


Updated Revision Date	5-03 Date		Drawing Title <h2 style="text-align: center;">Second Floor Plan</h2>	Project Title <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
			Approved: CHM, Engineering Service <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Building Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">30</div> Checked <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> </div> Drawn <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> </div>	Drawing No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">S-030-2</div> Dep. Of <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
			Approved: Director, Medical Center <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Location <div style="border: 1px solid black; padding: 2px; display: inline-block;">Chillicothe, Ohio</div>	