

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. 2 - Public Spaces
Room Name: Vestibule
Room Number: 1C01

Number of Occupants: _____ Area: Program/Actual _____ -/81

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input checked="" 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 type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Ceramic Tile <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"/> Vinyl Wall Covering <input type="checkbox"/> Slate Accent Wall	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <hr/> Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input checked="" type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Varies <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input checked="" 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"/> Varies <input checked="" type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <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 checked="" type="checkbox"/> NA	
Door Width:		Counters:		
<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"/> 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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Vestibule
1C01

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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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: Building No. 2 - Public Spaces
Room Name: Lobby
Room Number: 1C02

Number of Occupants: _____ Area: Program/Actual _____ -/679

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input checked="" 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 type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input checked="" 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"/> Vinyl Wall Covering <input checked="" type="checkbox"/> Slate Accent Wall	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed Ceiling Height: <input type="checkbox"/> 8'-0" <input type="checkbox"/> 9' - 0" <input checked="" type="checkbox"/> 23'-0"	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Varies <input type="checkbox"/> NA Door Width: <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" <input type="checkbox"/> 2'-6" <input type="checkbox"/> NA	<input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input checked="" 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"/> Varies <input type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input type="checkbox"/> NA Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <u>x</u> <input type="checkbox"/> SB <u>x</u> <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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	
Closed Circuit TV:	Television:	Music:	Comments:	
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Lobby
1C02

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1								
2								
3								
4								
5								
6								
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8								
9								
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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: Building No. 2 - Public Spaces
Room Name: Corridors, Public
Room Number: 1C03, and 1C06

Number of Occupants: _____ Area: Program/Actual _____

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> 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"/> Slate Accent Wall	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	Handrails Bumper Rails Corner Guards
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Varies <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"/> Varies <input type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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	
Door Width:				
<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"/> Varies <input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Corridors, Public
1C03, and 1C06

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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22								
23								
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25								
26								
27								
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30								
31								
32								
33								

Department: Building No. 2 - Public Spaces
Room Name: Receiving
Room Number: 1C04

Number of Occupants: _____

Area: Program/Actual _____

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input checked="" type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input 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 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"/> Slate Accent Wall	<input type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input checked="" type="checkbox"/> Exposed Ceiling Height: <input type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input checked="" type="checkbox"/> NA	Handrails Bumper Rails Corner Guards
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> 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"/> Varies <input checked="" type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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	
Door Width:				
<input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input checked="" type="checkbox"/> Overhead (3) <input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input checked="" type="checkbox"/> Wall @ outside door <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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Receiving
1C04

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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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: Histocompatibility and Immunogenetics Laboratory
Room Name: Corridor
Room Number: 1C05

Number of Occupants: _____ Area: Program/Actual -478

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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"/> Other <input checked="" type="checkbox"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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 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"/> 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Building No. 2 - Public Spaces
Room Name: Stair
Room Number: 1ST02

Number of Occupants: _____ Area: Program/Actual /225

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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 Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

Department: Building No. 2 - Public Spaces
Room Name: Safety Equipment Storage
Room Number: 107

Number of Occupants: _____ Area: Program/Actual /230

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> 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 checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <hr/> Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> 9'0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 <hr/> Door Width: <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" (2) <input type="checkbox"/> 4' - 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 <hr/> Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 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 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

Department: Building No. 2 - Public Spaces
Room Name: IT Closet
Room Number: 108

Number of Occupants: _____ Area: Program/Actual /45

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Counters: <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"/>	
Door Width:				
<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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Building No. 2 - Public Spaces
Room Name: Electrical Closet
Room Number: 109

Number of Occupants: _____ Area: Program/Actual /45

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/>	
Door Width:		Counters:		
<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"/> 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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

Department: Building No. 2 - Public Spaces
Room Name: Elevator Equipment Room
Room Number: 110

Number of Occupants: _____ Area: Program/Actual /45

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Counters: <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"/>	
Door Width:				
<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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <u> x </u> <input type="checkbox"/> SB <u> x </u> <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Break Room/Kitchen/Consult/Vender/Education
Room Number: 111

Number of Occupants: _____ Area: Program/Actual 158/232

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

Department: Building No. 2 - Public Spaces
Room Name: Housekeeping Closet (HC)
Room Number: 112

Number of Occupants: _____ Area: Program/Actual 40/54

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

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:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Housekeeping Closet (HC)
112

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
HC1	Mop/Broom/Utility Shelf						C	C
HC2	Dispenser, Paper Towel						O	C
HC3	Dispenser, soap						O	C
HC4	Cart, Housekeeping						O	O
HC5								
HC6								
HC7								
HC8								
HC9								
HC10								
HC11								
HC12								
HC13								
HC14								
HC15								
HC16								
HC17								
HC18								
HC19								
HC20								
HC21								
HC22								
HC23								
HC24								
HC25								
HC26								
HC27								
HC28								
HC29								
HC30								
HC31								
HC32								
HC33								

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Administrative Assistant
Room Number: 113

Number of Occupants: _____ Area: Program/Actual 100/126

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> Other		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	Counters:	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Bar Height (42")	<input checked="" type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> Special Requirements	<input type="checkbox"/>		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader				
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> NA				
<input type="checkbox"/> 2'-6'					
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Histocompatibility and Immunogenetics Laboratory
Room Name: File Room / Review Desk
Room Number: 114

Number of Occupants: _____ Area: Program/Actual 216/213

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <input checked="" 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	
Door Width:				
<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				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 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"/> NA	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Serology / Analysis
Room Number: 115

Number of Occupants: _____ Area: Program/Actual 1780/1808

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> 9' - 6" MIN <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input checked="" type="checkbox"/> Solid (@ Corridor) <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 Door Width: <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 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 checked="" type="checkbox"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sun Shades <input type="checkbox"/> NA Counters: <input checked="" 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 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	
HVAC:				
Temperature/Humidity				Comments:
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/> 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input checked="" type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input checked="" type="checkbox"/> 10 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"/> 10 Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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	
Closed Circuit TV:	Television:	Music:		Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> None		

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:

Room Name:

Room Number:

Histocompatibility and Immunogenetics Labo

Serology / Analysis

115

Equipment/Furnishings:									
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:	
S1	So-Low Ultra-Low Freezer	2	Existing	39"	36"	80"	O	O	208/60/1
S2	UPC for Immunocap	1	Existing	7"	18"	19"	O	O	120V
S3	Revco -40° Freezer	1	Existing	42"	36"	80"	O	O	125V/15A
S4	GE Refrigerator/Freezer	2	Existing	28"	30"	65"	O	O	100VAC ?/6.5A
S5	Eppendorf 5810 Centrifuge	2	Existing	21"	26"	14"	O	O	12V/12A
S6	IEC CL2 Centrifuge	10	2 New 8 Existing	20"	20"	13"	O	O	110V/4A
S7	Beckman J-6B Centrifuge - Floor Model	2	1 New 1 Existing	28"	40"	53"	O	O	208V/25A 9980 BTU/h
S8	IEC GP8R Centrifuge (countertop)	1	Existing	34"	28"	18"	O	O	110V/20A 3000 BTU/h
S9	Beckman Coulter Airfrge	2	Existing	11"	17"	10"	O	O	110V - 30 PSIG Air Needed
S10	Thermo Scientific 37 H2O Bath	2	Existing	8"	10"	21"	O	O	110V
S11	Presision Scientif H2O Bath 37	1	Existing	16"	14"	19"	O	O	110V
S12	Leica Microscope with power supply	1	Existing	36"	24"	22"	O	O	110V
S13	Gyrotogy Shaker	1	Existing	13"	13"	7"	O	O	110V
S14	Table top incubator	1	Existing	13.5"	11.5"	16"	O	O	110V
S15	Hot Pack Room Temp Inc.	1	Existing	24"	22"	34.5"	O	O	110V
S16	Leitz Phase/Contrcrist	1	Existing	8.5"	15"	17"	O	O	110V
S17	Labscan sheath delivery system	1	Existing	9"	10"	6"	O	O	110V
S18	Vortex	10	4 New 6 Existing	6"	6"	6"	O	O	110V/0.65A
S19	HP Color Printer	1	Existing	17"	20"	16"	O	O	
S20	Computer for Labscan Luminex						O	O	
S21	Inverted Microscope	1	Existing	12"	19"	19"	O	O	120V
S22	Microscope - Olympus	2	Existing	8"	16"	17"	O	O	110V
S23	UPC	1	Existing	8"	19"	15"	O	O	120V
S24	Labscan Luminex	1	Existing	17"	26"	13"	O	O	110V
S25	Dell Computer for Immunocap	1	Existing	17"	18"	22"	O	O	120V
S26	Plate Oiler	1	Existing	6"	19"	7"	O	O	110V
S27	Lambda Dot	1	Existing	9"	12"	21"	O	O	110V
S28	Soap Dispenser	6	New				O	C	
S29	Paper Towel Dispenser	6	New				O	C	
S30	Waste Receptacle	6	New				O	O	
S31	Not Used	6	New				C	C	
S32	Waterless Handwash	3	New				O	O	
S33	Immunocap	1	Existing	27"	24"	20"	O	O	110V
S34	Printer for Immunocap	1	Existing	15"	14"	18"	O	O	

S35	Lab Xpress Automated System (on rolling cart)		1		New		48"		100"		48"		O		O		110V
-----	---	--	---	--	-----	--	-----	--	------	--	-----	--	---	--	---	--	------

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: Histocompatibility and Immunogenetics Laboratory
Room Name: Accessioning
Room Number: 115.1

Number of Occupants:

Area: Program/Actual

120/57

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input checked="" 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 Door Width: <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 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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA Counters: <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 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	
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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"/> NA	<input checked="" type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Breakout
Room Number: 115A

Number of Occupants: _____ Area: Program/Actual _____ 80/46

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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 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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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 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 checked="" type="checkbox"/> NA	
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:

Room Name:

Room Number:

Histocompatibility and Immunogenetics Labo

Breakout

115A

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1	Trash Receptacle	1					O	O
2								
3								
4								
5								
6								
7								
8								
9								
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33								

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: Histocompatibility and Immunogenetics Laboratory
Room Name: Flowcytometry
Room Number: 115B

Number of Occupants: _____ Area: Program/Actual _____ 92/98

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> 9' - 6" MIN <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <input checked="" 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 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	
Door Width:				
<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				
HVAC:				
Temperature/Humidity				Comments:
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/> 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 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"/> NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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"/> NA	<input type="checkbox"/> Printer (Network) <input checked="" type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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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: Histocompatibility and Immunogenetics Laboratory
Room Name: Office, Lab Supervisor
Room Number: 115C

Number of Occupants:

Area: Program/Actual

110/97

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0" MIN		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets		
<input checked="" type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input checked="" type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input checked="" type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> NA				
<input type="checkbox"/> 2'-6'					
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Histocompatibility and Immunogenetics Laboratory
Room Name: Preamplification Refrigeration Room (PRR)
Room Number: 116

Number of Occupants: _____ Area: Program/Actual 240/245

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input type="checkbox"/> Other <input checked="" type="checkbox"/> 9'-0" MIN	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <input type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input checked="" type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" <input type="checkbox"/> 2'-6" <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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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:				
Temperature/Humidity				Comments:
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special <input type="checkbox"/> NA				Provide sound batt in perimeter walls.
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 type="checkbox"/> Receptacles (110 V.) <input checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Preamplification (DNA Culture)
Room Number: 117

Number of Occupants: _____ Area: Program/Actual 560/547

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> 9' - 6" MIN <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sun Shades <input type="checkbox"/> NA Counters: <input checked="" 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 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	
Door Width:				
<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				
HVAC:				
Temperature/Humidity				Comments:
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special ? <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input checked="" type="checkbox"/> DB 18 x 24 2 depths <input type="checkbox"/> SB 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 checked="" type="checkbox"/> Eye Wash	<input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input checked="" type="checkbox"/> Shower (safety) <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 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"/> NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

Department:
Room Name:
Room Number:

Histocompatibility and Immunogenetics Labo
Preamplification (DNA Culture)
117

Electrical Heat Needs

Equipment/Furnishings:									
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:	
PRE1	Thermo-Forma Series II - Bio Incubator	1	Existing	27"	26"	40"	O	O	15V/3.6 amps
PRE2	BioGard Hood (4'-0")	4	2 New 2 Existing	51"	32"	96"	O	O	115V/19.4A
PRE3	BioGard Hood (6'-0")	1	Existing	75"	32"	96"	O	O	115V/26.15A
PRE4	BioGard Hood (6'-0")	2	1 Existing 1 New	75"	36"	96"	O	O	115/26.15A
PRE5	Auto Macs	1	Existing	32"	17"	16"	O	O	110v
PRE6	Eppendorf 5430	2	Existing	13"	18"	10"	O	O	120/6A
PRE7	Waterbath	1	New	8.5"	15"	13"	O	O	110V
PRE8	Vortex	6	New	6"	6"	6"	O	O	110V
PRE9	Ellisport (with Computer)	1	New	21"	25"	28"	O	O	120V
PRE10	DNA Isolater (Geno Vision)	1	Existing	13"	21"	20"	O	O	110V
PRE11	UPC	1	Existing	5.5"	16"	10"	O	O	110V
PRE12	Vortex	2	Existing	6"	6"	6"	O	O	110V
PRE13	Centrifuge - Spectrafuge	1	Existing	8.5"	10"	7"	O	O	110V
PRE14	Nano Drop spec	1	Existing	6"	9"	9"	O	O	110V
PRE15	Dell Computer	1	Existing	5"	15"	16"	O	O	110V
PRE16	Keyboard	1	Existing	18.5"	7"	2.5"	O	O	
PRE17	Monitor	1	Existing	14.5"	8"	16"	O	O	
PRE18	Printer	1	Existing	16"	17"	16"	O	O	110V
PRE19	Eppendorf 5810 or equal value	1	New	22"	25"	34"	O	O	120V
PRE20	Milli Q System	1	New				O	O	
PRE21	Centrifuge Eppendorf	1	Existing	9"	13"	19"	O	O	115V
PRE22	UPS						O	O	
PRE23	EZ1 Advanced XL	1	New	20"	20"	22"	O	O	120V
PRE24	Minus 20 Freezer	2	1 New 1 Existing	32"	32"	72"	O	O	120V
PRE25	Refrigerator	1	Existing	28"	30"	60"	O	O	120V
PRE26	Drying Rack	1	New	48"			C	C	
PRE27	Soap Dispenser	1	New				O	C	
PRE28	Paper Towel Dispenser	1	New				O	C	
PRE29	Waste Receptacle	1	New				O	O	
PRE30	Not Used	1	New				C	C	
PRE31	Waterless Handwash	1	New				O	O	
PRE32	UPS	1	New	5.5"	16"	10"	O	O	110V
PRE33	Tack Board	1	New	30"		30"	O	C	

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Sleep Room (SR)
Room Number: 118

Number of Occupants: _____ Area: Program/Actual _____ 80/75

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl		<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> Other	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input checked="" type="checkbox"/> Solid	<input checked="" type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets	
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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 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	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> Linen/Wardrobe	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")	<input type="checkbox"/> NA	
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> NA			
<input type="checkbox"/> 2'-6'				
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input checked="" type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes	
<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box	
<input type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input 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 type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)	
<input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Toilet/Shower (TS)
Room Number: 118A

Number of Occupants: _____ Area: Program/Actual 70/57

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input checked="" 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 type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input checked="" 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 checked="" type="checkbox"/> Wainscot <input type="checkbox"/> NA	<input type="checkbox"/> Acoustical Tile <input checked="" type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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 checked="" type="checkbox"/> Shower <input 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input checked="" type="checkbox"/> Soap Dispenser <input checked="" type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Ante-Room (ANT)
Room Number: 119

Number of Occupants: _____ Area: Program/Actual _____ 64/91

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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 checked="" type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input checked="" type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input checked="" type="checkbox"/> Bench <input type="checkbox"/> NA	
Door Width:				
<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				
HVAC:				
Temperature/Humidity				Comments:
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special <input type="checkbox"/> NA	Negative Pressure			
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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 type="checkbox"/> Wrist Blade <input checked="" 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 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 type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Post Amplification (POS)
Room Number: 119A

Number of Occupants: _____ Area: Program/Actual 540/571

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> 9' - 6" MIN <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sun Shades <input type="checkbox"/> NA Counters: <input checked="" 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 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	
Door Width:				
<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				
HVAC:				
Temperature/Humidity				Comments:
<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input checked="" type="checkbox"/> DB <u>18 x 24 x 18D</u> <input checked="" type="checkbox"/> SB <u>18 x 18 x 12D</u> <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"/> 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	Distilled water system - molecular grade, highly purified, double ionized.
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 checked="" type="checkbox"/> Special Receptacles <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Histocompatibility and Immunogenetics Labo
Post Amplification (POS)
119A

Equipment/Furnishings:									
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:	
POS1	Eppendorf 5810 Centrifuge	2	1 New 1 Existing	21"	21"	34"	O	O	120V
POS2	Balance Sartories	1	Existing	9"	10"	6"	O	O	110
POS3	Not Used								
POS4	Fotodyne Gel Imager	1	1 Existing	17"	14"	39"	O	O	110V
POS5	Mitsubishi Printer	1	1 Existing	17"	20"	10"	O	O	110V
POS6	Computer (for Fotodyne)	1	New	9"	19"	18"	O	O	110V
POS7	Monitor	1	New	16"	18"	19"	O	O	110V
POS8	Marsh Centrifuge	1	Existing	10"	12"	10"	O	O	110V
POS9	Small Refrigerator	1	Existing	22"	24"	34"	O	O	120V
POS10	UPC	1	Existing	8"	19"	14"	O	O	120V
POS11	UPC DP1-003	1	Existing	9"	24"	18"	O	O	208V
POS12	Sequencer 3730 (w/comp., monitor & keyboard)	1	Existing	40"	40"	37"	O	O	208V
POS13	Refrigerator	1	Existing	30"	30"	69"	O	O	120V
POS14	Computer for Sequencer	1	Existing	17"	18"	22"	O	O	
POS15	Bio Rad Power supply 1000/500	1	Existing	7"	13"	6"	O	O	120V
POS16	Vortex Genie	4	1 New 3 Existing	6"	6"	6"	O	O	110/0.65
POS17	Thelco H2O Bath	1	Existing	7"	15"	19"	O	O	110V
POS18	Microwave	1	Existing	17"	16"	14"	O	O	110V
POS19	Stir Plates	2	Existing	8"	10"	22"	O	O	110V
POS20	Revco Minus 80 Ultra Low Freezer	1	Existing	50"	36"	80"	O	O	208/60/1
POS21	Power Supply Bio Rad 200/2	2	Existing	7"	14"	6"	O	O	120V
POS22	Gel Bed	2	Existing	18"	11"	6"	O	O	
POS23	Labscan 100 Luminex (w/comp., monitor & keyboard)	1	Existing	17"	29"	14"	O	O	120V
POS24	Not Used								
POS25	Dell Computer, Monitor and Keyboard	3	Existing	17"	18"	22"	O	O	120V
POS26	Not Used								
POS27	5415 Eppendorf Centrifuge	1	Existing	9"	13"	18"	O	O	120V
POS28	Fisher H2O Bath	1	Existing	10"	9"	13"	O	O	110V
POS29	Drying Rack	1	New	48"			C	C	
POS30	Soap Dispenser	1	New				O	C	
POS31	Paper Towel Dispenser	1	New				O	C	
POS32	Waste Receptacle	1	New				O	O	
POS33	Not Used	1	New				C	C	

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: Histocompatibility and Immunogenetics Laboratory
Room Name: PCR Room (PCR)
Room Number: 119B

Number of Occupants:

Area: Program/Actual

80/105

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 type="checkbox"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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 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	
Door Width:				
<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 type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input 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 type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Reagent Room (Chemical Area) (CA)
Room Number: 120

Number of Occupants: _____ Area: Program/Actual _____ 90/90

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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 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"/> Card Reader <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA Counters: <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 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"/> Linen/Wardrobe <input type="checkbox"/> NA	
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <u> x </u> <input checked="" type="checkbox"/> SB <u>18 x 18 ?</u> <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input checked="" type="checkbox"/> Eye Wash <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 checked="" type="checkbox"/> Shower (Safety) <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 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 type="checkbox"/> Special Receptacles <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Office, Director (DIR)
Room Number: 121

Number of Occupants: _____ Area: Program/Actual 150/151

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> Other		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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		
<input type="checkbox"/> Full Glass	<input checked="" type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")	<input type="checkbox"/>		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> NA				
<input type="checkbox"/> 2'-6'					
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

Department: Histocompatibility and Immunogenetics Laboratory
Room Name: Office, Tech Supervisor (OTS)
Room Number: 122

Number of Occupants:

Area: Program/Actual

100/85

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl		<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> Other	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets	
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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	
<input type="checkbox"/> Full Glass	<input checked="" type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> NA			
<input type="checkbox"/> 2'-6'				
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Task			<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)	
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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. 2 - Public Spaces
Room Name: Storage, IV
Room Number: BS11

Number of Occupants: _____ Area: Program/Actual 154/208

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 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"/> 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 Ceiling Height: <input type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input checked="" type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Accordion <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 checked="" type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <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	
Door Width:		Counters:		
<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		<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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/> Hot Water Tap <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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Storage, IV
BS11

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1								
2								
3								
4								
5								
6								
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8								
9								
10								
11								
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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: Building No. 2 - Public Spaces
Room Name: Public Toilet, Women's (PT) (2)
Room Number: BS12 and 201

Number of Occupants: _____ Area: Program/Actual -186 -158

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input checked="" 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 type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input checked="" 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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 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	<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	
Door Width:		Counters:		
<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 checked="" 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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input checked="" type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input 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 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 checked="" 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Building No. 2 - Public Spaces
Room Name: Universal Waste Holding
Room Number: BS13

Number of Occupants: _____ Area: Program/Actual _____ 54/60

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 type="checkbox"/> Exposed Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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 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 Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Building No. 2 - Public Spaces
Room Name: Public Toilet, Men's (PT) (2)
Room Number: BS14, and 202

Number of Occupants: _____ Area: Program/Actual -160 -134

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input checked="" 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 type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Paint <input checked="" 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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 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	<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	
Door Width:		Counters:		
<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 checked="" 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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input checked="" type="checkbox"/> Handwashing <input type="checkbox"/> Flush Rim <input type="checkbox"/> Utility <input type="checkbox"/> DB <u> x </u> <input type="checkbox"/> SB <u> x </u> <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 checked="" 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Building No. 2 - Public Spaces
Room Name: Corridor, Public
Room Number: 2C01

Number of Occupants: _____

Area: Program/Actual _____

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<input type="checkbox"/> Carpet <input type="checkbox"/> VCT <input checked="" 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 type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input checked="" type="checkbox"/> Ceramic Tile <input 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"/> Slate Accent Wall	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	Handrails Bumper Rails Corner Guards
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Varies <input type="checkbox"/> NA Door Width: <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"/> Varies <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"/> Varies <input type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department:
Room Name:
Room Number:

Building No. 2 - Public Spaces
Corridor, Public
2C01

Equipment/Furnishings:								
Item No:	Description:	Quantity:	New/Existing:	Width:	Depth:	Height:	Furnished By:	Installed By:
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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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: Building No. 2 - Public Spaces
Room Name: Electrical Closet
Room Number: 2C01.1

Number of Occupants: _____ Area: Program/Actual /45

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Counters: <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"/>	
Door Width:				
<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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> 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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Building No. 2 - Public Spaces
Room Name: Stair
Room Number: 2ST02

Number of Occupants: _____ Area: Program/Actual /225

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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 Ceiling Height: <input type="checkbox"/> 8'0" <input checked="" type="checkbox"/> Other <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 Door Width: <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 Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Safety Office
Room Name: Corridor (SOC)
Room Number: 203

Number of Occupants: _____

Area: Program/Actual _____

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets	
<input 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 checked="" type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input checked="" type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input checked="" type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement			
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA			
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input 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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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: Safety Office
Room Name: Receptionist/Program Assistant Work Station (RP)
Room Number: 203.1

Number of Occupants: _____ Area: Program/Actual 80/80

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input checked="" type="checkbox"/> NA				
<input checked="" type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes		
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box		
<input type="checkbox"/> Incandescent	<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input checked="" type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Safety Office
Room Name: Safety Intern Work Station (SI)
Room Number: 203.1

Number of Occupants: _____ Area: Program/Actual 80/80

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input checked="" type="checkbox"/> NA				
<input checked="" type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes		
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box		
<input type="checkbox"/> Incandescent	<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input checked="" type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Safety Office
Room Name: Training Room (TR)
Room Number: 203A

Number of Occupants: _____ Area: Program/Actual 120/160

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input checked="" type="checkbox"/> 4' Wall Cabinets	
<input checked="" type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input type="checkbox"/> Shades	<input checked="" type="checkbox"/> 4' 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"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input checked="" type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement			
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA			
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<input type="checkbox"/> Handwashing	<input checked="" 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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input checked="" type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes	
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box	
<input checked="" type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste	
<input checked="" type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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: Safety Office
Room Name: Copy / Workroom (CW)
Room Number: 203B

Number of Occupants:

Area: Program/Actual

100/85

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 checked="" 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement			
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA			
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<input 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 type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)	
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Fax	
<input checked="" type="checkbox"/> NA			<input checked="" type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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: Safety Office
Room Name: Office, Safety Manager (SM)
Room Number: 203C

Number of Occupants: _____ Area: Program/Actual 150/149

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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 checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:	
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Safety Office
Room Name: Office, Safety and Occupational Health Specialist (OHS)
Room Number: 203D

Number of Occupants: _____ Area: Program/Actual 120/124

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Safety Office
Room Name: Office, Emergency Planning (EPO)
Room Number: 203E

Number of Occupants: _____ Area: Program/Actual 120/124

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets	
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement			
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA			
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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: Safety Office
Room Name: Office, GEMS Coordinator (SM)
Room Number: 203F

Number of Occupants: _____ Area: Program/Actual 120/124

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input checked="" type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets	
<input 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"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA	
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement			
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA			
<input type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtu	Gases:	Comments:
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide	
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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: Facility Design
Room Name: Corridor
Room Number: 204

Number of Occupants: _____ Area: Program/Actual _____ -/858

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" 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 checked="" type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input checked="" type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input checked="" type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input type="checkbox"/> NA	<input type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:	
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<input 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 type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input checked="" type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Reception / Program Assistant (RPA)
Room Number: 204.1

Number of Occupants: _____ Area: Program/Actual 120/108

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> Exposed	
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:	
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"	
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"	
<input type="checkbox"/> NA			<input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets	
<input 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers	
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage	
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer	
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other	
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")		
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements		
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement			
<input type="checkbox"/> 2'-6'	<input checked="" type="checkbox"/> NA			
<input checked="" type="checkbox"/> NA				
HVAC:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal				
<input type="checkbox"/> Special				
<input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen	
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other	
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	
Electrical and Safety:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser	
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal	
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes	
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box	
<input checked="" type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste	
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other	
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Occupancy Sensor				
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction	
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax	
<input type="checkbox"/> NA			<input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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		

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: Facility Design
Room Name: Waiting (W)
Room Number: 204.2

Number of Occupants: _____ Area: Program/Actual 120/191

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input checked="" type="checkbox"/> NA				
<input checked="" type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes		
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box		
<input checked="" type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<input 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 type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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 type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA		
Closed Circuit TV:	Television:	Music:		Comments:	
<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 type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> None			

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: Facility Design
Room Name: Conference Room (CR)
Room Number: 204A

Number of Occupants: _____ Area: Program/Actual 385/380

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input checked="" type="checkbox"/> Wall Cabinets		
<input checked="" type="checkbox"/> W/Vision Panel	<input checked="" type="checkbox"/> Passage	<input checked="" type="checkbox"/> Shades	<input checked="" type="checkbox"/> Base Cabinets		
<input type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input checked="" type="checkbox"/> Integral Blinds	<input checked="" type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes		
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box		
<input checked="" type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste		
<input checked="" type="checkbox"/> Dimmer			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<input type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Laptop	<input checked="" type="checkbox"/> Printer (Network)		
<input checked="" type="checkbox"/> Cordless	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Desktop	<input type="checkbox"/> Printer (stand alone)		
<input type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Projector	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA		<input type="checkbox"/> Monitor	<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Archives (FA)
Room Number: 204B

Number of Occupants: _____ Area: Program/Actual 120/174

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> 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"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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 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"/> Card Reader <input type="checkbox"/> Egress Requirement <input type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input type="checkbox"/> NA Counters: <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	
Door Width:				
<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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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"/> NA	<input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input checked="" type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:		Comments:
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Facility Design
Room Name: Office, Project Technician (PTO) (4)
Room Number: 204C, 204H, 204J, and 204K

Number of Occupants: _____ Area: Program/Actual 120/120

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input checked="" type="checkbox"/> Passage	<input checked="" type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets		
<input checked="" type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input checked="" type="checkbox"/> Integral Blinds	<input type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Task			<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Office, Project Engineer (PE) (4)
Room Number: 204D, 204G, 204I, and 204L

Number of Occupants: _____ Area: Program/Actual 120/120

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input checked="" type="checkbox"/> Passage	<input checked="" type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets		
<input checked="" type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input checked="" type="checkbox"/> Integral Blinds	<input type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Task			<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Office, Service Chief (SC)
Room Number: 204E

Number of Occupants: _____ Area: Program/Actual 150/150

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets		
<input checked="" type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input checked="" type="checkbox"/> Integral Blinds	<input type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input checked="" type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Office, Assistant Service Chief (ASC)
Room Number: 204F

Number of Occupants: _____ Area: Program/Actual 120/120

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds	<input type="checkbox"/> Wall Cabinets		
<input type="checkbox"/> W/Vision Panel	<input checked="" type="checkbox"/> Passage	<input checked="" type="checkbox"/> Shades	<input type="checkbox"/> Base Cabinets		
<input checked="" type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input checked="" type="checkbox"/> Integral Blinds	<input type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Task			<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Office, Interior Designer (ID)
Room Number: 204M

Number of Occupants: _____ Area: Program/Actual 250/274

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input checked="" type="checkbox"/> Vertical Blinds ?	<input checked="" type="checkbox"/> Wall Cabinets		
<input checked="" type="checkbox"/> W/Vision Panel	<input type="checkbox"/> Passage	<input checked="" type="checkbox"/> Shades	<input checked="" type="checkbox"/> Base Cabinets		
<input type="checkbox"/> Half Glass	<input type="checkbox"/> Push/Pull	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Open Shelving		
<input type="checkbox"/> Full Glass	<input checked="" type="checkbox"/> Office Lock	<input checked="" type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input checked="" type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input checked="" type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Computer:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Office, Interns (OI)
Room Number: 204N

Number of Occupants: _____ Area: Program/Actual 120/

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<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 checked="" 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Other	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input checked="" type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:	
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:		
<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		
Closed Circuit TV:	Television:	Music:	Comments:		
<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			

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: Facility Design
Room Name: Break Room (BK)
Room Number: 2040

Number of Occupants: _____ Area: Program/Actual 120/160

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<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 checked="" 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input checked="" type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input checked="" type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input type="checkbox"/> NA				
<input type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
<input type="checkbox"/> SB <input checked="" type="checkbox"/>	<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"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input checked="" type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<input type="checkbox"/> Disinfectant Wipes		
<input type="checkbox"/> Indirect	<input type="checkbox"/> Other		<input type="checkbox"/> Glove Box		
<input checked="" type="checkbox"/> Incandescent	<input type="checkbox"/> NA		<input type="checkbox"/> Pharmaceutical Waste		
<input checked="" type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<input type="checkbox"/> Regular	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Wall	<input type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

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: Facility Design
Room Name: Kitchenette (KIT)
Room Number: 204P

Number of Occupants: _____ Area: Program/Actual _____ -/94

Finishes:				
Floor:	Base:	Wall:	Ceiling:	Comments:
<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"/> 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"/> NA	<input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" <input type="checkbox"/> NA	
Architecture:				
Doors:	Hardware:	Window Treatment:	Cabinets:	Comments:
<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"/> Accordion <input checked="" type="checkbox"/> NA Door Width: <input checked="" type="checkbox"/> 3' - 0" <input type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 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 type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> Card Reader <input type="checkbox"/> Egress Requirement <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input type="checkbox"/> Sun Shades <input checked="" type="checkbox"/> NA Counters: <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:				
Temperature/Humidity				Comments:
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA				
Plumbing:				
Sinks:	Trim:	Fixtures:	Gases:	Comments:
<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 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"/> 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:				
Illumination:	Clocks:	Power:	Infection Control/Safety:	Comments:
<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 checked="" type="checkbox"/> Incandescent <input type="checkbox"/> Dimmer/Multi-Level <input checked="" 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"/> NA	<input type="checkbox"/> Hand Sanitizer <input checked="" type="checkbox"/> Soap Dispenser <input type="checkbox"/> Sharps Disposal <input type="checkbox"/> Disinfectant Wipes <input type="checkbox"/> Glove Box <input type="checkbox"/> Pharmaceutical Waste <input type="checkbox"/> Other <input type="checkbox"/> NA	
Telecommunications:				
Telephone:	Nurse Call:	Computer:	Printers:	Comments:
<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 checked="" type="checkbox"/> NA	<input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Copier	
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:
<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	
Closed Circuit TV:	Television:	Music:	Comments:	
<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 & Expand Patient Support Areas
DVA Project No.: 263-10-RP-0214
Shive- Hattery Project No.: 110240-0

Department: Facility Design
Room Name: Central Work Area (CW)
Room Number: 204Q

Number of Occupants: _____ Area: Program/Actual 250/283

Finishes:					
Floor:	Base:	Wall:	Ceiling:	Comments:	
<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"/> Exposed		
<input type="checkbox"/> Unfinished	<input type="checkbox"/> Epoxy	<input type="checkbox"/> Wainscot	Ceiling Height:		
<input type="checkbox"/> Seamless Vinyl	<input type="checkbox"/>	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> 8'0"		
<input type="checkbox"/> Resinous			<input type="checkbox"/> 9' - 0"		
<input type="checkbox"/> NA			<input type="checkbox"/> NA		
Architecture:					
Doors:	Hardware:	Window Treatment:	Cabinets:		Comments:
<input type="checkbox"/> Solid	<input type="checkbox"/> Privacy	<input type="checkbox"/> Vertical Blinds ?	<input type="checkbox"/> Wall Cabinets		
<input 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 type="checkbox"/> Office Lock	<input type="checkbox"/> Sun Shades	<input type="checkbox"/> File Drawers		
<input type="checkbox"/> Sliding	<input type="checkbox"/> Classroom Lock	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Drawer Storage		
<input type="checkbox"/> Accordion	<input type="checkbox"/> Combination	Counters:	<input type="checkbox"/> Pencil Drawer		
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Electric	<input type="checkbox"/> LF Desk Height (30")	<input type="checkbox"/> Other		
Door Width:	<input type="checkbox"/> Storeroom	<input type="checkbox"/> LF Counter Height (36")	<input type="checkbox"/> NA		
<input type="checkbox"/> 3' - 0"	<input type="checkbox"/> Marlock	<input type="checkbox"/> LF Bar Height (42")			
<input type="checkbox"/> 3' - 6"	<input type="checkbox"/> Other	<input type="checkbox"/> Special Requirements			
<input type="checkbox"/> 3' - 8"	<input type="checkbox"/> Card Reader	<input type="checkbox"/> NA			
<input type="checkbox"/> 4' - 0" x 2	<input type="checkbox"/> Egress Requirement				
<input type="checkbox"/> 2'-6'	<input checked="" type="checkbox"/> NA				
<input checked="" type="checkbox"/> NA					
HVAC:					
Temperature/Humidity				Comments:	
<input checked="" type="checkbox"/> Normal					
<input type="checkbox"/> Special					
<input type="checkbox"/> NA					
Plumbing:					
Sinks:	Trim:	Fixtures:	Gases:	Comments:	
<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		
DB <input checked="" type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/> Tub	<input type="checkbox"/> Oxygen		
SB <input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Water Tap	<input type="checkbox"/> Shower	<input type="checkbox"/> Nitrous Oxide		
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Other		
		<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA		
Electrical and Safety:					
Illumination:	Clocks:	Power:	Infection Control/Safety:		Comments:
<input checked="" type="checkbox"/> Fluorescent	<input type="checkbox"/> Standard Electric	<input checked="" type="checkbox"/> Receptacles (110 V.)	<input type="checkbox"/> Hand Sanitizer		
<input type="checkbox"/> Exam Light	<input checked="" type="checkbox"/> Battery Operated	<input type="checkbox"/> Special Receptacles	<input type="checkbox"/> Soap Dispenser		
<input type="checkbox"/> Surgical Light	<input type="checkbox"/> Synchronized	<input type="checkbox"/> NA	<input type="checkbox"/> Sharps Disposal		
<input type="checkbox"/> Night Light	<input type="checkbox"/> Elapsed Time		<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"/> Pharmaceutical Waste		
<input type="checkbox"/> Dimmer/Multi-Level			<input type="checkbox"/> Other		
<input type="checkbox"/> Task			<input checked="" type="checkbox"/> NA		
<input type="checkbox"/> Occupancy Sensor					
Telecommunications:					
Telephone:	Nurse Call:	Computer:	Printers:	Comments:	
<input 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 type="checkbox"/> Nurse Assist.	<input type="checkbox"/> Computer on Wheels	<input checked="" type="checkbox"/> Multifunction		
<input type="checkbox"/> Conference	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Fax		
<input type="checkbox"/> NA			<input type="checkbox"/> Copier		
Hospital Page:	Signage:	Code Blue:	Centralized Monitoring:	Comments:	
<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		
Closed Circuit TV:	Television:	Music:		Comments:	
<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			

