

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Engineering Shops**  
Room Name: **Corridor**  
Room Number: **BCE01**

Number of Occupants:

Area: Program/Actual

/205

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

Department:  
Room Name:  
Room Number:

**BCE01**

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Engineering Shops**  
Room Name: **Corridor**  
Room Number: **BCE02**

Number of Occupants:

Area: Program/Actual

/670

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

## Corridor

**BCE02**

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Engineering Shops**  
 Room Name: **Corridor**  
 Room Number: **BCE03**

Number of Occupants:

Area: Program/Actual

/295

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

## Corridor

**BCE03**

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Tool Crib (TC)  
Room Number: BCE03.1

Number of Occupants:

Area: Program/Actual

100/37

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Tool Crib (TC)

**BCE03.1**

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Building No. 1 - Public Spaces  
Room Name: Elevator Bank "A" Lobby  
Room Number: BCN02

Number of Occupants:

Area: Program/Actual

/595

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input checked="" type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input type="checkbox"/> Flipper Door	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" Pair <input type="checkbox"/> 4' - 0" <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Other	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> Data Quad	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> NA	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

Department:  
Room Name:  
Room Number:

BCN02

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Bio Med  
**Room Name:** Vestibule (V)  
**Room Number:** BCN02

Number of Occupants:

Area: Program/Actual

120/140

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" Pair <input type="checkbox"/> 4' - 0" <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input type="checkbox"/> Flipper Door	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Other	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> Data Quad	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> NA	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**Shive- Hattery Project No.: 110240-0**

**Bio Med**

### Vestibule (V)

BCN02

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Housekeeping  
Room Name: Office, Supervisor (OS)  
Room Number: BE01A

Number of Occupants:

Area: Program/Actual

120/154

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input checked="" type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Special Epoxy <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input checked="" type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.:** 110240-0

## Housekeeping

Office, Supervisor (OS)

BE01A

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Engineering Shops  
**Room Name:** Locksmith (LS)  
**Room Number:** BE02

Number of Occupants:

Area: Program/Actual

160/146

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input checked="" type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input checked="" type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input checked="" type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	72" x 2 open shelving
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input checked="" type="checkbox"/> Compressed Air <input type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input checked="" type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

## Locksmith (LS)

BE02

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Engineering Shops  
**Room Name:** Locksmith Storage (LSS)  
**Room Number:** BE02A

Number of Occupants:

Area: Program/Actual

80/88

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input checked="" type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input checked="" type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Can doors be revised?</b>	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input checked="" type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

Iowa City, IA

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

### Locksmith Storage (LSS)

BE02A

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Housekeeping  
Room Name: Breakroom (HB)  
Room Number: BE04

Number of Occupants:

Area: Program/Actual

-/269

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input checked="" type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Special Epoxy <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" Mid. <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input checked="" type="checkbox"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> 5 LF Desk Height (30") <input type="checkbox"/> 12 LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input checked="" type="checkbox"/> Base Cabinets <input checked="" type="checkbox"/> Open Shelving <input checked="" type="checkbox"/> File Drawers <input checked="" type="checkbox"/> Drawer Storage <input checked="" type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input checked="" type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> ? Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Housekeeping

## Breakroom (HB)

BE04

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Housekeeping  
Room Name: Housekeeping Office (HO)  
Room Number: BE04A and BE04B

Number of Occupants:

Area: Program/Actual

80/82

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input checked="" type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Special Epoxy <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>				
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

Iowa City, IA

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Housekeeping

**Housekeeping Office (HO)**

**BE04A and BE04B**

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Cart and Misc. Equipment Storage (ME)  
Room Number: BE07

Number of Occupants:

Area: Program/Actual

/295

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Resinous <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input checked="" type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
<b>Door Width:</b>		<b>Counters:</b>		
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input checked="" type="checkbox"/> 4' - 0" + 2' - 0" <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Cart and Misc. Equipment Storage (ME)

**BE07**

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: J's Box (JB)  
Room Number: BE07A

Number of Occupants:

Area: Program/Actual

/295

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Resinous <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" + 2' - 0" <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

**J's Box (JB)**

**BEO7A**

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Building No. 1 - Public Spaces  
**Room Name:** Existing Electrical Room  
**Room Number:** BE08

Number of Occupants:

Area: Program/Actual

/175

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
<b>Door Width:</b>				
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

### Building No. 1 - Public Spaces

### Existing Electrical Room

BE08

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Engineering Shops  
**Room Name:** Toilet No. 1 (TN)  
**Room Number:** BE09

Number of Occupants:

Area: Program/Actual

50/56

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	18x30x6 Wall Cabinets
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input checked="" type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Toilet No. 1 (TN)

BE09

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Engineering Shops  
**Room Name:** Library-Plan Review (LP)  
**Room Number:** BE10

Number of Occupants:

Area: Program/Actual

440/222

Finishes:				
<b>Floor:</b> <input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<b>Base:</b> <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/>	<b>Wall:</b> <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<b>Ceiling:</b> <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Architecture:				
<b>Doors:</b> <input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input checked="" type="checkbox"/> NA	<b>Hardware:</b> <input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Can doors be revised?</b>	<b>Window Treatment:</b> <input checked="" type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Counters:</b> <input checked="" type="checkbox"/> 15 LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<b>Cabinets:</b> <input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input checked="" type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input type="checkbox"/>	<b>Comments:</b> 15', 12" Deep - open shelving
HVAC:				
<b>Temperature/Humidity</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				<b>Comments:</b>
Plumbing:				
<b>Sinks:</b> <input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<b>Trim:</b> <input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Fixtures:</b> <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<b>Gases:</b> <input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b>
Electrical and Safety:				
<b>Illumination:</b> <input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<b>Clocks:</b> <input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Power:</b> <input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<b>Infection Control/Safety:</b> <input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Telecommunications:				
<b>Telephone:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> NA	<b>Nurse Call:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<b>Computer:</b> <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> 4 Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<b>Printers:</b> <input checked="" type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	<b>Comments:</b>
<b>Hospital Page:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Signage:</b> <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<b>Code Blue:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Centralized Monitoring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Comments:</b>
<b>Closed Circuit TV:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Television:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Music:</b> <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None	<b>Comments:</b>	

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Library-Plan Review (LP)

BE10

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Work Order Clerk (WOC)  
Room Number: BE11.1

Number of Occupants:

Area: Program/Actual

64/90

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> NA <input type="checkbox"/>	<input type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

Iowa City, IA

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

**Work Order Clerk (WOC)**

BE11.1

Page 2

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Inventory Control (IC)  
Room Number: BE11.2

Number of Occupants:

Area: Program/Actual

80/90

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> NA <input type="checkbox"/>	<input type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <input type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

## Inventory Control (IC)

## BE11.2

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Office, Maintenance Engineer (ME)  
Room Number: BE12

Number of Occupants:

Area: Program/Actual

120/135

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input checked="" type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input checked="" type="checkbox"/> Integral Blinds <input type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

**Office, Maintenance Engineer (ME)**

BE12

Page 2

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Engineering Shops  
**Room Name:** Linen Chute  
**Room Number:** BE13

Number of Occupants: \_\_\_\_\_ Area: Program/Actual \_\_\_\_\_ /170

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Resinous <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input checked="" type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input checked="" type="checkbox"/> 4' - 0" + 2' - 0" <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

## Linen Chute

BE13

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Inventory Supply (IC)  
Room Number: BE14

Number of Occupants:

Area: Program/Actual

500/747

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input checked="" type="checkbox"/> Other - Cage <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

### Inventory Supply (IC)

BE14

Page 2

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Kitchen (K)  
Room Number: BE15.1

Number of Occupants:

Area: Program/Actual

120/194

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA <input type="checkbox"/> Epoxy	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> Solid Surface	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input checked="" type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input checked="" type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Locker Base <input type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input checked="" type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input checked="" type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input checked="" type="checkbox"/> Range <input checked="" type="checkbox"/> Hood	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

**Kitchen (K)**

**BE15.1**

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Lounge, Staff (L)  
Room Number: BE15.2

Number of Occupants:

Area: Program/Actual

360/295

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA <input type="checkbox"/> Epoxy	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> Solid Surface	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input checked="" type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Locker Base <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Range <input type="checkbox"/> Hood	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

**Lounge, Staff (L)**

## BE15.2

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Engineering Shops**  
 Room Name: **Office, Supervisor (SO) (2)**  
 Room Number: **BE16 and BE18**

Number of Occupants:

Area: Program/Actual

80/95

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

Office, Supervisor (SO) (2)

### BE16 and BE18

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Work Bench Stations (WBS) (21)  
Room Number: BE17-1, BE19-1, etc.

Number of Occupants:

Area: Program/Actual

48/48

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Integral Blinds <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

## Work Bench Stations (WBS) (21)

BE17-1, BE19-1, etc.

ESW

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Air Conditioning Shop (ACS)  
Room Number: BE17.1

Number of Occupants:

Area: Program/Actual

300/365

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input checked="" type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA	Welding Shop and A/C Shop need exhaust			
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input checked="" type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input checked="" type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	Welding Gasses
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other <input type="checkbox"/> Occupancy Sensor	<input checked="" type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input checked="" type="checkbox"/> 480-220-110 <input checked="" type="checkbox"/> 480 & 220-3ph	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

### Air Conditioning Shop (ACS)

BE17.1

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Carpentry Shop (CS)  
Room Number: BE17.2

Number of Occupants:

Area: Program/Actual

500/579

Finishes:				
<b>Floor:</b> <input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<b>Base:</b> <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<b>Wall:</b> <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<b>Ceiling:</b> <input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b> Maintenance Logo
Architecture:				
<b>Doors:</b> <input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Hardware:</b> <input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Window Treatment:</b> <input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<b>Cabinets:</b> <input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b>
HVAC:				
<b>Temperature/Humidity</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA	Dust collection system			<b>Comments:</b>
Plumbing:				
<b>Sinks:</b> <input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<b>Trim:</b> <input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Fixtures:</b> <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<b>Gases:</b> <input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b> Welding Gasses
Electrical and Safety:				
<b>Illumination:</b> <input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input type="checkbox"/> Occupancy Sensor	<b>Clocks:</b> <input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Power:</b> <input checked="" type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<b>Infection Control/Safety:</b> <input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b>
Telecommunications:				
<b>Telephone:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<b>Nurse Call:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<b>Computer:</b> <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<b>Printers:</b> <input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	<b>Comments:</b>
<b>Hospital Page:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Signage:</b> <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<b>Code Blue:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Centralized Monitoring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Comments:</b>
<b>Closed Circuit TV:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Television:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Music:</b> <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None	<b>Comments:</b>	

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Carpentry Shop (CS)

BE17.2

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Engineering Shops**

Room Name: **Paint Shop (PS)**

Room Number: **BE17.3**

Number of Occupants:

Area: Program/Actual

400/467

Finishes:				
<b>Floor:</b> <input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<b>Base:</b> <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<b>Wall:</b> <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<b>Ceiling:</b> <input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Architecture:				
<b>Doors:</b> <input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Hardware:</b> <input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Window Treatment:</b> <input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<b>Cabinets:</b> <input type="checkbox"/> B Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
HVAC:				
<b>Temperature/Humidity</b> <input type="checkbox"/> Normal <input type="checkbox"/> ? Special <input type="checkbox"/> NA				<b>Comments:</b>
Plumbing:				
<b>Sinks:</b> <input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<b>Trim:</b> <input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Fixtures:</b> <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<b>Gases:</b> <input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b> Welding Gasses
Electrical and Safety:				
<b>Illumination:</b> <input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input type="checkbox"/> Occupancy Sensor	<b>Clocks:</b> <input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Power:</b> <input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<b>Infection Control/Safety:</b> <input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b>
Telecommunications:				
<b>Telephone:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<b>Nurse Call:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<b>Computer:</b> <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<b>Printers:</b> <input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	<b>Comments:</b>
<b>Hospital Page:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Signage:</b> <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<b>Code Blue:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Centralized Monitoring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Comments:</b>
<b>Closed Circuit TV:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Television:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Music:</b> <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None	<b>Comments:</b>	

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Paint Shop (PS)

**BE17.3**

[illegible]



# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Project Documentation  
Room Number: BE17A

Number of Occupants:

Area: Program/Actual

80/80

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

## Project Documentation

BE17A

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: **Engineering Shops**  
Room Name: **Carpentry Storage**  
Room Number: **BE17B**

Number of Occupants:

Area: Program/Actual

80/70

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Engineering Shops**  
**Carpentry Storage**  
**BE17B**

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Paint Shop Storage (PSS)  
Room Number: BE17C

Number of Occupants:

Area: Program/Actual

80/88

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

### Paint Shop Storage (PSS)

BE17C

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Electrical Shop (ES)  
Room Number: BE19.1

Number of Occupants:

Area: Program/Actual

300/908

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input checked="" type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA	Welling Shop and A/C Shop need exhaust			
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input checked="" type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input checked="" type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Welding Gasses</b>
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input type="checkbox"/> Occupancy Sensor	<input checked="" type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input checked="" type="checkbox"/> 480-220-110 <input checked="" type="checkbox"/> 480 & 220-3ph	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

## Engineering Shops

### Electrical Shop (ES)

## BE19.1

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Machine Shop (MS)  
Room Number: BE19.2

Number of Occupants:

Area: Program/Actual

300/908

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input checked="" type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>		<b>Counters:</b>		
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA		<input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA		
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA	Welling Shop and A/C Shop need exhaust			
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input checked="" type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input checked="" type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Welding Gasses</b>
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input type="checkbox"/> Occupancy Sensor	<input checked="" type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input checked="" type="checkbox"/> 480-220-110 <input checked="" type="checkbox"/> 480 & 220-3ph	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		



**Environmental Data Sheet**

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate &amp; Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department:

Room Name:

Room Number:

Engineering Shops

Machine Shop (MS)

BE19.2

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
MS01	Rockwell Lathe	1		87	41	75	O	O
MS02	Rockwell Mill	1		40	40	75	O	O
MS03	Grizzle Pedestal Drill	1		24	36	72	O	O
MS04	Jet Horizontal Band Saw	1		48	23	41	O	O
MS05	Metal Pro Iron Worker	1		22	36	60	O	O
MS06	Manly 25 ton press	1		40	30	72	O	O
MS07	Dayton Pedestal Grinder	1		25	16	50	O	O
MS08	Vestil Service Lift Table and Ramp	1		30	100	40	O	O
MS09	Welding Table	1		72	36	36	O	O
MS10	Fabrication Table	1		36	24	36	C	C
MS11	Torchmate 2x2 CNC Table	1		44	44	48	O	O
MS12	Miller Spectrom 625 Plasma	1		20	24	40	O	O
MS13	Miller Tig Welder	1		22	43	67	O	O
MS14	Miller Spot Welder	1		24	46	48	O	O
MS15	Miller Wire Welder	1		24	48	69	O	O
MS16	Greenerd Arbor Press	1		24	24	52	O	O
MS17	Lincoln SP-100 Wire Welder	1		18	24	46	O	O
MS18	Miller SRH Arc Welder	1		28	42	70	O	O
MS19	Oxy Acetylene Cart	1		12	24	60	O	O
MS20	Jet 3 in 1 shear, brake & roll	1		40	24	60	O	O
MS21	Dayton Sheet metal brake	1		75	28	60	O	O
MS22	Tenn Smith Sheet Metal Shear	1		62	36	40	O	O
MS23	Scotchman Vertical band saw	1		26	36	52	O	O
MS24	Coda Parts Washer	1		32	42	52	O	O
MS25	Carts	5		30	48	36	O	O
MS26	Soap Dispenser	1	New				O	C
MS27	Paper Towel Dispenser	1	New				O	C
MS28	Waste Receptacle	1	New				O	O
MS29	Waste Bezel	1	New				C	C
MS30	Flammable Storage Cabinet	1	E				O	O
MS31	Lyons Parts Storage Cabinet	1	E				O	O
MS32	Ladder Cart	1	E				O	O
MS33	Vertical File	1	E				O	O

MS34	Kennedy Cart (Torchmate)	1	E				O	O
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**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive-Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Metasys Work Station (MWS)  
Room Number: BE19.3

Number of Occupants:

Area: Program/Actual

48/22

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8"0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input checked="" type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Conference <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

### Metasys Work Station (MWS)

**BE19.3**

Page 2

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Engineering Shops**

Room Name: **Server Room (SR)**

Room Number: **BE19A**

Number of Occupants:

Area: Program/Actual

120/82

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>				
<input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other 0.5. <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

**Server Room (SR)**

BE19A

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Engineering Shops  
**Room Name:** Toilet No. 2 (ETT)  
**Room Number:** BE20

Number of Occupants:

Area: Program/Actual

Existing

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Epoxy <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input checked="" type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	18x30x6 Wall Cabinets
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

Iowa City, IA

**Shive- Hattery Project No.: 110240-0**

BE20

Page 2

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: Building No. 1 - Public Spaces  
Room Name: Storage  
Room Number: BE21

Number of Occupants:

Area: Program/Actual

/28

Finishes:				
<b>Floor:</b> <input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<b>Base:</b> <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous <input type="checkbox"/>	<b>Wall:</b> <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<b>Ceiling:</b> <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Architecture:				
<b>Doors:</b> <input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<b>Hardware:</b> <input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Window Treatment:</b> <input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<b>Cabinets:</b> <input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	<b>Comments:</b>
HVAC:				
<b>Temperature/Humidity</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				<b>Comments:</b>
Plumbing:				
<b>Sinks:</b> <input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<b>Trim:</b> <input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Fixtures:</b> <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<b>Gases:</b> <input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b>
Electrical and Safety:				
<b>Illumination:</b> <input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<b>Clocks:</b> <input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Power:</b> <input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/>	<b>Infection Control/Safety:</b> <input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Telecommunications:				
<b>Telephone:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<b>Nurse Call:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<b>Computer:</b> <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<b>Printers:</b> <input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	<b>Comments:</b>
<b>Hospital Page:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Signage:</b> <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<b>Code Blue:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Centralized Monitoring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Comments:</b>
<b>Closed Circuit TV:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Television:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Music:</b> <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		<b>Comments:</b>

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## **Building No. 1 - Public Spaces**

## Storage

BE21

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: Engineering Shops  
Room Name: Electrical Closet  
Room Number: BE22

Number of Occupants:

Area: Program/Actual

/170

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input checked="" type="checkbox"/> Resinous <input type="checkbox"/>	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input checked="" type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input checked="" type="checkbox"/> 4' - 0" + 2' - 0" <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

## Engineering Shops

### Electrical Closet

BE22

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Bio Med**  
 Room Name: **General Work Area (BME)**  
 Room Number: **BN01**

Number of Occupants:

Area: Program/Actual

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" Mid. <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input checked="" type="checkbox"/> LF Counter Height (36") <input checked="" type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input checked="" type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
<b>Door Width:</b>				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" Pair <input type="checkbox"/> 4' - 0" <input type="checkbox"/> Other <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Medical Air <input checked="" type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> 1 Circuit/Station <input type="checkbox"/> 1 Shared	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> 6 Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> Data Quad <input type="checkbox"/> 4 Data/Station	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shiye- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

**General Work Area (BME)**

BN01

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Bio Med**  
Room Name: **Office, Engineer (BEO)**  
Room Number: **BN01A**

Number of Occupants:

Area: Program/Actual

120/120

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Carpet	<input checked="" type="checkbox"/> Vinyl	<input checked="" type="checkbox"/> Paint	<input checked="" type="checkbox"/> Acoustical Tile	
<input type="checkbox"/> VCT	<input type="checkbox"/> Wood	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Hard (Painted)	
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/> Sheet Vinyl	<input type="checkbox"/> Special	
<input type="checkbox"/> Quarry Tile	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Chair Rail		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> NA	<input type="checkbox"/> Wainscot		
<input type="checkbox"/> Seamless Vinyl		<input type="checkbox"/> NA	<b>Ceiling Height:</b>	
<input type="checkbox"/> Resinous			<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> NA			<input type="checkbox"/> Other	
			<input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets	
<input checked="" type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets	
<input type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input type="checkbox"/> Other	<input type="checkbox"/> Open Shelving	
<input type="checkbox"/> Full Glass	<input checked="" type="checkbox"/> Office Lock	<input type="checkbox"/> NA	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock		<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	<b>Counters:</b>	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> 10 LF Desk Height (30")	<input type="checkbox"/> Other	
	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA	
<b>Door Width:</b>	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")	<input checked="" type="checkbox"/> Flipper Door	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> NA	<input type="checkbox"/> NA		
<input type="checkbox"/> 3' - 8"				
<input type="checkbox"/> 4' - 0"				
<input type="checkbox"/> Other				
<input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing	<input type="checkbox"/> Wrist Blade	<input type="checkbox"/> Watercloset	<input type="checkbox"/> Medical Air	
<input type="checkbox"/> Flush Rim	<input type="checkbox"/> Electric Eye	<input type="checkbox"/> Watercloset w/pan wash	<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Utility	<input type="checkbox"/> Knee	<input type="checkbox"/> ICU Toilet/Lav Module	<input type="checkbox"/> Vacuum Slide	
<input type="checkbox"/> DB <input checked="" type="checkbox"/> x	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/> x	<input type="checkbox"/> Other	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer - Foam	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Hand Sanitizer - Pump	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> Motion Sensor	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time	<input type="checkbox"/> NA	<input type="checkbox"/> Disinfectant Wipes	
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box	
<input type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Dimmer			<input type="checkbox"/> Pharmaceutical Waste	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Occupancy Sensor			<input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input type="checkbox"/> Laptop	<input checked="" type="checkbox"/> Printer (Network)	
<input type="checkbox"/> Cordless	<input type="checkbox"/> No	<input type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)	
<input type="checkbox"/> Wall	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Data Quad	<input type="checkbox"/> Fax	
			<input type="checkbox"/> NA	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Exterior	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> Interior	<input type="checkbox"/> No	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Hospital System		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Localized System		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

Office, Engineer (BEO)

BN01A

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Bio Med**  
 Room Name: **Office, Staff (BSO) (2)**  
 Room Number: **BN01B and BN01C**

Number of Occupants:

Area: Program/Actual

80/80

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Carpet	<input checked="" type="checkbox"/> Vinyl	<input checked="" type="checkbox"/> Paint	<input checked="" type="checkbox"/> Acoustical Tile	
<input type="checkbox"/> VCT	<input type="checkbox"/> Wood	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Hard (Painted)	
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/> Sheet Vinyl	<input type="checkbox"/> Special	
<input type="checkbox"/> Quarry Tile	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Chair Rail		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> NA	<input type="checkbox"/> Wainscot		
<input type="checkbox"/> Seamless Vinyl		<input type="checkbox"/> NA	<b>Ceiling Height:</b>	
<input type="checkbox"/> Resinous			<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> NA			<input type="checkbox"/> Other	
			<input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets	
<input checked="" type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets	
<input type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Open Shelving or Flipper Door	
<input type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input type="checkbox"/> NA	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input checked="" type="checkbox"/> Classroom Lock		<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Other	<input type="checkbox"/> Combination		<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<b>Counters:</b>	<input type="checkbox"/> Other	
	<input type="checkbox"/> Storeroom	<input checked="" type="checkbox"/> 10 LF Desk Height (30")	<input type="checkbox"/> NA	
<b>Door Width:</b>	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Other	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> NA	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"		<input type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0"				
<input type="checkbox"/> Other				
<input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing	<input type="checkbox"/> Wrist Blade	<input type="checkbox"/> Watercloset	<input type="checkbox"/> Medical Air	
<input type="checkbox"/> Flush Rim	<input type="checkbox"/> Electric Eye	<input type="checkbox"/> Watercloset w/pan wash	<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Utility	<input type="checkbox"/> Knee	<input type="checkbox"/> ICU Toilet/Lav Module	<input type="checkbox"/> Vacuum Slide	
<input type="checkbox"/> DB <input checked="" type="checkbox"/> x	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/> x	<input type="checkbox"/> Other	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer - Foam	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Hand Sanitizer - Pump	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> Motion Sensor	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time	<input type="checkbox"/> NA	<input type="checkbox"/> Disinfectant Wipes	
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box	
<input type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Dimmer			<input type="checkbox"/> Pharmaceutical Waste	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Occupancy Sensor			<input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input type="checkbox"/> Laptop	<input type="checkbox"/> Printer (Network)	
<input type="checkbox"/> Cordless	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)	
<input type="checkbox"/> Wall	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> N/A		<input checked="" type="checkbox"/> Data Quad	<input type="checkbox"/> Fax	
			<input type="checkbox"/> NA	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Exterior	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> Interior	<input type="checkbox"/> No	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Hospital System		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Localized System		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

Office, Staff (BSO) (2)

**BN01B and BN01C**

[illegible]

# Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive-Hattery Project No.: 110240-0

Department: **Bio Med**  
Room Name: **Conference-Library (BCL)**  
Room Number: **BN01D**

Number of Occupants:

Area: Program/Actual

180/185

Finishes:				
<b>Floor:</b> <input checked="" type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA	<b>Base:</b> <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<b>Wall:</b> <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<b>Ceiling:</b> <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Architecture:				
<b>Doors:</b> <input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Hardware:</b> <input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Window Treatment:</b> <input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA  <b>Counters:</b> <input checked="" type="checkbox"/> 10 LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<b>Cabinets:</b> <input checked="" type="checkbox"/> 5 Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving or Flipper Door <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
HVAC:				
<b>Temperature/Humidity</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				<b>Comments:</b>
Plumbing:				
<b>Sinks:</b> <input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<b>Trim:</b> <input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Fixtures:</b> <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Gases:</b> <input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<b>Comments:</b>
Electrical and Safety:				
<b>Illumination:</b> <input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input checked="" type="checkbox"/> Indirect <input checked="" type="checkbox"/> Incandescent <input checked="" type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Other <input type="checkbox"/> Occupancy Sensor	<b>Clocks:</b> <input type="checkbox"/> Standard Electric <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Power:</b> <input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA	<b>Infection Control/Safety:</b> <input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	<b>Comments:</b>
Telecommunications:				
<b>Telephone:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Conference	<b>Nurse Call:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Computer:</b> <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> Data	<b>Printers:</b> <input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input checked="" type="checkbox"/> NA	<b>Comments:</b>
<b>Hospital Page:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Signage:</b> <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<b>Code Blue:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Centralized Monitoring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Comments:</b>
<b>Closed Circuit TV:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Television:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Music:</b> <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None	<b>Comments:</b>	

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

**Conference-Library (BCL)**

BN01D

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: Bio Med  
Room Name: Storage, Broken (BS)  
Room Number: BN01F

Number of Occupants:

Area: Program/Actual

100/91

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" Mid. <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input checked="" type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input checked="" type="checkbox"/> at 48" AFF. 1 Duplex/2'-0" of wall	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

### Storage, Broken (BS)

BN01F

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive- Hattery Project No.: 110240-0

Department: **Bio Med**  
Room Name: **Storage, Fixed (FS)**  
Room Number: **BN01G**

Number of Occupants:

Area: Program/Actual

100/91

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" Mid. <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input checked="" type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input checked="" type="checkbox"/> at 48" AFF. 1 Duplex/2'-0" of wall	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

### Storage, Fixed (FS)

BN01G

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
Project Name: Renovate & Expand Patient Support Areas  
DVA Project No.: 263-10-RP-0214  
Shive-Hattery Project No.: 110240-0

Department: Bio Med  
Room Name: Breakroom-Kitchenette (BBK)  
Room Number: BN01H

Number of Occupants:

Area: Program/Actual

185/214

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special  <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" Mid. <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Door Width:</b> <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> NA  <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input checked="" type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wall Cabinets <input checked="" type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> Hot Water Tap <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" type="checkbox"/> Task <input type="checkbox"/> Occupancy Sensor	<input checked="" type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input checked="" type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

**Bio Med**

### Breakroom-Kitchenette (BBK)

BN01H

Page 2

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: **Bio Med**  
Room Name: **Storage, Parts (BPS)**  
Room Number: **BN011**

Number of Occupants:

Area: Program/Actual

100/91

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Resinous <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <b>Ceiling Height:</b> <input checked="" type="checkbox"/> 8'0" Mid. <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input checked="" type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input checked="" type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
<b>Door Width:</b>				
<input checked="" type="checkbox"/> 3' - 0" <input checked="" type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA				
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Other <input type="checkbox"/> NA	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared <input checked="" type="checkbox"/> at 48" AFF. 1 Duplex/2'-0" of wall	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

Iowa City, IA

**DVA Project No.: 263-10-RP-0214**

**Bio Med**

## Storage, Parts (BPS)

BN01I

Page 2

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Building No. 1 - Public Spaces  
**Room Name:** Stair  
**Room Number:** BST02

Number of Occupants:

Area: Program/Actual

/125

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Exit Device <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

Department:  
Room Name:  
Room Number:

**BST02**

[illegible]



**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Building No. 1 - Public Spaces  
**Room Name:** Stair  
**Room Number:** BST03

Number of Occupants:

Area: Program/Actual

/190

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Exit Device <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

### **Building No. 1 - Public Spaces**

## Stair

**BST03**

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

DVA Project No.: 263-10-RP-0214

Shive- Hattery Project No.: 110240-0

Department: **Building No. 1 - Public Spaces**  
Room Name: **Stair**  
Room Number: **BST10**

Number of Occupants:

Area: Program/Actual

/175

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Exit Device <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

Shive- Hattery Project No.: 110240-0

### **Building No. 1 - Public Spaces**

## Stair

**BST10**

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Building No. 1 - Public Spaces  
**Room Name:** Stair  
**Room Number:** BST13

Number of Occupants:

Area: Program/Actual

/165

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Exit Device <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City, IA**

**DVA Project No.: 263-10-RP-0214**

### **Building No. 1 - Public Spaces**

## Stair

**BST13**

[illegible]

**Environmental Data Sheet**  
Shive-Hattery, Inc.

Iowa City VA Health Care System  
Iowa City, IA  
**Project Name: Renovate & Expand Patient Support Areas**  
**DVA Project No.: 263-10-RP-0214**  
**Shive- Hattery Project No.: 110240-0**

**Department:** Building No. 1 - Public Spaces  
**Room Name:** Stair  
**Room Number:** SBST13

Number of Occupants:

Area: Program/Actual

/165

Finishes:				
<b>Floor:</b>	<b>Base:</b>	<b>Wall:</b>	<b>Ceiling:</b>	<b>Comments:</b>
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input checked="" type="checkbox"/> Sealed Concrete	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous	<input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <b>Ceiling Height:</b> <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
<b>Doors:</b>	<b>Hardware:</b>	<b>Window Treatment:</b>	<b>Cabinets:</b>	<b>Comments:</b>
<input type="checkbox"/> Solid <input checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA <b>Door Width:</b> <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Exit Device <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA <b>Counters:</b> <input type="checkbox"/> LF Desk Height (30") <input type="checkbox"/> LF Counter Height (36") <input type="checkbox"/> LF Bar Height (42") <input type="checkbox"/> Special Requirements <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
HVAC:				
<b>Temperature/Humidity</b>				<b>Comments:</b>
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
<b>Sinks:</b>	<b>Trim:</b>	<b>Fixtures:</b>	<b>Gases:</b>	<b>Comments:</b>
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal	<input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input type="checkbox"/> Oxygen <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Electrical and Safety:				
<b>Illumination:</b>	<b>Clocks:</b>	<b>Power:</b>	<b>Infection Control/Safety:</b>	<b>Comments:</b>
<input checked="" type="checkbox"/> Fluorescent <input type="checkbox"/> Exam Light <input type="checkbox"/> Surgical Light <input type="checkbox"/> Night Light <input type="checkbox"/> Indirect <input type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input type="checkbox"/> Task <input checked="" type="checkbox"/> Occupancy Sensor	<input type="checkbox"/> Standard Electric <input type="checkbox"/> Battery Operated <input type="checkbox"/> Synchronized <input type="checkbox"/> Elapsed Time <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> Motion Sensor <input checked="" type="checkbox"/> NA <input type="checkbox"/> Circuit/Station <input type="checkbox"/> Shared	<input type="checkbox"/> Hand Sanitizer - Foam <input type="checkbox"/> Hand Sanitizer - Pump <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
<b>Telephone:</b>	<b>Nurse Call:</b>	<b>Computer:</b>	<b>Printers:</b>	<b>Comments:</b>
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station	<input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
<b>Hospital Page:</b>	<b>Signage:</b>	<b>Code Blue:</b>	<b>Centralized Monitoring:</b>	<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Closed Circuit TV:</b>	<b>Television:</b>	<b>Music:</b>		<b>Comments:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None		

## Shive-Hattery, Inc.

**Iowa City VA Health Care System**

**Iowa City, IA**

**Project Name: Renovate & Expand Patient Support Areas**

**DVA Project No.: 263-10-RP-0214**

**Shive- Hattery Project No.: 110240-0**

Department:

Room Name:

Room Number:

### **Building No. 1 - Public Spaces**

## Stair

SBST13

[illegible]