

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 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 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" (Pair) <input type="checkbox"/> 4' - 0" <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 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: Building No. 2 - Public Spaces
Room Number: Vestibule
1C01

| Equipment/Furnishings: | | | | | | | | |
|------------------------|--------------|-----------|---------------|--------|--------|---------|---------------|---------------|
| Item No: | Description: | Quantity: | New/Existing: | Width: | Depth: | Height: | Furnished By: | Installed By: |
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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 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 | <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 | |
| 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 | | | | |
| 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 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: **Lobby** _____
Room Number: **1C02** _____

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

| Equipment/Furnishings: | | | | | | | | |
|------------------------|--------------|-----------|---------------|--------|--------|---------|---------------|---------------|
| Item No: | Description: | Quantity: | New/Existing: | Width: | Depth: | Height: | Furnished By: | Installed By: |
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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: 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 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 | <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 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 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 | | | | | | | | |
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| 33 | | | | | | | | |

Page 2

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 <input 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 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 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Histocompatibility and Immunogenetics Labo
Corridor
1C05

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: Building No. 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 | <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"/> | |
| 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Room Number:

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: **Building No. 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 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 | <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 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 | | | | |
| 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

107

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: Building No. 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Building No. 2 - Public Spaces

IT Closet

108

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: Building No. 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

109

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: **Building No. 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 <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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Room Number:

110

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

Iowa City VA Health Care System
Iowa City, IA

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

Department: 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: | 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 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 checked="" type="checkbox"/> Solid <input type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Privacy <input type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input checked="" type="checkbox"/> Card Reader <input type="checkbox"/> NA | <input type="checkbox"/> Vertical Blinds ? <input type="checkbox"/> Shades <input type="checkbox"/> Other <input 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 | |
| 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 checked="" type="checkbox"/> SB <input checked="" type="checkbox"/> <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input checked="" type="checkbox"/> Hot Water Dispenser <input 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 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 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 | | |

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

Break Room/Kitchen/Consult/Vender/Educational

111

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

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

Number of Occupants:

Area: Program/Actual

40/54

| 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 checked="" 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 Can doors be revised? | <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 checked="" type="checkbox"/> Utility <input type="checkbox"/> DB <input checked="" type="checkbox"/> x <input type="checkbox"/> SB <input checked="" type="checkbox"/> x <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Wrist Blade <input type="checkbox"/> Electric Eye <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Watercloset <input type="checkbox"/> Watercloset w/pan wash <input type="checkbox"/> ICU Toilet/Lav Module <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Hot Water Dispenser <input type="checkbox"/> Urinal | <input type="checkbox"/> Medical Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Vacuum Slide <input 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 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:

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 | | | | | | | | |
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| HC23 | | | | | | | | |
| HC24 | | | | | | | | |
| HC25 | | | | | | | | |
| HC26 | | | | | | | | |
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| HC28 | | | | | | | | |
| HC29 | | | | | | | | |
| HC30 | | | | | | | | |
| HC31 | | | | | | | | |
| HC32 | | | | | | | | |
| HC33 | | | | | | | | |

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: 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 | | <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"/> | |
| <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 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 | | |

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

Administrative Assistant

113

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 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 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 | |
| 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

File Room / Review Desk

114

114

Page 2

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 7/6.5A |
| 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/Contrcist | 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 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 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 <input 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 | | |

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

Accessioning

115.1

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> <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 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 | | | | | | | | |
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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: 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 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 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 | |
| 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Department:
Room Name:
Room Number:

Histocompatibility and Immunogenetics Labo
Flowcytometry
115B

[illegible]

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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 type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/> | <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <hr/> Ceiling Height: <input checked="" type="checkbox"/> 8'0" <input type="checkbox"/> 9' - 0" 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 <hr/> 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 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 <hr/> 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 | |
| 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 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 | | |

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

Office, Lab Supervisor

115C

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 | | |

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

Preamplification Refrigeration Room (PRR)

116

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 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 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 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 | | |

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

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 - Spectrafige | 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 | |

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: 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"/> | <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 | | |

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

Sleep Room (SR)

118

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 <input 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Histocompatibility and Immunogenetics Labo

Toilet/Shower (TS)

118A

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 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 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 | |
| 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 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Histocompatibility and Immunogenetics Labo

Ante-Room (ANT)

119

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 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 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Histocompatibility and Immunogenetics Labo

PCR Room (PCR)

119B

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Histocompatibility and Immunogenetics Labo

Reagent Room (Chemical Area) (CA)

120

Page 2

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 | | |

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

Office, Director (DIR)

121

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> | <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 | | |

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

Office, Tech Supervisor (OTS)

122

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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: 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 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 type="checkbox"/> 2'-6" <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: Building No. 2 - Public Spaces
Room Name: Storage, IV
Room Number: BS11

| Equipment/Furnishings: | | | | | | | | |
|------------------------|--------------|-----------|---------------|--------|--------|---------|---------------|---------------|
| Item No: | Description: | Quantity: | New/Existing: | Width: | Depth: | Height: | Furnished By: | Installed By: |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
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| 33 | | | | | | | | |

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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 Door Width: <input type="checkbox"/> 3' - 0" <input checked="" type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input 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 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 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 | | |

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

Public Toilet, Women's (PT) (2)

BS12 and 201

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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: 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Room Number:

BS13

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: Building No. 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 Door Width: <input type="checkbox"/> 3' - 0" <input checked="" type="checkbox"/> 3' - 6" <input type="checkbox"/> 3' - 8" <input type="checkbox"/> 4' - 0" x 2 <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Privacy <input checked="" type="checkbox"/> Passage <input type="checkbox"/> Push/Pull <input type="checkbox"/> Office Lock <input type="checkbox"/> Classroom Lock <input type="checkbox"/> Combination <input type="checkbox"/> Electric <input type="checkbox"/> Storeroom <input type="checkbox"/> Marlock <input type="checkbox"/> Other <input type="checkbox"/> NA | <input type="checkbox"/> Vertical Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other <input 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 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 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 | | |

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

Public Toilet, Men's (PT) (2)

BS14, and 202

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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: 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 | <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: Building No. 2 - Public Spaces
Room Name: Corridor, Public
Room Number: 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 | | | | | | | | |
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| 24 | | | | | | | | |
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| 28 | | | | | | | | |
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| 30 | | | | | | | | |
| 31 | | | | | | | | |
| 32 | | | | | | | | |
| 33 | | | | | | | | |

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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: <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 | Base: <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Resinous | Wall: <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 | Ceiling: <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 | Comments: |
| Architecture: | | | | |
| Doors: <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 | Hardware: <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 | Window Treatment: <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 | Cabinets: <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"/> | Comments: |
| HVAC: | | | | |
| Temperature/Humidity <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA | | | | Comments: |
| Plumbing: | | | | |
| Sinks: <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 | Trim: <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 | Fixtures: <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 | Gases: <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 | Comments: |
| Electrical and Safety: | | | | |
| Illumination: <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 | Clocks: <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 | Power: <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 | Infection Control/Safety: <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 | Comments: |
| Telecommunications: | | | | |
| Telephone: <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA | Nurse Call: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA | Computer: <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input type="checkbox"/> Data Quad <input type="checkbox"/> Data/Station | Printers: <input type="checkbox"/> Printer (Network) ? <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier | Comments: |
| Hospital Page: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Signage: <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA | Code Blue: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Centralized Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Comments: |
| Closed Circuit TV: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Television: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Music: <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None | | Comments: |

Shive-Hattery, Inc.

Iowa City, IA

Shive- Hattery Project No.: 110240-0

Room Number:

2C01.1

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: Building No. 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Building No. 2 - Public Spaces

Stair

2ST02

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department: 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"/> 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Safety Office

Corridor (SOC)

203

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 | | |

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:

Safety Office

Receptionist/Program Assistant Work Station

203.1

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 | | |

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:

Safety Office

Safety Intern Work Station (SI)

203.1

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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"/> x | <input type="checkbox"/> Foot | <input type="checkbox"/> Tub | <input type="checkbox"/> Oxygen | |
| <input checked="" type="checkbox"/> SB <input checked="" type="checkbox"/> x | <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 | | |

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:

Safety Office

Training Room (TR)

203A

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/> | <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed 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 checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Accordion <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"/> 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 type="checkbox"/> NA | <input type="checkbox"/> Wall Cabinets <input type="checkbox"/> Base Cabinets <input type="checkbox"/> Open Shelving <input type="checkbox"/> File Drawers <input type="checkbox"/> Drawer Storage <input type="checkbox"/> Pencil Drawer <input type="checkbox"/> Other <input type="checkbox"/> NA | |
| HVAC: | | | | |
| 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 type="checkbox"/> NA | <input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input checked="" type="checkbox"/> Fax <input checked="" 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 | | |

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:

Safety Office

Copy / Workroom (CW)

203B

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Safety Office

Office, Safety Manager (SM)

203C

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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"/> 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 | | |

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:

Safety Office

Office, Safety and Occupational Health Specialist

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 | |
| | | | | |
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| | | | | |
| 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Safety Office

Office, Emergency Planning (EPO)

203E

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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"/> 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 | | |

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:

Safety Office

Office, GEMS Coordinator (SM)

203F

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: Facility Design
Room Name: Corridor
Room Number: 204

Number of Occupants:

Area: Program/Actual

-/858

| Finishes: | | | | |
|--|---|--|---|------------------|
| Floor: <input checked="" type="checkbox"/> Carpet <input type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA | Base: <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"/> | Wall: <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 | Ceiling: <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 | Comments: |
| Architecture: | | | | |
| Doors: <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"/> Other <input type="checkbox"/> NA Door Width: <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"/> 2'-6" <input type="checkbox"/> NA | Hardware: <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 | Window Treatment: <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 | Cabinets: <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 | Comments: |
| HVAC: | | | | |
| Temperature/Humidity <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Special <input type="checkbox"/> NA | | | | Comments: |
| Plumbing: | | | | |
| Sinks: <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 | Trim: <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 | Fixtures: <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 | Gases: <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 | Comments: |
| Electrical and Safety: | | | | |
| Illumination: <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 | Clocks: <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 | Power: <input checked="" type="checkbox"/> Receptacles (110 V.) <input type="checkbox"/> Special Receptacles <input type="checkbox"/> NA | Infection Control/Safety: <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 | Comments: |
| Telecommunications: | | | | |
| Telephone: <input type="checkbox"/> Regular <input type="checkbox"/> Cordless <input type="checkbox"/> Wall <input type="checkbox"/> Conference <input checked="" type="checkbox"/> NA | Nurse Call: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Assist. <input checked="" type="checkbox"/> NA | Computer: <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> Computer on Wheels <input checked="" type="checkbox"/> NA | Printers: <input type="checkbox"/> Printer (Network) <input type="checkbox"/> Printer (stand alone) <input type="checkbox"/> Multifunction <input type="checkbox"/> Fax <input type="checkbox"/> Copier | Comments: |
| Hospital Page: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Signage: <input type="checkbox"/> Exterior <input type="checkbox"/> Interior <input checked="" type="checkbox"/> NA | Code Blue: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Centralized Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Comments: |
| Closed Circuit TV: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Television: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | Music: <input type="checkbox"/> Hospital System <input type="checkbox"/> Localized System <input checked="" type="checkbox"/> None | Comments: | |

Shive-Hattery, Inc.

Iowa City, IA

Shive- Hattery Project No.: 110240-0

Room Number:

204

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/> | <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed 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"/> 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 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 type="checkbox"/> 2'-6" <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 checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 | | |

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:

Facility Design

Reception / Program Assistant (RPA)

204.1

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 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 | | |

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:

Facility Design

Waiting (W)

204.2

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department: 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"/> 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 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Facility Design

Conference Room (CR)

204A

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 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 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 | |
| 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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 | | |

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:

Facility Design

Archives (FA)

204B

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Room Number:

204C, 204H, 204J, and 204K

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Facility Design

Office, Project Engineer (PE) (4)

204D, 204G, 204I, and 204L

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 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 | | |

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:

Facility Design

Office, Service Chief (SC)

204E

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 | | |

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:

Facility Design

Office, Assistant Service Chief (ASC)

204F

[illegible]

Environmental Data Sheet

Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive-Hattery Project No.: 110240-0

Department: 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 type="checkbox"/> VCT <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Quarry Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Resinous <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Seamless Vinyl <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Epoxy <input type="checkbox"/> | <input checked="" type="checkbox"/> Paint <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Chair Rail <input type="checkbox"/> Wainscot <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Acoustical Tile <input type="checkbox"/> Hard (Painted) <input type="checkbox"/> Special <input type="checkbox"/> Exposed <hr/> 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 checked="" type="checkbox"/> W/Vision Panel <input type="checkbox"/> Half Glass <input type="checkbox"/> Full Glass <input type="checkbox"/> Sliding <input type="checkbox"/> Accordion <input type="checkbox"/> NA <hr/> 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 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"/> Egress Requirement <input type="checkbox"/> NA | <input checked="" type="checkbox"/> Vertical Blinds ? <input checked="" type="checkbox"/> Shades <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sun Shades <input type="checkbox"/> NA <hr/> 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 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"/> 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 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <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: | Computer: | 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 | | |

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:

Facility Design

Office, Interior Designer (ID)

204M

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department: 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"/> 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 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 | | |

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:

Facility Design

Office, Interns (OI)

204N

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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"/> 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 | |
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| | | | | |
| 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 | | |

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:

Facility Design

Break Room (BK)

2040

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

Iowa City VA Health Care System

Iowa City, IA

Project Name: Renovate & Expand Patient Support Areas

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

Shive- Hattery Project No.: 110240-0

Department: 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 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"/> 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 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 | |
| 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 | | | | |
| 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

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

Shive- Hattery Project No.: 110240-0

Facility Design

Kitchenette (KIT)

204P

[illegible]

Environmental Data Sheet
Shive-Hattery, Inc.

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

Department: 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 | |
| <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 | |
| | | | | |
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| | | | | |
| 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 | | |

Shive-Hattery, Inc.

Iowa City, IA

Shive- Hattery Project No.: 110240-0

Room Number:

204Q

Page 2