

1/8" = 1'-0"

100% OWNER REVIEW  
NOT FOR CONSTRUCTION  
12/16/2011



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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 Architect under the laws of the State of Minnesota.

Signature

Registration No.

Date

APPROVED SERVICE LINE DIRECTOR	DATE	APPROVED INFECTION CONTROL NURSE	DATE
APPROVED GENIE COORDINATOR	DATE	APPROVED PATIENT SAFETY	DATE
APPROVED PROJECTS SECTION MANAGER	DATE	APPROVED CHIEF OF POLICE	DATE
APPROVED DIRECTOR FMS	DATE	APPROVED SAFETY MANAGER	DATE

DRAWING TITLE	REFLECTED CEILING PLAN
APPROVED CHIEF OF STAFF	DATE
APPROVED MEDICAL CENTER DIRECTOR	DATE

PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT		
BUILDING No	CHECKED BY Checker	DRAWN BY Auth
LOCATION 4801 VETERANS DRIVE, ST CLOUD MN		

DATE	12/16/2011
PROJECT NO.	1002.001.00
DRAWING NO.	AS201
DATE	12/16/2011

