1842
Albany, New York 12237

If you have any questions regarding this project, please contact the Bureau of Project Management at cons@health.ny.gov or (518) 402-0911.

Sincerely,

Susan Edwards

Susan Edwards
Director
Bureau of Project Management

SE/ljc