


## BUILDING 11 GROUND FLOOR

|            |  |         |  |  |  |  |  |                               |  |      |  |                            |  |               |  |  |  |   |  |                                |  |                                |  |                                  |  |       |  |             |  |  |  |
|------------|--|---------|--|--|--|--|--|-------------------------------|--|------|--|----------------------------|--|---------------|--|--|--|---|--|--------------------------------|--|--------------------------------|--|----------------------------------|--|-------|--|-------------|--|--|--|
| Revision 1 |  | 2/15/13 |  |  |  |  |  | RECOMMEND APPROVAL            |  |      |  | Drawing Title              |  | Project Title |  | Date   |  |  |  | Department of Veterans Affairs |  |                                |  |                                  |  |       |  |             |  |  |  |
|            |  |         |  |  |  |  |  | REQUESTER                     |  | Date |  | CHIEF OF STAFF             |  | Date          |  | GROUND FLOOR PLAN                            |  |   |  |                                |  | BUILDING 11 WINDOW REPLACEMENT |  | Project No.                      |  |       |  |             |  |  |  |
|            |  |         |  |  |  |  |  | CHIEF OF SERVICE              |  | Date |  | ASSOC. DIR. for OPERATIONS |  | Date          |  | Approved: Safety Manager/M&O Supervisor      |  |   |  |                                |  | Building Number                |  | Checked                          |  | Drawn |  | DRAWING NO. |  |  |  |
|            |  |         |  |  |  |  |  | ASSOC. DIR. PATIENT CARE SVC. |  | Date |  | APPROVAL BY:               |  | Date          |  | Approved:Chief of Facilities Management Svr. |  |   |  |                                |  | Location                       |  | W.O.(Bill) Hefner Medical Center |  | 3     |  | DWG 3 OF 4  |  |  |  |
|            |  |         |  |  |  |  |  |                               |  |      |  | MEDICAL CENTER DIRECTOR    |  |               |  |  |  |   |  |                                |  |                                |  | 1601 Brenner Ave                 |  | ES    |  |             |  |  |  |
|            |  |         |  |  |  |  |  |                               |  |      |  |                            |  |               |  |  |  |   |  |                                |  |                                |  | Salisbury, NC 28144              |  |       |  |             |  |  |  |
| Revision   |  | Date    |  |  |  |  |  |                               |  |      |  |                            |  |               |  |  |  |   |  |                                |  |                                |  |                                  |  |       |  |             |  |  |  |