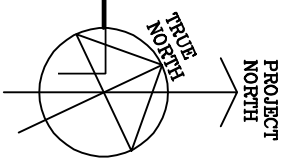


1 SECOND FLOOR PLAN  
1/8" = 1'-0"

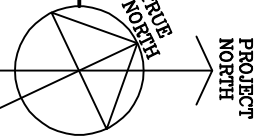
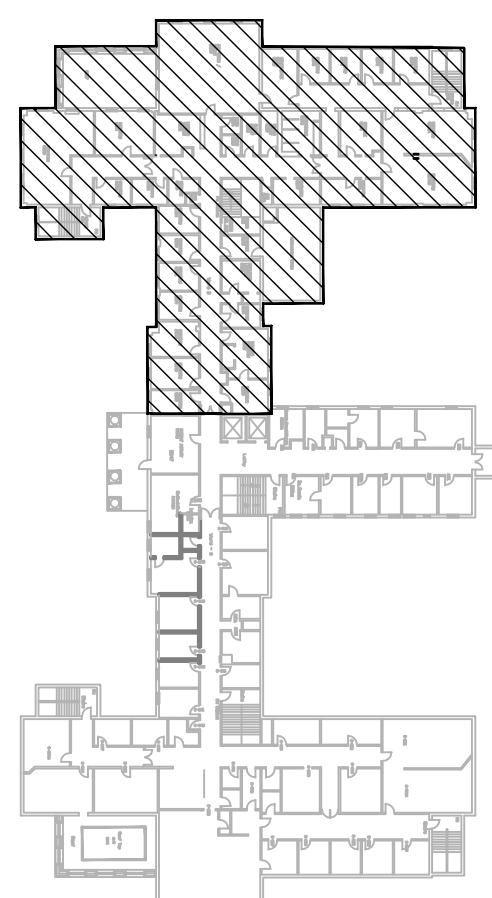


0' 4' 8' 12' 16'  
SCALE: 1/8" = 1'-0"

#### GENERAL NOTES

- OUTLETS FOR PATIENT LIFTS ARE SHOWN DIAGMATICALLY. CONTRACTOR SHALL PROVIDE CONNECTIONS TO JUNCTION BOXES IN CEILING IN LOCATION INDICATED BY OUTLET AND COORDINATE FINAL MATERIALS AND CONNECTIONS WITH REQUIREMENTS OF OWNER SUPPLIED LIFT SYSTEM, COORDINATE WITH LIFT INSTALLER AND MANUFACTURER REQUIREMENTS.
- ALL OUTLETS ON PANEL CA TO HAVE RED EMERGENCY FACEPLATES.
- KEYED SWITCHES FOR STOVE AND WARNING TABLES TO BE LOCATED IN NEARBY CABINET, COORDINATE WITH OWNER.
- HB IS SHOWN TO INDICATE PATIENT HEADWALL AREA PLEASE SEE DETAIL ON ARCHITECTURAL DETAILS FOR ARRANGEMENT OF OUTLETS, NURSE CALL, AND TELECOM. COORDINATE INSTALLATION IN HEADWALL WITH OTHER TRADES.
- DEVICE AND EQUIPMENT LOCATIONS ARE SHOWN DIAGMATICALLY AND MUST BE VERIFIED AND COORDINATED IN THE FIELD.
- COORDINATE LAYOUT AND LOCATIONS OF ALL EQUIPMENT AND CONNECTIONS IN THE MECHANICAL ROOM WITH MECHANICAL CONTRACTOR. ALL INDIVIDUAL CONTROL PANELS MAY NOT BE SHOWN.
- COORDINATE ALL LOCATIONS AND CONNECTIONS TO MECHANICAL EQUIPMENT WITH MECHANICAL CONTRACTOR. VERIFY SIZES AND ELECTRICAL REQUIREMENTS AT TIME OF INSTALLATION.
- DISTRIBUTION PANELS ARE EXISTING. ALL NEW CIRCUITS SHALL BE ROUTED TO AND CONNECT TO EXISTING PANELS AS SPECIFIED IN SCHEDULES AND ON DRAWINGS.
- COORDINATE INSTALLATION AND CONNECTION OF EQUIPMENT AND APPLIANCES WITH OWNER AND OTHER TRADES. ALL EQUIPMENT TO BE INSTALLED PER MANUFACTURERS REQUIREMENTS.
- PROVIDE CONNECTIONS FOR EXHAUST HOOD IN COUNTRY KITCHEN. COORDINATE INSTALLATION AND CONNECTIONS WITH EQUIPMENT INSTALLER AND FIRE ALARM SYSTEM INSTALLER.
- STOVE, WARNING TRAYS, AND DISHWASHER ARE TO BE WIRED TO A KEYED SWITCH CONCEALED IN A CABINET. COORDINATE WITH OWNER.
- CONNECTIONS TO EXHAUST FAN 1-LEFT AND COOLING TOWER 1-MECHANICAL ARE TO BE MADE ON THE ROOF. COORDINATE WITH MECHANICAL CONTRACTOR. REFER TO DWG W6001 FOR ROOF LAYOUT.

KEY PLAN  
NTS



100% Submission	7/02/10
90% Submission	6/27/10
60% Submission	4/22/10
Revisions	Date

VA WESTERN NEW YORK HEALTHCARE SYSTEM  
3495 BAILEY AVENUE  
BUFFALO, NEW YORK 14215

**URS**  
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77 GOODELL ST  
716-856-5656

Architect

stamp

SAFETY OFFICER

DATE

CHIEF OF STAFF

DATE

ASSOCIATE MEDICAL CENTER DIRECTOR

DATE

Location  
V.A.M.C. BATAVIA, NEW YORK

Date  
JULY 2, 2010 (UPDATED 10/07/10)  
Revision No.  
528  
09-352 EP-301

Office of Facilities

Department of Veterans Affairs