



1 COMMUNICATIONS BACKBONE CONDUIT ROUTING
1/16" = 1'-0"

100% OWNER REVIEW NOT FOR CONSTRUCTION 12/16/2011		
No.	REVISION	DATE



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ARRAY

healthcare facilities solutions

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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 Engineer under the laws of the State of Minnesota.

Signature _____

Registration No

Date 12/16/2011

APPROVED: SPECIAL DUE DILIGENCE	DATE	APPROVED: EFFECTIVE CONTROL, NURSE	DATE
APPROVED: DUE DILIGENCE	DATE	APPROVED: PATIENT SAFETY	DATE
APPROVED: PRODUCT DESIGN WINDOW	DATE	APPROVED: CHIEF OF POLICE	DATE
APPROVED: DIRECTOR ENG	DATE	APPROVED: SPILL MANAGER	DATE

PROVIDER TITLE COMMUNICATIONS BACKBONE ROUTING PLAN		PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT	
APPROVED CHIEF OF STAFF 	DATE	BUILDING IN 	CREDENTIAL BY SW
APPROVED MEDICAL CHIEF OF STAFF 	DATE	LOCATION 4801 VETERANS DR. SAINT CLOUD, MN	DRAWN A/JZ

