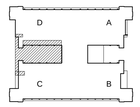
GENERAL NOTES

1. ALL FINAL TERMINATIONS SHALL BE BY VA PERSONNEL.
2. CONTRACTOR IS RESPONSIBLE FOR PROVIDING CABLE IN ACCORDANCE WITH SPECIFICATIONS 27 15 00.
3. ALL OUTLETS SHOWN SHALL HAVE A MINIMUM OF THREE (3) CABLES UNLESS OTHERWISE NOTED. SEE SPECIFICATION 27 15 00 FOR MORE INFORMATION.
4. ALL RACEWAYS FOR TELECOMMUNICATION OUTLETS SHALL BE 1" MINIMUM.
5. ALL NURSE CALL DEVICES SHOWN ARE TO BE PROVIDED BY THE CONTRACTOR. PROVIDE HILL ROM MODELS TO MATCH EXISTING DEVICES.
6. NURSE CALL "HEAD END" SYSTEM LOCATED IN IT ROOM WILL BE REPLACED BY THE CONTRACTOR. COORDINATE WITH OWNER AND ARCHITECT FOR ACCESS TO IT ROOM. PROVIDE UPGRADE TO EXISTING SYSTEM AS REQUIRED TO ACCOMMODATE NEW DEVICES SHOWN.
7. ALL VOICE/DATA OUTLETS AND WALL MOUNTED NURSE CALL DEVICES ARE TO BE INSTALLED FLUSH IN WALLS AT STANDARD HIEGHTS UNLESS OTHERWISE NOTED.
8. ALL ROUGH-IN'S SHALL BE AT 18" TO CENTER OF BOX UNLESS OTHERWISE NOTED.
9. PROVIDE A NEW NURSE CALL CODE BLUE SYSTEM AS INDICATED IN SPECIFICATION SECTION 27 5223. ALL NURSE CALL CODE BLUE SYSTEM DEVICES INDICATED IN THIS CONTRACT ARE TO BE CONNECTED TO THIS NEW SYSTEM. LOCATIONS FOR THE NURSE CALL 'HEAD-END' AND DISTRIBUTION EQUIPMENT ARE TO BE FIELD COORDINATED WITH THE VA SITE PERSONNEL.

(1) KEYED NOTES

1. NURSE CALL DEVICES SHALL BE INSTALLED IN HILL ROM HEADWALL PROVIDED BY OTHERS. COORDINATE WITH MEDICAL EQUIPMENT PROVIDER FOR EXACT LOCATION.
2. WALL PHONE. MOUNT AT 48" TO CENTER OF PHONE. PROVIDE CABLES ACCORDING TO SPEC. 271500.
3. DEVICES INSTALLED IN CASEWORK. COORDINATE WITH ARCHITECT AND CASEWORK INSTALLER FOR EXACT LOCATION OF DEVICES.
4. NURSE CALL DOME LIGHT. INSTALL IN CEILING AS SHOWN. CONNECT PER HILL ROM REQUIREMENTS.
5. DATA WIRING TO BE INSTALLED IN BOOMS. COORDINATE WITH MEDICAL EQUIPMENT SUPPLIER FOR TYPE AND QUANTITY OF CABLES. SIZE RACEWAYS ACCORDING SIZE AND QUANTITY.
6. PROVIDE RETRACTABLE REEL FOR DATA DROP. PROVIDE MEDREEL MODEL #D200994 OR APPROVED EQUAL.

KEY PLAN 3RD FLOOR



(A1) ELECTRICAL SPECIAL SYSTEMS PLAN - 3RD FLOOR

1/8" = 1'-0"

COMPLETION ITEM NO. _____

FULLY SPRINKLERED

#	Revisions	Date

CONSULTANTS:

JOHN P. HECK JR. STATE OF NEW MEXICO REGISTERED PROFESSIONAL ENGINEER NO. 12498 11-28-11

Architect Engineer

ARCHITECT/ENGINEERS

THE HARTMAN + MAJEWSKI DESIGN GROUP
Architects Engineers Interior Design
Planners Urban Designers LEED®
120 Vassar Dr SE Suite 100
Albuquerque New Mexico 87106
Tel 505 242 6880 Fax 505 242 6881

BRIDGERS & PAXTON CONSULTING ENGINEERS, INC.
4600-C MONTGOMERY BLVD., NE
ALBUQUERQUE, NEW MEXICO 87109
505/883-4111 FAX 505/888-1436

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		Drawn: B&P	Dwg. Of

Office of Construction and Facilities Management

Department of Veterans Affairs

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