

## ROB 'Wet Labs' FIXTURE SCHEDULE

Existing Fixture Type	BLDG Location **	NEW FIXTURE SYSTEM	Wall / Surface Mount		COMMENTS/NOTES
Mop Sinks		B	*, Typ.		
Kitchenettes	Addition	D			
Bathroom Vanities	Addition	D			
Shower, Accessible	Addition	G			Flexible Tubing permitted for Accessible Shower locations only.
Shower, Typical	Addition	H			
Lab Faucets, Deck Mtd		I			
Emergency Eye/Face Wash, Deck Mtd		J			
Emergency Eye/Face Wash, Wall Mtd		M			
Emerg Shower & Eye/Face Wash Combination		AA			Provide 'Similar' model, less eye/face wash where required in Existing Contract/Bid Documents.
Emergency Eye/Face Wash, Freestanding		BB			

### Notes:

1) Where an alternate is not identified / requested above, Retain fixture model(s) specified in Existing Project Specifications Manual

\* Refer to / Coordinate w/ Contract Documents, Typical

\*\* IE, 'Wet Labs' vs. 'ROB Addition'; Assume "Typical" for both U.O.N.