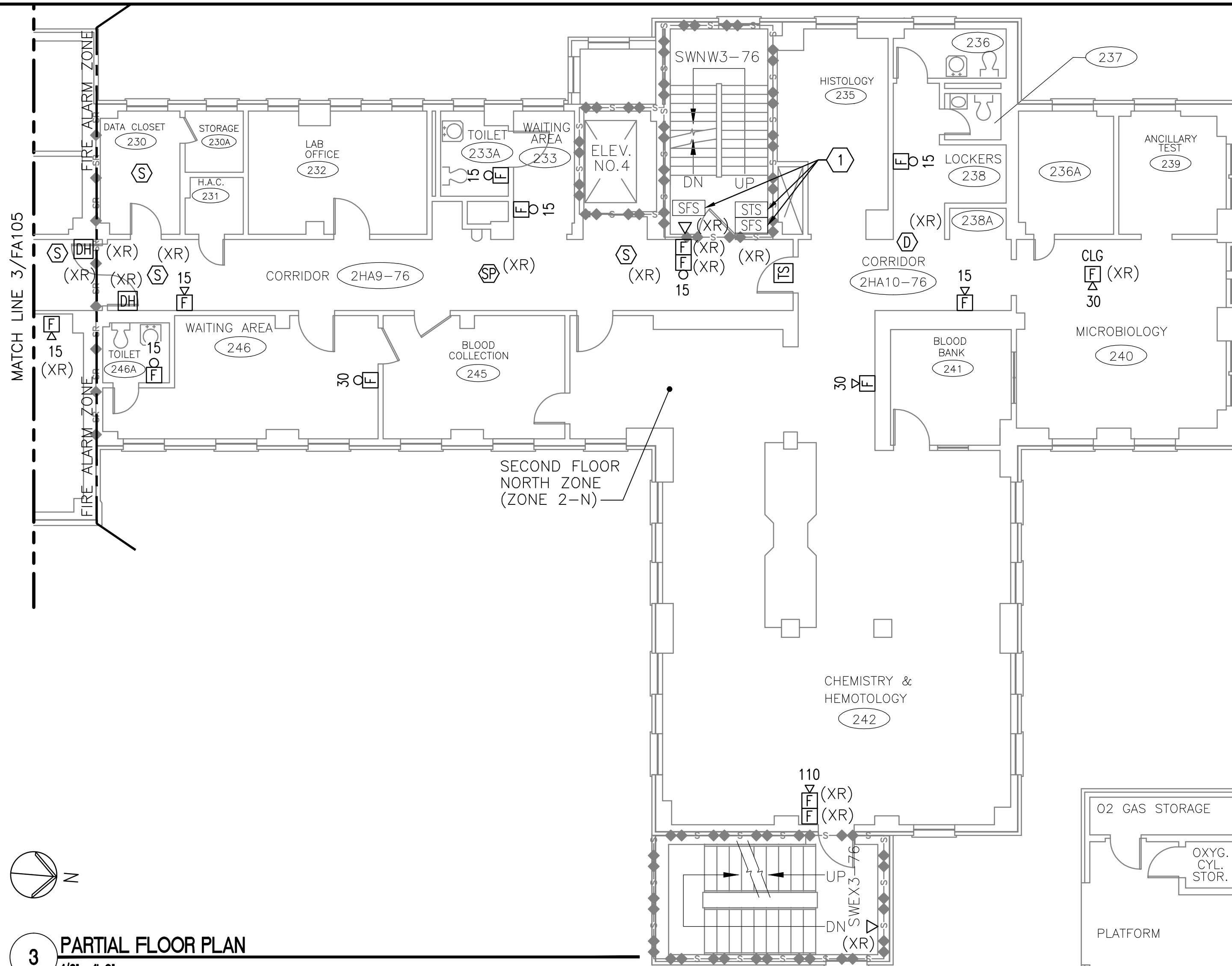


1 WEST ANNEX - FLOOR PLAN
1/8" = 1'-0"



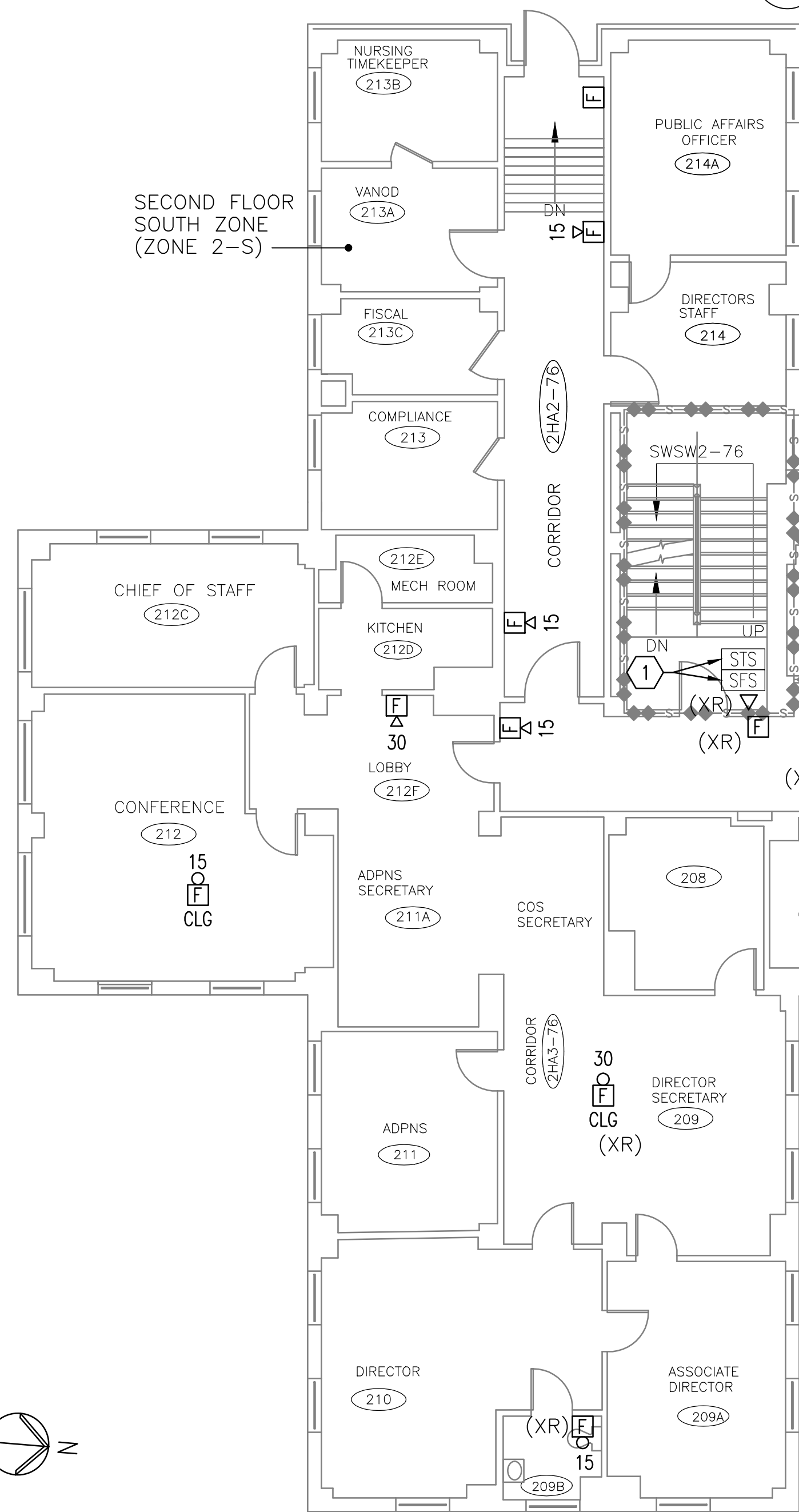
3 PARTIAL FLOOR PLAN
1/8" = 1'-0"

GENERAL FIRE ALARM PLAN NOTES

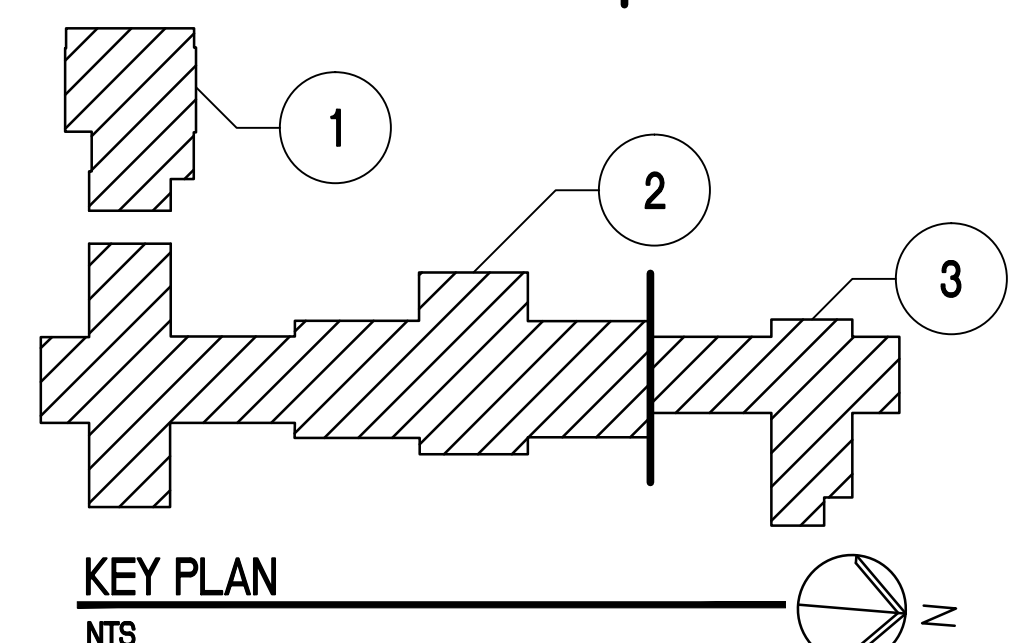
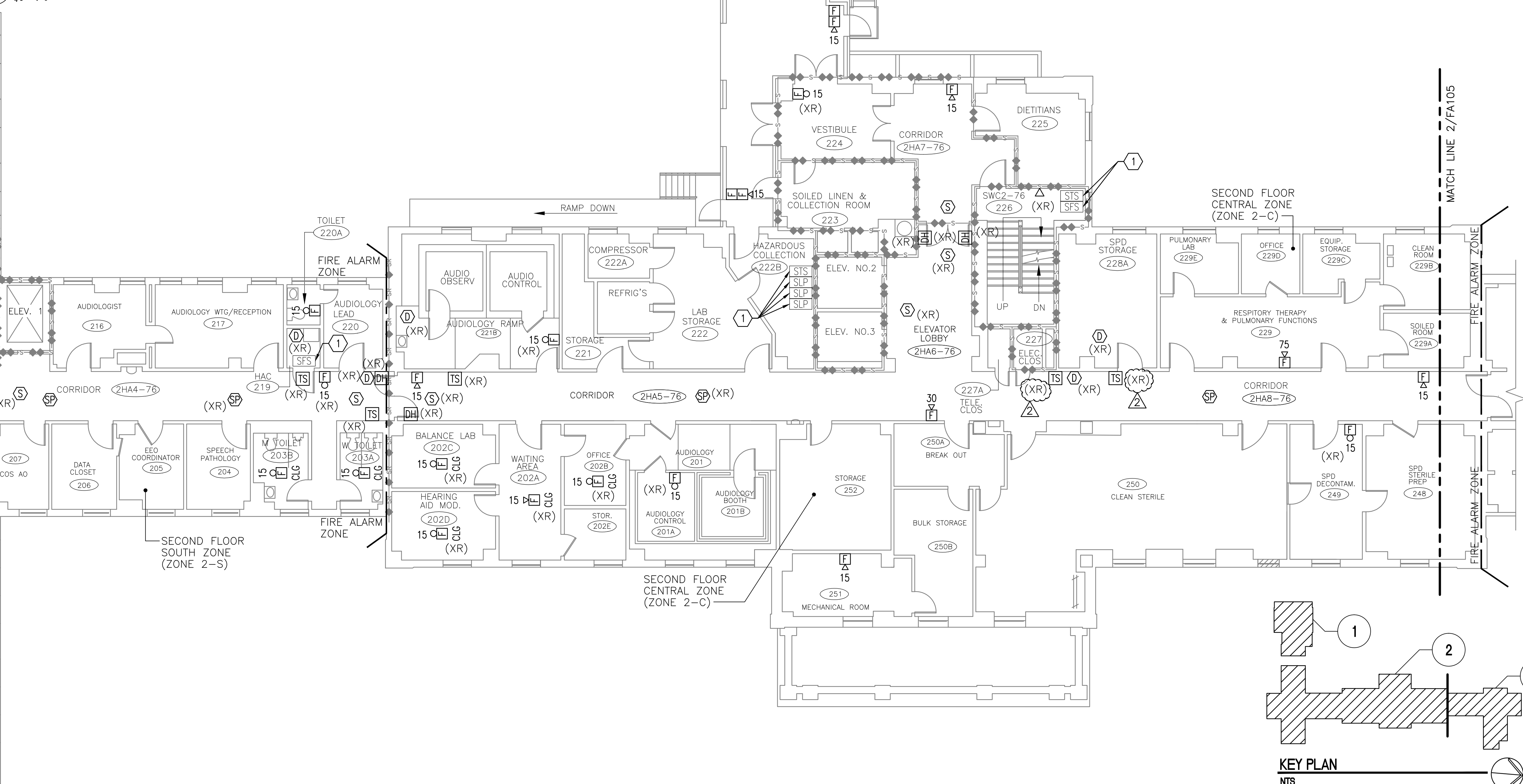
- REFER TO SHEET F-001 FOR LEGEND, ABBREVIATIONS, AND GENERAL NOTES.
- RENOVATION NOTATIONS:
 - (R) LOCATION OF RELOCATED DEVICE OR EQUIPMENT
 - (RR) REMOVE AND RELOCATE EXISTING DEVICE OR EQUIPMENT
 - (X) EXISTING DEVICE OR EQUIPMENT TO REMAIN
 - (XR) EXISTING FIRE ALARM DEVICE OR EQUIPMENT THAT HAS BEEN REMOVED AND REPLACED WITH NEW, RE-USE EXISTING CONDUIT WHENEVER POSSIBLE.
- ALL AREAS SHALL BE CONSIDERED TO HAVE A LAY-IN CEILING UNLESS NOTED OTHERWISE.
- THE CONTRACTOR SHALL BE RESPONSIBLE FOR CUTTING AND PATCHING WALLS AND CEILINGS. MATCH EXISTING FINISHES.
- ALL FIRE ALARM WIRING SHALL BE IN CONDUIT.

FIRE ALARM PLAN NOTES

- ALL SPRINKLER LOW PRESSURE, TAMPER, AND FLOW SWITCHES ARE EXISTING TO REMAIN. REMOVE EXISTING FIRE ALARM INTERFACE MODULES AND FURNISH AND INSTALL NEW MODULES FOR MONITORING BY NEW SYSTEM.
- ADD MONITOR MODULE AT EXISTING POST INDICATOR VALVE (PIV) AND CONNECT TO NEW FACP.



2 PARTIAL FLOOR PLAN
1/8" = 1'-0"



FULLY SPRINKLERED
BID DOCUMENTS

| | | | | | | | | | | |
|--|---|---|--|---|---|---|--|---|------------------------------------|--|
| AMENDMENT #2 08/26/2014 AMENDMENT #1 08/14/2014 Revisions Date | ARCHITECT/ENGINEERS: ENGINEERS AND CONSTRUCTORS 200 Envoy Circle #201, Louisville KY 40299 ~ PH: 502.339.8511 ~ www.paradigmusa.com | ALL WORK TO BE IN ACCORDANCE WITH N.F.P.A., NATIONAL, STATE AND CITY CODES & O.S.H.A. | | Approved: A.F.G.E. _____ Date _____ | Approved: Fire Chief _____ Date _____ | Approved: Patient Safety _____ Date _____ | Drawing Title FIRE ALARM - SECOND FLOOR PLAN | Project Title UPGRADE FIRE ALARM SYSTEM BUILDING 76 | Date 07-21-2014 | |
| | | Approved: Logistics Manager. _____ Date _____ | | Approved: Interior Designer _____ Date _____ | Approved: Safety Officer _____ Date _____ | Approved: M&R Foreman _____ Date _____ | Approved: Eng. Project Supervisor _____ Date _____ | Building No. 76 | Project No. 528A6-14-601 | |
| | | Approved: Infection Control Mgr. _____ Date _____ | | Approved: Info. Sys. _____ Date _____ | Approved: Industrial Hygienist _____ Date _____ | Approved: Industrial Hygienist _____ Date _____ | Approved: Medical Center Director _____ Date _____ | Checked BAM | Drawing No. 528A6-0012 | |
| | | Approved: Chief Security _____ Date _____ | | Approved: Women's Health Rep _____ Date _____ | Approved: Space Owner _____ Date _____ | Approved: Associate Director _____ Date _____ | Location BATH, NEW YORK | Drawn MMF | FA105 Dwg. 18 of 33 | |