

CLOSED CIRCUIT (CCTV) INDIVIDUAL CAMERA TYPE SCHEDULE

LEGEND

CAMERA TYPE:

CL COLOR
DN DAY/NIGHT

OPTICS:

VF VARIFOCA L
AI AUTO IRIS
MP MEGAPIXEL

ADDITIONAL FEATURES:

UT TWISTED PAIR TERMINATION
PoE POWER OVER EATHERNET (SEE SPECIFICATIONS)
RM REMOTE MONITOR/SETUP KIT
IP TCP/IP (SEE NOTES)
LP LIGHTNING PROTECTION (SEE NOTES)

ENCLOSURE FINISH:

BK BLACK
WH WHITE
GR GRAY
GD GOLD
ST STAINLESS STEEL (316)
AL ALUMINUM
CH CHROME
CU CUSTOM (SEE NOTES)

ENCLOSURE FEATURES:

IN INDOOR (NEMA 1)
OD OUTDOOR (NEMA 3R)
EN ENVIRONMENTAL (NEMA 4X)
VN VANDAL PROOF (IEC 68-2-27)
BL INTEGRAL BLOWER/FAN
PS PRESSURIZED (NEMA 6P)
HT INTEGRAL HEATER

ENCLOSURE MOUNT:

CL CEILING
WL WALL

ENCLOSURE TYPE:

RD RECESSED DOME
SD SURFACE MOUNTED DOME
PD PENDANT MOUNTED DOME
LN LINEAR CAMERA HOUSING

SENSITIVITY:

DS DYNAMIC "LOW LIGHT"
WW WIDE DYNAMIC RANGE

CAM TYPE CODE	CAMERA TYPE	SENSOR SIZE	RES (TVL) (MIN)	OPTICS	SENS (LUX) (MIN)	SHUTTER SPEED (MIN)	ENCLOSURE				IP CAMERA STORAGE CALCULATION BASIS			ADDITIONAL FEATURES	NOTES
							TYPE	FEATURES	FINISH	MOUNT	RESOLUTION	FRAME RATE	% MOTION		
CAM 3	FIXED	1/3"	2560X1920	8-80MM, VF, AI	1 lux @ f1.3, DS	1/60-1/25,000	RD	OD, VN	WH	WL	2560X1920	15 FPS	15 FPS	IP	IP VIDEO CONNECTION PoE

NOTES:

1. DOME ENCLOSURES SHALL BE SMOKED FINISH UNLESS OTHERWISE NOTED.
2. IF ENCLOSURE TYPE IS "EX" THEN ENCLOSURE FINISH AND MOUNT APPLIES TO EXPOSED CAMERA.

CLOSED CIRCUIT (CCTV) INDIVIDUAL CAMERA REQUIREMENTS SCHEDULE

CAM #	CAM TYPE CODE	ROUGH-IN NOTES	MOUNTING HEIGHT	FIELD OF VIEW	REFERENCE DETAILS	NOTES
7	CAM 3	SURFACE MOUNT ON EXTERIOR WALL.	10'-12' AFF MIN	REFER TO DRAWINGS FOR ADDITIONAL INFORMATION	5/E-3002-7.2	PROVIDE WITH LIGHTNING PROTECTOR (SURGEGATE CAT5-LAN OR APPROVED EQUAL.)

BID DOCUMENTS 7/1/2011

		<div><div><div><div><div><div>KJ</div><div>WV</div></div></div><div>ENGINEERING CONSULTANTS</div><div>Experience you can build on.™</div><div>623 26TH AVENUE ROCK ISLAND, IL 61201 309.786.0673 FAX: 309.786.5967 www.kjwv.com KJWV Project #: 10.0356.00</div><div>STRUCTURAL MECHANICAL ELECTRICAL TECHNOLOGY MEDICAL EQUIPMENT SOLUTIONS</div></div></div><div><div>I hereby certify that this Plan, Specification, or Report was prepared by me, or under my direct supervision and that I am a duly licensed Professional Engineer under the laws of the State of Oregon.</div><div>Signature: _____ Name: Lee D. VanOpdorp Discipline: Electrical Oregon Registration No. 78702PE Expiration date: 06.30.12 Date Issued: **, **, **</div></div></div>	<div>Anderson Engineering of Minnesota, LLC</div> <div>13605 1st AVENUE NORTH, SUITE 100, PLYMOUTH, MN 55441 TEL (763) 412-4000 FAX (763) 412-4090 www.ae-mn.com</div>		<div><div>N ATIONAL C EMETERY A DMINISTRATION</div></div>	<div>Drawing Title SECURITY SCHEDULES</div> <div>Approved: Director, Office of Construction Management</div> <div>Approved: Director, Project Management Service</div>	<div>Project Title REPLACE ADMINISTRATION AND MAINTENANCE BUILDING AND SITE IMPROVEMENTS</div> <div>Building Number 3002</div> <div>Checked PETMOG</div> <div>Drawn JAYSTI</div> <div>Location EAGLE POINT NATIONAL CEMETERY 2763 RILEY ROAD EAGLE POINT, OR 97524</div>	<div>Date 7-1-2011</div> <div>Project No. 906CM3009</div> <div>DRAWING NO. E-3002-7.6 Dwg. 146 Of 181</div>
Revisions	Date							